






Social Support as a Protective Shield Against Daily Triggers: The Impact of Relationship Quality and Quantity on the Happiness of Open-Heart Surgery Patients with Childhood Trauma

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ABSTRACT

Purpose: The present study aimed to examine the moderating role of relationship quality and quantity in mitigating the negative effects of daily triggers on the happiness of cardiac patients with adverse childhood experiences.

Methodology: This descriptive-correlational study was conducted using a multivariate hierarchical linear modeling approach. The statistical population comprised patients undergoing open-heart surgery at Shahid Rajaei Heart Hospital in 2022, selected through convenience sampling. Data were collected using the Adverse Childhood Experiences Questionnaire (ACE-IQ) and daily assessments, including happiness, trigger intensity, and measurements of relationship quality and quantity.

Findings: The results indicated that daily triggers had a significant negative effect on patients' happiness. Relationship quality acted as a strong buffering factor, reducing the negative impact of daily triggers. Additionally, the quantity of relationships (duration of social interactions) played a moderating role in maintaining the patients' happiness.

Conclusion: The findings highlight the importance of social support in maintaining the mental health of cardiac patients. High-quality social relationships create a psychological shield that prevents a decline in happiness when facing daily triggers. Clinical interventions focused on enhancing social interactions and psychological support may contribute to improving the quality of life for these patients.

Keywords: Adverse Childhood Experiences, Social Support, Relationship Quality, Happiness, Daily Triggers, Open-Heart Surgery

1. Introduction

Childhood adversities refer to experiences encountered during an individual's developmental period, particularly before the age of 18, which can have long-term effects on mental and physical health. These adversities may include various forms of physical, emotional, and sexual abuse, neglect, maltreatment, parental loss, or exposure to domestic violence. Such experiences can negatively impact a child's psychological, social, and cognitive development, increasing the likelihood of psychological disorders such as anxiety, depression, and physical health issues in adulthood (Felitti et al., 2019). Childhood adversities are among the most common psychosocial phenomena (Kermanian et al., 2023). According to a report published by the World Health Organization in 2017, one in four adults—approximately 26%—experienced physical abuse during childhood, while 36% of children experienced emotional abuse, and 16% suffered from physical neglect (Khodabandeh et al., 2018).

Several studies have also indicated that individuals who have experienced childhood trauma tend to engage in unhealthy lifestyles and are at higher risk for developing physical illnesses, which often lead to premature mortality (Felitti et al., 2019). Among these, coronary heart disease ranks as the leading cause of death in both global studies and in Iran (World Health Organization, 2017). Cardiovascular diseases are considered the primary cause of mortality in Iran (Changi Ashtiani et al., 2024). Statistical reports on cardiovascular-related deaths over a ten-year period (2008–2018) indicate an increase from 25.3% to 38.6%, reflecting a 13.3% rise (Flores-Torres et al., 2020).

Among cardiac patients, those undergoing open-heart surgery represent a particularly vulnerable group who, due to psychological stress and pressure, are at higher risk of decreased happiness and physical health (Flores-Torres et al., 2020). Research has shown that these patients may experience significant daily fluctuations in their psychological and physical conditions (Van der Kolk, 2014).

Beyond imposing substantial financial burdens on medical and psychological interventions at the national level, the long-term consequences of childhood trauma can also lead to severe personal and familial costs. These include difficulties in establishing intimate interpersonal relationships (Mair et al., 2012; Poole et al., 2018), low self-esteem (Greger et al., 2017; Khodabandeh et al., 2018), reduced wellbeing and happiness (Bellis et al., 2013; Hughes et al., 2016), and even the transmission of adverse experiences to future generations (Madigan et al., 2017;

Whitton et al., 2008), ultimately depriving individuals of a fulfilling and healthy life.

Utilizing daily assessments to examine the relationships between daily triggers, health, and happiness can provide more precise insights into the impact of various factors while minimizing the biases associated with retrospective self-reports (Mehl & Tamlin, 2012).

Studies investigating the interrelations between happiness, health status, interpersonal relationships, and triggers indicate that individuals with broader social networks tend to be in better physical and emotional health than those who experience social isolation (Cacioppo & Hawkley, 2003).

Interpersonal relationships refer to interactions and connections between individuals within various social settings, playing a fundamental role in fostering a sense of belonging, social support, and psychological well-being. These relationships encompass familial bonds, friendships, workplace connections, and romantic relationships. The quality of interpersonal relationships—defined by factors such as intimacy, trust, and emotional connection—has a significant influence on an individual's mental and social health. Individuals with healthy interpersonal relationships benefit from emotional and social support, which helps reduce stress, enhance self-confidence, and improve overall wellbeing (Berscheid & Reis, 1998; Holt-Lunstad et al., 2010).

Happiness or psychological well-being is a mental state characterized by life satisfaction, self-fulfillment, and the ability to effectively experience and regulate both positive and negative emotions. This concept not only pertains to momentary feelings of happiness but also to an individual's overall life quality and their ability to cope with daily challenges and pressures. Well-being is divided into two primary components: emotional well-being (experiencing satisfaction and happiness in daily life) and cognitive well-being (an individual's overall evaluation of their life). These two components are interrelated and contribute to an individual's ability to adapt and maintain happiness despite difficulties. Happiness is linked not only to psychological factors but also to physical health, as numerous studies have demonstrated that happier individuals generally enjoy better physical health and experience lower levels of stress and chronic illnesses. Additionally, factors such as healthy social relationships, having a sense of purpose in life, and job satisfaction contribute significantly to individuals' happiness and psychological well-being (Eysenck, 2024; Jaswal et al., 2024).

Triggers refer to factors that initiate or intensify specific emotional, cognitive, or behavioral responses in an individual. These triggers can be internal (e.g., particular thoughts or feelings) or external (e.g., specific situations or environmental experiences). In the context of mental health, triggers often refer to situations that evoke painful memories or negative emotions, particularly in individuals with a history of psychological trauma, such as childhood adversities. Such triggers can significantly impact interpersonal relationships, physical health, and overall well-being. Recognizing and managing triggers enables individuals to better regulate their responses and improve their psychological and emotional health (Ehlers & Clark, 2000; Hembree & Foa, 2010).

Given these considerations, several fundamental questions arise, which the present study aims to address: Does the intensity of daily triggers lead to lower happiness in open-heart surgery patients with childhood adversities? Can the quantity and quality of interpersonal relationships serve as buffering factors in this context?

2. Methods and Materials

2.1. Study Design and Participants

This study employed a descriptive-correlational design and utilized hierarchical linear modeling (HLM) based on the research hypotheses. The study population included all open-heart surgery patients who visited Shahid Rajaei Heart Hospital in the second half of 2022. The sampling method was convenience sampling, and participants were selected after meeting the inclusion criteria. Those who did not meet the exclusion criteria were subsequently assessed. The sample size was determined using the formula proposed by Tabachnick and Fidell (2016) for hierarchical linear modeling studies. A total of 30 participants at level two were required, and considering the frequency of level-one variables (time), a total of 240 data points were estimated. Patients undergoing coronary artery bypass grafting (CABG) who met the inclusion criteria and provided informed written consent were included. Initially, they completed the Adverse Childhood Experiences (ACE) Questionnaire to determine their trauma scores. After surgery, once they had reached a stable condition that allowed them to respond, they were assessed daily over eight consecutive days for the impact of daily triggers, the quantity and quality of their relationships at the end of the day, and their happiness levels in the morning and evening.

2.2. Measures

The demographic questionnaire included items related to gender, age, marital status, education, occupation, income level, ethnicity, smoking status, height, weight (to calculate body mass index), physical activity level, history of depression in the past year, history of suicide attempts, alcohol dependence, and substance use history. The International Adverse Childhood Experiences Questionnaire (ACE-IQ) was used due to its applicability in culturally diverse countries, particularly in low- and middle-income nations. The World Health Organization (2018) developed an international version of this questionnaire, which includes six main categories: core questions, marital status questions, parental/caregiver questions, family-related questions, abuse-related questions, and violence-related questions. The ACE-IQ consists of 43 items that assess 13 different categories of adversity experienced in the first 18 years of life, including emotional abuse, physical abuse, sexual abuse, violence against family members, living with a substance-abusing family member, living with a mentally ill or suicidal family member, living with an incarcerated family member, parental separation or divorce, emotional neglect, physical neglect, bullying, community violence, and collective violence. Participants responded to each category with "Yes" or "No," and their total trauma score was calculated based on the number of adverse experiences reported. The WHO validated this questionnaire as part of a large-scale study in eight countries. In Iran, the questionnaire was standardized by Mohammad Arab at Tehran University of Medical Sciences, achieving a Cronbach's alpha of 0.82 (Arab et al., 2015). Additionally, a Cronbach's alpha of 0.76 was reported in another Iranian study (Khodabandeh et al., 2018).

Given the subjectivity and variability of daily triggers, as well as the possibility that participants might forget or alter their perception of these events by the end of the day, qualitative interviews were used to identify them. Participants were interviewed regarding events that had caused them distress throughout the day. Once identified, they subjectively rated each trigger on a scale from 0 (least intense) to 10 (most intense). The mean trigger intensity score (ranging from 0 to 10) was used as an index for the impact of daily triggers (Zarei & Nasrollahi, 2019).

Daily happiness levels were assessed using a single-item happiness scale, administered twice daily (morning and evening) over eight consecutive days. Participants responded to the question: "How happy (content/satisfied) or

unhappy (dissatisfied) do you currently feel?" on a 7-point Likert scale ranging from very unhappy to very happy. While multi-item happiness scales exist, single-item Likert-type happiness measures have gained popularity in research (Diener, 2000, 2021; Sandvik et al., 1993). Extensive evidence supports the validity and reliability of these single-item scales (Kalmijn & Veenhoven, 2005; Yang, 2008; Zimmerman & Arunkumar, 1994). For example, the test-retest reliability of single-item happiness measures over time has been reported as 0.86. Additionally, significant positive correlations have been found between single-item happiness scales and the Oxford Happiness Inventory (OHI) and the Satisfaction with Life Scale (SLS), demonstrating their concurrent validity. These scales also exhibit strong convergent validity, correlating positively with constructs such as optimism, hope, self-esteem, positive affect, extraversion, and overall mental and physical health assessments. Furthermore, they show good discriminant validity, as indicated by significant negative correlations with constructs such as anxiety, pessimism, negative affect, and insomnia (Abdel-Khalek, 2006).

The quantity of social interaction was assessed daily for eight consecutive days using questions about the amount of time participants spent alone and the amount of time they spent interacting with others (either in person or virtually). Participants reported time spent with parents, spouse/partner, children, grandchildren, friends, extended family members, neighbors, religious figures, God (prayer/meditation), colleagues, and non-family caregivers such as nurses and doctors. To calculate the proportion of daily social interaction, the number of hours spent with others was divided by the total waking hours (i.e., time spent alone plus time spent with others). A significant positive correlation between participants' daily social interaction ratios confirmed the reliability of this measure. Research supports the efficacy of single-item measures for assessing social interaction quantity, demonstrating their high discriminative ability, accuracy, and stability (Fu, 2005).

The quality of social interaction was assessed daily for eight consecutive days using a single-item scale in which participants rated their social interaction satisfaction on an 11-point scale (0–10), with 0 representing the worst/lowest possible quality and 10 representing the best/highest possible quality. A significant positive correlation between participants' daily relationship satisfaction ratings confirmed the reliability of this measure.

2.3. Data Analysis

Given the descriptive-correlational nature of this study and the hypotheses under investigation, hierarchical linear modeling (HLM) was used for data analysis. The study model was designed following the recommendations of Larson and Almeida (1999), adopting a prospective change model due to the variable nature of mood (happiness) (Larson & Almeida, 1999). After collecting demographic information, quantitative data obtained from questionnaires were analyzed using descriptive statistics, including central tendency measures, dispersion, and distribution analyses. Inferential analysis was performed using the appropriate statistical tests in SPSS (Version 29) with a significance level of 0.05. Before hypothesis testing, HLM assumptions were examined and met, including normality of residuals, linearity, independence of residuals, homogeneity of variances, and absence of multicollinearity.

3. Findings and Results

Daily triggers alone significantly predicted patients' evening happiness ($p = 0.000$), whereas daily relationship quality alone did not have a significant role in predicting evening happiness ($p = 0.382$). When daily relationship quality was included as a moderating variable, daily triggers had a significant effect on evening happiness ($p = 0.016$). Table 1 presents the results of the mixed linear model analysis estimating the buffering effect of daily relationship quality on the relationship between daily triggers and evening happiness.

Table 1

Results of the Mixed Linear Model Analysis Estimating the Buffering Effect of Daily Relationship Quality

Parameter	β	SE	df	t	Sig.
Intercept	2.775	0.598	0	4.637	1
DMH	0.293	0.045	250.540	6.515	0.000
DT	-0.202	0.054	274.671	-3.704	0.000
DRQ	0.044	0.050	279.366	0.876	0.382
DT * DRQ	0.016	0.007	271.330	2.426	0.016

DMH: Daily Morning Happiness, DT: Daily Triggers, DRQ: Daily Relationship Quality

To further examine the moderating role of daily relationship quality in the relationship between daily triggers and evening happiness, a simple slope analysis was conducted for low and high levels of daily relationship quality.

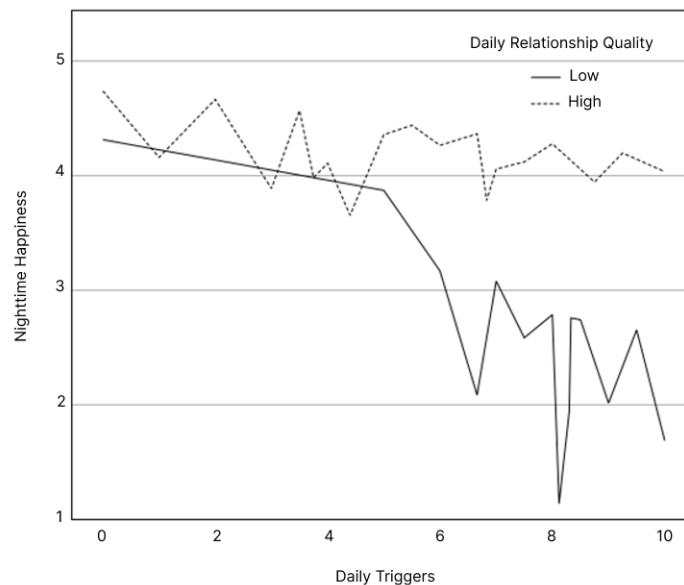
The results of the simple slope analysis indicated that the relationship between daily triggers and evening happiness was significant among patients with low daily relationship quality ($p = 0.010$). The negative beta coefficient for daily triggers (-0.065) suggests that higher daily trigger scores were associated with lower evening happiness scores in these patients. In other words, as the intensity of daily triggers increased, evening happiness decreased among patients with lower relationship quality. In contrast, the relationship between daily triggers and evening happiness was not significant among patients with high daily

relationship quality ($p = 0.059$). This indicates that for patients with higher relationship quality, daily triggers did not have a significant impact on lowering evening happiness scores. More precisely, higher daily relationship quality neutralized the negative impact of daily triggers on evening happiness.

Figure below illustrates the relationship between evening happiness and different levels of daily triggers based on low and high levels of daily relationship quality. Overall, patients with higher relationship quality reported higher happiness scores compared to those with lower relationship quality, and their happiness levels remained relatively stable despite increases in daily trigger intensity. Conversely, patients with lower relationship quality experienced a significant decrease in evening happiness as the intensity of daily triggers increased.

Figure 1

The Effect of Daily Triggers on Evening Happiness Based on Low and High Levels of Daily Relationship Quality



Daily triggers alone significantly predicted evening happiness ($p = 0.000$), whereas daily relationship quantity alone did not have a significant role in predicting evening happiness ($p = 0.186$). When daily relationship quantity was included as a moderating variable, daily triggers had a

significant effect on evening happiness ($p = 0.003$). Table 2 presents the results of the mixed linear model analysis estimating the buffering effect of daily relationship quantity on the relationship between daily triggers and evening happiness.

Table 2

Results of the Mixed Linear Model Analysis Estimating the Buffering Effect of Daily Relationship Quantity

Parameter	β	SE	df	t	Sig.
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Intercept	2.866	0.498	0	5.751	0.000
DMH	0.433	0.041	173.361	10.481	0.000
DT	-0.168	0.027	126.459	-6.305	0.000
RTI	-0.496	0.373	162.121	-1.328	0.186
DT * RTI	0.161	0.053	142.943	3.022	0.003

RTI: Relationship Time Index, DMH: Daily Morning Happiness, DT: Daily Triggers.

To further examine the moderating role of daily relationship quantity in the relationship between daily triggers and evening happiness, a simple slope analysis was conducted for low and high levels of daily relationship quantity.

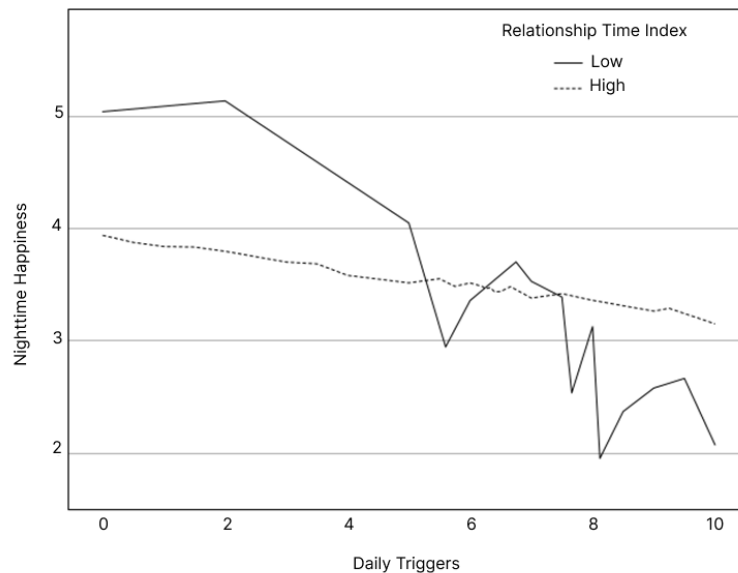
The results of the simple slope analysis indicated that the relationship between daily triggers and evening happiness was significant among patients with low daily relationship quantity ($p = 0.005$). The negative beta coefficient for daily triggers (-0.198) suggests that higher daily trigger scores were associated with lower evening happiness scores in these patients. This means that as daily trigger scores increased, evening happiness decreased in patients with lower relationship quantity. In contrast, the relationship between daily triggers and evening happiness was not

significant among patients with high daily relationship quantity ($p = 0.075$). This suggests that for patients with higher relationship quantity, daily triggers did not significantly impact evening happiness. More precisely, higher daily relationship quantity neutralized the negative impact of daily triggers on evening happiness.

Figure below illustrates the relationship between evening happiness and different levels of daily triggers based on low and high levels of daily relationship quantity. Overall, patients who spent more time in relationships during the day reported moderate levels of happiness, and their happiness levels showed a slight but non-significant decrease as daily trigger intensity increased. In contrast, patients who spent less time in social interactions exhibited a steep decline in evening happiness in response to increasing daily triggers.

Figure 2

The Effect of Daily Triggers on Evening Happiness Based on Low and High Levels of Daily Relationship Quantity



4. Discussion and Conclusion

The first part of the research hypothesis, which posited the protective role of relationship quality in reducing the detrimental effects of daily triggers on the happiness of cardiac patients, was confirmed. Overall, patients with higher relationship quality reported higher happiness scores

compared to those with lower relationship quality. Additionally, as the intensity of daily triggers increased, their happiness levels did not significantly decrease. In contrast, patients with lower-quality relationships experienced a reduction in their evening happiness as daily triggers intensified. Similarly, the second part of the research hypothesis, which suggested that the quantity of

relationships plays a buffering role in mitigating the harmful effects of daily triggers on happiness, was also confirmed. Patients who spent more time in social interactions during the day maintained moderate happiness scores, and despite an increase in daily triggers, their happiness levels showed only non-significant declines within the same moderate range. In contrast, patients who spent less time interacting with others showed a steep decline in happiness in response to heightened daily triggers.

The findings of this study confirm the moderating role of both the quantity and quality of daily relationships in the relationship between daily triggers and happiness in cardiac patients with a history of childhood trauma. These results clearly indicate that not only the mere presence of social relationships but also the quality and frequency of daily interactions play a crucial role in mitigating the negative effects of daily triggers on happiness in this group of patients. Specifically, patients with higher-quality relationships not only reported greater happiness but also demonstrated greater resilience against the increasing intensity of daily triggers. In contrast, those with lower-quality relationships experienced a significant reduction in happiness as daily triggers intensified. Similar findings have been reported in prior studies (Bolger et al., 2003; Cacioppo & Hawkley, 2003; Holt-Lunstad et al., 2010; Pieh et al., 2020; Shah et al., 2014; Waldinger & Schulz, 2010)(Shinan-Altman et al., 2020), all of which emphasize the buffering role of social relationships in various aspects of mental health. This alignment with previous research highlights the validity and significance of the present study's findings within the existing body of literature.

This study extends prior research by specifically investigating the buffering roles of both the quantity and quality of daily relationships, demonstrating that these two aspects independently, yet in distinct ways, moderate the effects of daily triggers on happiness. On one hand, relationship quality acts as a strong buffering factor, creating a "shield" against stressors and preventing daily triggers from significantly reducing happiness. This finding underscores the importance of positive interactions, empathy, and emotional support in relationships, which can help alleviate negative emotions and reinforce positive ones (Baher Talari et al., 2024). On the other hand, the quantity of relationships, or the amount of time spent in social interactions, functions as a "stabilizer" by providing consistency and reducing fluctuations in happiness in response to daily triggers. In other words, cardiac patients who engage in longer social interactions experience greater

stability in their happiness levels despite daily triggers, highlighting the buffering effect of social interaction frequency against everyday disruptions.

The findings of this study can be explained through multiple theoretical perspectives that emphasize the importance of interpersonal relationships and social support in reducing vulnerability to stressors and enhancing happiness. Stress and coping theory suggests that social support serves as a critical coping resource that mitigates the negative effects of stress (Folkman, 2009). High-quality daily relationships, particularly those characterized by positive social and emotional interactions, can help counteract the negative effects of daily triggers on happiness. Social support influences happiness through five key mechanisms: emotional support, which reduces negative emotions and enhances positive emotions; belongingness support, which fosters a sense of social connection and affiliation; informational support, which provides guidance and solutions for everyday problems; instrumental support, which involves tangible assistance in managing daily challenges; and appraisal support, which aids in self-evaluation and coping strategies. These support mechanisms may be particularly vital for cardiac patients with a history of childhood trauma, who are likely to be more sensitive to daily triggers. Strong social support networks help reduce stress and maintain happiness even in difficult circumstances (Banai et al., 2005). In line with this, previous research has shown that socially isolated individuals perceive everyday events as more stressful and find social interactions less enjoyable (Cacioppo & Hawkley, 2003).

Interpersonal relationships can also function as psychological "mirrors" that reinforce self-coherence through empathy, positive feedback, and validation. High-quality social relationships, especially daily interactions, can buffer the negative effects of daily triggers and preserve happiness. For instance, positive interactions with friends, family, or colleagues can enhance self-worth and reduce loneliness, thereby moderating the negative impact of stressful daily events (Kohut, 1971). Additionally, self-determination theory (Deci & Ryan, 2010) highlights the importance of fulfilling fundamental psychological needs, including the need for connection and belonging. High-quality social relationships can help satisfy these needs, ultimately contributing to greater happiness (Ryan & Deci, 2020). Furthermore, attachment theory (Bowlby, 1988) suggests that early childhood experiences, particularly interactions with primary caregivers, shape attachment patterns that influence adult relationships. Individuals with

secure attachment styles are typically better equipped to form and maintain healthy, supportive relationships, which in turn buffer against the negative effects of daily triggers on happiness. Conversely, individuals with insecure attachment styles may struggle with establishing effective social connections and benefiting from social support, making them more vulnerable to stress (Gharavi, 2011).

This study confirms that improving the quality of social relationships can serve as an effective strategy for enhancing happiness and improving the happiness of cardiac patients with a history of childhood adversity. These findings can inform the development of community-based and psychological interventions tailored to this patient population. Given that cardiovascular diseases remain a major public health challenge, understanding the psychological and social factors associated with these conditions is of critical importance.

However, this study has certain limitations. The relatively small sample size may limit the generalizability of the findings. The study's sample was not extensive, which may constrain the applicability of the results to a broader population. Additionally, the specific conditions of cardiac patients and individual and cultural differences may influence the extent to which these findings can be generalized. Finally, this study underscores the necessity of addressing psychological and social dimensions alongside medical treatments for cardiac patients. Future research should explore the effects of psychological interventions aimed at strengthening interpersonal relationships in this patient population. Additionally, further investigation into the social and cultural factors associated with childhood adversity and their impact on cardiac health could provide deeper insights and more effective strategies for supporting these individuals.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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