Understanding a Mutually Destructive Relationship Between Individuals With Borderline Personality Disorder and Their Favorite Person

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Objective   Individuals with borderline personality disorder (BPD) commonly have a favorite person (FP), whom they are heavily emotionally attached to and dependent on. This study aims to identify and illustrate the patterns of destructive FP relationships based on actual experiences described by those with BPD.

Methods   A data mining process was conducted using raw data collected from online communities, such as blogs and social networks. An in-depth review of the information to better understand the natural course of the FP relationship was also conducted.

Results   Individuals with BPD form an intense and insecure attachment toward their FP, from which they enormously suffer. FPs can be their friends, romantic or life partners, or family members. As their feelings go beyond their control, being increasingly obsessed with their FP, they make their FP gradually lose hope in continuing the relationship and want to quit trying to fulfill their needs. The relationship finally ends when the FP stops being responsible for meeting their expectations and eventually drifts away.

Conclusion   This study suggests that certain FPs, distinctively named Teddy Bear Person, may behave in a particular manner to increase the likelihood of the FP relationship becoming more destructive. Moreover, the rejection sensitivity model should be discussed to understand their dysfunctional interaction.   **Psychiatry Investig 2022;19(12):1069-1077**

Keywords   Borderline personality disorder; Interpersonal relationship; Favorite person; Rejection sensitivity.

INTRODUCTION

Borderline personality disorder (BPD) is characterized by difficulties in regulating emotions, lack of impulse control, self-identity problems, and chaotic relationship patterns, along with frantic efforts to avoid abandonment.[1] Individuals with BPD struggle to effectively cope with their negative thoughts and emotions such as anger, emptiness, and fear, leading to various dysfunctional behaviors, including deliberately self-injurious and other impulsive actions.[2] Consequently, even

among health professionals, BPD is considered a severe psychiatric health problem, often evoking uneasiness and feelings of being manipulated and challenged.[3]

Moreover, significant others of individuals with BPD are also associated with increased rates of mental health problems, experiencing high levels of psychological distress, as they are exposed to the patients' dysfunctional behaviors.[4] In an interview study, the strain of being the significant other of someone with BPD was so immense that they described their life as a "tiptoeing," mostly because of a 24-hour sense of duty and constant worry.[5] Additionally, their identity disturbance and low self-worth make them more vulnerable than other psychiatric patients; thus, individuals with BPD are likely to require constant understanding and validation to endure and relieve suffering.[6]

Interpersonal hypersensitivity is a central feature of BPD. The relationship patterns of individuals with BPD were intense but unstable, shifting between two extremes of idealization and devaluation and involving both needs for intimacy and fears of rejection.[7] Interpersonal aggression, in those with

BPD, particularly in response to social rejection cues, likely results in an increased probability of problematic relationships by disrupting interpersonal functioning.[8]

Based on the attachment theory, rejection sensitivity (RS) is defined as a cognitive-affective process in which individuals anxiously expect and are ready to perceive intentional rejection, thus overreacting to the perceived rejection.[9,10] When individuals with heightened RS, who tend to be hypervigilant for rejection signs, perceive potential rejection, they are more likely to respond with hostility, aggressive behaviors, and attempt to control someone else.[11] The risk of developing fears and expectations of rejection is increased by early traumatic experiences in abusive and rejecting family environments.[12] Therefore, BPD patients, frequently experiencing maladaptive childhood and invalidating family environments,[13] are predicted to be highly sensitive to rejection.[14-16] Although individuals with BPD would like to be more accepted, develop trust toward others, and end their unstable relationships,[17] the perception of rejection triggers their behaviors characterized as clinging or withdrawal, aggressive and risky, or dismissive.[18]

According to the shared experiences posted online by individuals with BPD, they commonly talk about their favorite person (FP) and how having an FP negatively impacts and worsens their BPD symptoms. FP is someone who individuals with BPD often hold in the highest regard trust with their life, and are heavily emotionally attached to and dependent on.[19] They often unintentionally put their entire self-worth into the relationship with their FP, thereby making frantic efforts to prevent their FP from leaving. An FP, therefore, is likely to receive the brunt of all the intensity and instability arising from being in an intimate relationship with someone with BPD. As having an FP is a challenge for someone with BPD, developing a better understanding of the relationship pattern and its potential profound impact on them would make it possible to explore effective ways of keeping the relationship healthier.

Although research into interpersonal dysfunction, characteristic of BPD, has been accumulated to develop a comprehensive understanding of BPD's interpersonal context and impact on relationship quality and mental health, gaps in the research remain to be addressed. The relationship between individuals with BPD and their FP, to the authors' knowledge, has rarely been explored. Despite an increasing number of studies that investigate the dysfunctional relationships of individuals with BPD, no studies have explicitly attempted to differentiate this mutually destructive FP–BPD relationship by examining actual experiences of those with BPD. To investigate the FP–BPD relationship's phenomenological experience and capture the FP characteristics based on how they are described by their person with BPD, an in-depth review

of actual experiences explained by individuals with BPD is required.

To address the research gaps, this study aims to identify common experiences of individuals with BPD and review the experiential support for the dysfunctional FP–BPD relationship pattern described by them. Furthermore, this study aims to investigate the role of FP in this relationship and how they affect the emotions and actions of their person with BPD. Building on this FP–BPD relationship pattern, we argue that a particular type of person should be more likely to become an FP and get involved in this unhealthy relationship.

METHODS

Data collection

Public posts and comments available online were collected using the keywords "favorite person (FP) and borderline personality disorder (BPD)" in November 2021. Posts published between October 2016 and November 2021 were selectively collected; they were written mostly by those who voluntarily and publicly revealed themselves to be diagnosed with BPD and have or have had an FP. Online sites mainly included popular websites, such as themighty.com, reddit.com, and quora.com where people with common interests can form a supportive community to share helpful knowledge and actively interact with each other. Collected data were used for a text mining approach with RStudio to extract research concepts and reviewed to qualitatively explore individuals' experiences and the relationship-dynamic.

To reduce noise, we included posts and comments written in English, containing any information on FP relationship experience, regardless of the story type or length. We then excluded posts or comments if they had no text content describing FP meaning, their relationship experience, or their feelings toward their FP and those that other readers could not relate to because the term is commonly used within the BPD community but not certainly defined as an official term yet. This final set of 207 posts and comments on their FP relationships was analyzed. The study was approved by the Institutional Review Board of Chung-Ang University (Approval No. 1041078-202201-HR-005).

Data analysis

We sought to build upon the extant knowledge base by conducting quasi-text mining analysis to extract relevant information such as the frequency of noteworthy keywords regarding the FP–BPD relationship from unstructured data. However, the word frequency does not fully explain the underlying meanings of the words, as the writers intend, or consider the context in which each story is described. Because we

Figure 1. The frequency ordered word cloud derived from written texts (words 'favorit,' 'person,' 'bpd,' 'fp,' are excluded).

aimed to identify the relationship pattern and their behavioral changes throughout the relationship and text-mining results do not provide sufficient information at an early stage of research, we also conducted an in-depth review and used qualitative data to support and validate our findings.

RESULTS

Figure 1 demonstrates a visual representation of word frequency derived from 207 public posts and comments regarding the FP–BPD relationship. The more often the word appeared within written texts being analyzed, the larger it appeared in the generated figure. Despite giving a synopsis of significant keywords regarding the FP relationship concept and identifying the focus of collected data, it fails to classify and group words implying a similar or same meaning, for example, 'feel' and 'felt' or 'depend' and 'reli.'

Table 1. Frequency of keywords related to FP relationship (words are reduced to their root form)

Benefits		Characteristics		Responses		Types		Flow	
Word	Freq	Word	Freq	Word	Freq	Word	Freq	Word	Freq
Feel/felt	406/81	Time	304	Love	267	Friend	259	Start	112
Want	237	Day	146	Emot/mood	140/41	Friendship	86	Away	98
Get	216	Alway	115	Good/great	90/19	Therapist	34	Leav/left	95/33
Make/made	183/45	Best	108	Bad	86	Partner	28	Happen	89
Need	181	Now	107	Hurt	78	Crush	25	Becom/becam	89/32
Help	124	Never	105	Better	77	Romant	24	End	84
Understand	112	Everyth/everi	90/80	Hard	71	Husband	24	Abandon	82
Care	97	Without	83	Fear	70	Wife	20	Stop	55
Take	87	Constant	70	Struggl	48	Famili	20	Lose/lost	43/24
Keep/kept	82/23	Around	67	Well	46	Boyfriend	14	Stay	43
Attent	71	Boundary/distanc	64/16	Close	46	Parent	14	Last	41
Give	66	World	64	Hate	46	Sexual	13	Push	37
Chang	61	First	68	Happi	46	Girlfriend	9	Miss	30
Depend/reli	50/19	Text/messag/ contact	61/39/37	Obsess	46	Lover	8	Cut	22
Valid/reassur/ accept	46/33/28	Healthi/health/ unhealthi	49/26/21	Wrong	42				
Support	39	Extrem	39	Ideal	34				
Kind	36	Together	34	Sad/upset/depress	32/31/16				
Safe	26	Import	34	Worri	31				
Trust	24	Toxic	18	Anxiety/anxious	27/7				
Calm	19	Overwhelm	15	Angri/anger/mad	24/23/20				
Comfort	14	Clingi/cling	15/14	Pain	24				
				Jealous/jealousi	20/16				
				Panic	19				
				Suffer	19				

FP, favorite person

Thus, we reorganized and categorized the frequently-appeared keywords into five groups according to their apparent meanings to enhance our understanding (Table 1). Category 1 includes words related to the development of FP attachment, implying what makes those with BPD likely to form an intense attachment to a particular person. Words in category 2 refer to relationship characteristics; writers frequently used them to describe the FP relationship characteristics. Category 3, named emotional and cognitive responses, indicates how those with BPD feel or think about their FP relationship. Category 4 refers to the relationship types, such as friend and partner. Category 5 includes relationship-associated words often used to explain how their FP relationship begins and breaks down regardless of their intention. Furthermore, we qualitatively reviewed and put collected data together following the common FP relationship pattern.

Favorite person in the borderline personality disorder community

FP has a unique meaning in the BPD community. A FP is a person who someone with BPD relies heavily on for emotional support, seeks attention and validation from, and looks up to or idealizes. When referred to as a FP, it goes beyond what other people would generally refer to as their best friend or favorite person. FPs are the object of complete attachment and extreme love from people with BPD. Therefore, those with BPD feel unable to function properly without their FP and fear that their FP will abandon them.

"While a best friend can be an FP, it's usually so much more than that… a favorite person is someone you have an emotional dependence on, who can 'make or break' your day."[20] "You place the responsibility of your happiness onto them. They can make you feel on top of the world, or in the deepest pit depending on whether they are paying attention to you or not."[21]

Favorite person–borderline personality disorder relationship type

In most instances, FPs are friends, crushes, romantic partners, family members, or others with who the person with BPD interacts (teachers or therapists). While a romantic partner can be an FP of someone with BPD, FP relationship is not necessarily romantic, sexual, or gendered. Observing the word frequency, "friend" and "friendship" were used the most (259 and 86 times, respectively) to describe the relationship type; love, however, was most often used (267 times) to describe the feeling individuals with BPD express toward their FP. People with BPD consider it more like unconditional and blind love.

"The only thing is it feels SO much like I love him… I keep

telling myself how I feel for my FP isn't real, but hell does it feel like it is. It's a very confusing place to be in."[22]

Individuals with BPD are likely to have these relationships, in which the love they feel for their FP is all-consuming and so overwhelming that it is beyond their control; they often have no idea what they are doing toward their FP. In other words, FP is someone who a person with BPD is especially obsessed with even when they have other close friends; FP becomes exactly who the person with BPD needs at that moment.

"I develop what feels like a crush on that person, but it's not romantic or sexual. Quite simply, they are just my favorite."[23] "I'd had close friends, even best friends. But none of these friendships have ever felt as intense and consuming as…"[24]

Favorite person–borderline personality disorder relationship happens

This FP–BPD relationship is more of an unintentional phenomenon that occurs than actively sought by individuals with BPD. Because FP-ness is internal to those with BPD, FPs do not have a choice to become or stop being an FP. It is not a relationship that either the person with BPD or his/her FP has control over as it happens over time. There were 112 instances of the word "start," 89 of "happen," and 121 of "becom" (89) and "becam" (32) among the posts. As individuals with BPD need constant approval and reassurance, they gradually and involuntarily attach themselves to an FP who offers what they need when they need it.

"It's not really your choice. And, to be fair, it isn't the other person's choice either… it takes a lot for someone to suddenly stop seeing you as their FP."[22] "That's a scary and difficult role to take on, especially unwillingly… I want you to understand the position that I have involuntarily put you in…"[25]

Favorite person: who are they?

Individuals with BPD commonly describe FPs as someone caring, sympathetic and understanding, and so on. FPs are always there and reassure them when asked. FPs accept those with BPD as they are so that the latter feel free and express themselves around their FPs without fearing being judged and feeling like a burden. Their FP is a good listener, easy to talk to, and takes the time to understand and make them feel better, always being supportive.

"First, the person has to be sympathetic and understanding. Second, I have to feel like they get me. Third, we need to have emotional things in common."[26]

Based on the data, in which the words "feel" (406) and "felt" (81), "emot" (140), and "mood" (41) repeatedly appeared, we can infer that, for individuals with BPD, how they feel around their FP is an important factor for developing strong attachment. This explains how they become entirely dependent on

a person for emotional support. Because FP is someone who the person with BPD feels stable and safe with, who is more likely to calm them down than fight back when they get emotional, they often get to the point where they believe their FP would rescue them. The more time they spend together, the more obsessed the individual with BPD becomes. Their FP gradually become someone who they rely on completely for almost everything and can no longer live without.

"My favorite person is the one I don't feel I can live without, the one [who] loves me unconditionally, the one I go to for everything,… the one [who] helps me breathe…"[27]

Favorite person: what do they offer?

Individuals with BPD need attention from their FP, often all the time, to validate them, especially when they find themselves overwhelmed in fear or anxiety. Based on frequent instances of the words "help (124) and support (39)," "care (97) and attent (71)," "valid (46), reassur (33), and accept (28)," we can assume that FPs constantly attend to and approve when those with BPD turn to them for care and validation. To those with BPD, FPs are the only person who knows how to comfort them.

"It's like they are all I need, like my life is complete as long as they are constantly giving me attention…feel like I am totally worthless unless someone is validating me. I have it with all my friends and my wife to an extent, but it's worse with an FP."[26]

Favorite person: how do they affect?

The way FPs behave—constantly giving attention, validating and reassuring whenever they are asked—unfortunately, makes BPD symptoms worse, especially when they are not around. Individuals with BPD have to deal with intense jealousy, for example, when their FP spends time with other friends or does not answer their calls or messages immediately. While people with BPD need constant attention from their FP, they tend to internally analyze their interactions, looking for signs of rejection. Even though they know that their FP has the right to see other people and have alone time, they still consider that their FP is trying to drift away and no longer cares about them. Consistent with how individuals with BPD have described their interactions with FP, "text (61)," "messag (39)," and "contact (37)" were often used in the posts, implying that they excessively emphasize constant communication and updates from their FP.

"It's hard for me to tell myself that your world doesn't revolve around me, … not hearing from you makes me anxious and paranoid, thinking you decided to abandon me…"[25] "I want to spend all of my time with him, when we are apart, I panic… gross overreaction that is and how unfair it is of me

to put that on him… I can't stop myself."[28]

Whether intended or not, FPs know how to comfort their person with BPD and reassure that they are not leaving, which reinforces these insecure attachment patterns. Those with BPD struggle with what is known as "splitting" on their FP, constantly shifting between idealization and devaluation; the shifting goes between these two extremes. When they are in the idealization phase, their emotional attachment toward their FP is strengthened. However, when their FP fails to fulfill their expectations, they are immediately devalued, causing anxiety and depression, sometimes anger and panic attacks.

"I devalued him over something as simple as canceling our plans…, if he made me happy, I'd put him on a pedestal… he was absolutely perfect. There was never any gray area."[27]

Observing the frequency of the words that reflect individuals with BPD's emotional responses within the relationship, positive tone words including "good (90)," "better (77)," "happi (46)," and "well (46)," and negative tone words, such as "bad (86)," "hurt (78)," "fear (70)," and "sad, upset, and worri (32, 31, 31 times, respectively)" were used often. This implies that their strong attachment to FP would indeed stop them from cultivating emotional safety by causing them immense emotional confusion and struggle.

"Sometimes I can stand on the knowledge that these are only thoughts,… sometimes I can't. I find myself curled up into a ball on the kitchen floor sobbing and praying…"[29]

Individuals with BPD keep actively trying to be accepted by their FP and fit completely into their FP's life. For example, they tend to gradually change who they are, what they like or dislike, and the way they behave, trying to become like their FP. FPs are expected to be entirely honest with them and constantly let them know that they do not mean to cause any misunderstanding that could upset them.

"The loss of them is so much to bear that we would do almost anything to keep them. A changing self-identity is a symptom… very present within FP relationships."[23] "You promise me you'll never leave… I ask you at least once a day if our friendship is OK… You remind me that I mean as much to you as you mean to me."[30]

Favorite person–borderline personality disorder relationship gets worse

The FP–BPD relationship often gets worse with time, as the person with BPD needs more attention and validation from their FP to get the same feeling of being cared for. Consistent with what those with BPD describe, repeated use of words, such as "want (237)," "get (216)," "make (183) and made (45)," "need (181)," and "take (87) and give (66)" implies their strong dependence and high expectation from the relationship. Consequently, the FP faces more responsibilities and pressure to

fulfill their person with BPD's needs, such as constant contact.

"My BPD thrived on her attention. The more attention she gave me, the more I got hooked on it and the more attention I needed to get the same "high" I felt."[31] "You constantly need reassurance and validation from your FP, but sometimes asking for too much assurance comes across … can lead to so many problems."[32]

The relationship gets to the point where it stops being a good friendship and turns toxic and destructive. Those with BPD can get too reliant on and obsessed with their FP to get out of the relationship but the emotions they experience, simultaneously, are too intense to stay secure and healthy in the relationship. Therefore, they often feel like having no control over the relationship.

"[They're] like my drug. Whenever I get their attention, I'm happy for a while. But when I don't, it's like the world's falling apart…"[20] "I have other friends, …but things were healthier. I didn't rely on them the way I did with my FP, … I was happy not to have that intense bond with anyone else."[33]

FPs are then highly likely to feel suffocated in the obsessive relationship, as they feel their boundaries are no longer being respected. They have to repeatedly comfort when their person with BPD suffers from the perceived abandonment, often to the extent that they feel unable to set healthy boundaries and function normally or socially, feeling the need to maintain a safe distance. Although they politely and cautiously try not to upset their person with BPD, it still strongly influences their emotions and behaviors.

"He's seen me at my worst. It's a lot of work for him. I pick fights with him when I'm depressed… all of my feelings for and about him are magnified 1,000 times."[28]

Favorite person–borderline personality disorder relationship ends

Based on frequent instances of the relationship-ending related words such as "leav (95) and left (33)," "end (84)," "stop (55)," and "lose (43) and lost (24)," those with BPD are afraid of losing their FP. More importantly, however, the data suggest that the relationship is indeed likely to have consequences that they desperately wished to prevent.

Generally, this FP–BPD relationship ends as the FP fails to keep an appropriate distance without their person with BPD noticing it and decides to leave the relationship. According to many who describe their relationship with FP, the way their FP expresses their intention to not continue the relationship is not assertive or aggressive, rather attentive or evasive. FPs' considerate way of saying that they cannot do what they have done for their person with BPD any longer, or withdrawal from the relationship without any notice—their tendency to avoid further confrontation—makes their person with BPD's

symptoms even worse.

"She told me we couldn't do this anymore and that the right decision for her was to step away. She wasn't mean, the message was reasonable. But I was very hurt… my FP had finally left me… my desperate attempts to stop her leaving had driven her away."[34] "I don't have romantic feelings for her. However,… I have to be around her all day knowing she no longer loves me… I felt like she cared, and now she doesn't, and so that means I'm useless and pathetic and would be better off dead."[26]

DISCUSSION

Overall, our findings indicate that those with BPD tend to form an intense and insecure attachment towards their FP. Individuals with BPD experience intimate and unstable relationship struggles while alternating between extremes of idealization and devaluation and making desperate efforts not to be abandoned.[35,36] This study reveals that struggles, such as fear of abandonment, constant splitting, and overwhelming feelings, experienced in FP relationship are even more intense and devastating. As their FP-love goes beyond their control, making them increasingly obsessed with their FP, the relationship often gets to the point where their desperate attempts to keep their FP in their life eventually drive them away. FP relationship seems likely to become unhealthy and destructive, sustaining and intensifying the expression of BPD individual's symptoms. Consistently, research has found that BPD symptoms including hypersensitivity to rejection tend to emerge and get worse in close relationships with their attachment figures.[8,37]

Although BPD symptoms influence FP relationship quality, we suggest that the personality of the FPs whom those with BPD strongly attach to has a significant effect throughout their relationship. The personality of the partners whom those with BPD choose partially but significantly affects BPD symptom intensity and the relationships' success.[38,39] FPs' personality factors are essential to understand. Our study reveals that FPs seem exceptional enough for those with BPD to form a strong obsession and undefined, intense feelings toward them. They also appear highly tolerant until the situation becomes unbearable, especially when they are not their family or involved romantically or sexually with their person with BPD.

The destructive FP relationship pattern implies that most FPs share particular characteristics that make them more likely to become an FP and contribute to the formation of toxic FP attachment. Identifying the shared personality traits in many, if not all, FPs to understand the relationship from which those with BPD enormously suffer is crucial. Our findings reveal that certain FPs gradually intensify their person with

BPD's symptoms and assume avoidance behaviors when conflicts arise. In this study, for convenience, we address them distinctively as "Teddy Bear Person (or TBP)," based on previous research, demonstrating that patients with BPD tend to develop a problematic attachment to and emotionally rely on transitional objects, such as stuffed animals, that would provide them with emotional comfort and stability.[40-42] The association between transitional object attachment and BPD was so strong that carrying stuffed animals to hospital settings was also referred to as the "positive bear sign."[43]

Considering the BPD traits and TBPs' observed behaviors, we suggest that their destructive relationship may be explained based on the RS model. BPD individuals with high RS have difficulties controlling their intense anger and a greater tendency to display hostile and aggressive behaviors in response to rejection threats.[19,36] However, TBPs, who we suggest contribute to an unhealthy FP relationship development, exhibit ambivalent behaviors in response to their person with BPD's symptoms; they are understanding and caring, but sometimes appear detached, provoking greater confusion and BPD splitting. Because the intimidating way BPD individuals respond to social interaction can be another interpersonal threat to others, particularly hypersensitive individuals, we argue that TBPs more vulnerable to borderline personality traits (e.g., anger, impulsivity, or splitting) would also be likely to have heightened RS, similar to those with BPD.

The RS model explains that those who expect rejection angrily tend to express aggression and use coercion in response, while others who expect rejection anxiously tend to avoid conflicts by self-silencing and compliance or social withdrawal.[44,45] Angry RS is more strongly associated with reactive hostility and anger; thus, individuals with high angry RS are more likely to respond with aggressive retribution, often provoking interpersonal conflict.[46,47] Individuals with higher anxious RS, however, are more likely to prevent rejection before it occurs. They make efforts not to lose their relationship primarily by inhibiting their feelings and actions that might upset the other person or being more solicitous and obliging to please them.[48] Moreover, they have a greater tendency to avoid or withdraw from relationships once conflicts arise and hardly see the possibility of acceptance.[49,50]

Considering that the form of–angry or anxious–RS they present may predispose high RS individuals to respond differently to interpersonal conflicts,[51] we contend that this difference may partially explain the interaction between TBP and their person with BPD and their behavioral changes throughout the relationship. We suggest that TBPs' high RS may interact synergistically with that of their person with BPD to strengthen their reactive responses and BPD symptoms, thereby developing a mutually destructive relationship. However,

more research is needed to conceptualize the FP relationship; further attempts are required to address the dysfunctional interaction based on the RS model and differentiate TBPs, among FPs, from non-TBPs.

In sum, this study addresses that those with BPD tend to form a particular type of intense and unstable attachment to so-called 'FP,' who can include their friends, romantic partners, or family members, though most likely their friends. Notably, this FP relationship is often dysfunctional, but BPD characteristics may not fully explain the relationship's intensity and instability because they do not develop FP attachment toward all the individuals close to them, even if they are romantically or sexually involved. Therefore, we assert that many FPs (distinctively named as TBP in this study), but not all, may be predisposed to behave in a particular manner. Their personality factors (e.g., RS) may interact with the other person's BPD characteristics and increase the likelihood of the FP relationship becoming unhealthy and maladaptive.

However, this study's limitations could be considered in future research. Data we collected included blog posts and comments written mainly by individuals with BPD and limited to individuals who intended to disclose a diagnosis of BPD and publicly share their relationship experience, making it difficult to generalize our findings to other populations. Also, we could not be certain that all those who claimed to have BPD were accurately diagnosed after a series of tests conducted by the clinician. Future research could include in-person interviews with both partners involved in an FP relationship to extend the findings to the larger population, make sure that research participants are confirmed to be BPD patients, and examine FPs' perspectives. It is also difficult to approach and reflect the point-of-view of FPs because they are hardly aware that they are someone's FP unless told so by their person with BPD, who may be reluctant to confess their obsession toward them. Thus, further discussions are required to establish the definite concept of FP and fully understand this reciprocal relationship. Moreover, we did not consider other potential contributing factors other than a high RS level. Identifying additional factors that may allow non-TBPs to develop a healthier FP relationship with their person with BPD could help to develop an effective intervention to assist both partners form a secure attachment and establish a more supportive and stable FP relationship. Finally, it should be noted that we lacked access to additional and specific personal information beyond the data voluntarily provided in the posts. Therefore, no demographic characteristics or psychiatric comorbidities of those with BPD could be further identified and analyzed in the current study. Considering that BPD often coexists with other mental illnesses,[1] it is possible that the presence of other mental conditions may have influenced the individuals' symptoms

and their relationship experiences.

Despite these limitations, this study was the first to address the FP–BPD relationship and apply the RS model and differentiate two RS forms to understand this dysfunctional interaction. Both individuals involved in an FP relationship simultaneously contribute to forming a long-term dysfunctional relationship and influence the relationship's stability and well-being. This study employed the RS model to explain TBPs' behavioral patterns that may interact with their person with BPD's reactive responses, increasing the likelihood of their relationship becoming unhealthy. Our findings are novel and beneficial as we collected and reviewed actual data of real experiences reported by individuals with BPD and identified a particular relationship type they commonly have. They describe it as one of the most complex challenges as a person with BPD, but the FP relationship is rarely discussed. Thus, this study could be the first step to future research on the FP relationship, extensively on FP characteristics and more specifically on TBP versus non-TBP characteristics.

Availability of Data and Material

The datasets generated or analyzed during the study are available from the corresponding author on reasonable request.

Conflicts of Interest

The authors have no potential conflicts of interest to disclose.

Author Contributions

Conceptualization: Hyorim Jeong, Min Jin Jin. Data curation: Hyorim Jeong. Formal analysis: Hyorim Jeong, Min Jin Jin. Investigation: Hyorim Jeong, Min Jin Jin. Methodology: Hyorim Jeong, Min Jin Jin. Project administration: Myoung Ho Hyun. Resources: Hyorim Jeong. Software: Hyorim Jeong. Supervision: Min Jin Jin. Validation: Myoung Ho Hyun. Visualization: Hyorim Jeong. Writing—original draft: Hyorim Jeong. Writing—review & edition: all authors.

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