

Morgan Geyser and Anissa Weier just had a sleep-over with Payton the night before the attack. But, why? Why would two young girls attempt to kill their friend? What was the motive?

The answer: Slender Man.

Slender Man is a modern day boogie man. He was created in 2009 during a photoshop contest by Eric Knudsen. The theme of "Something Awful" inspired an image of a tall, thin apparition that was superimposed onto photos of children playing in the park from the 1980s. From there, the legend developed into a haunting apparition that stalks young children. Some stories say that he is a hero who saves children from abuse, but others describe him as a killer who feeds on them.^[2]

Morgan Geyser and Anissa Weier told police that Slender Man told them that they needed to kill their friend Payton. If they succeeded, they would leave their families and live with him, but if they failed their families would be killed. The girls also explained that they needed to do this to prove that Slender Man was real. But how could this internet story be real enough for two girls to try to murder their friend?

Both girls underwent psychiatric evaluations after their arrests. Morgan Geyser was given a diagnosis of early onset schizophrenia and psychotic spectrum disorder. She had been having hallucinations involving Slender Man for more than a year prior to the attack. It is these hallucinations that evolved into the delusions that motivated the attempted murder.^[3]

As for Anissa Weier, she was diagnosed with a rare condition called folie à deux.

Folie à deux, or "madness of two", is also known as shared psychotic disorder. It is a rare condition in which two or more individuals share a psychotic delusion. There is typically one individual who has a psychiatric disorder that causes the delusion. This individual then influences others into believing in the delusion.^[4]

If images of Charles Manson just popped into your head, you aren't wrong. Studies of cult-like behavior, like seen in the Branch Davidians or Heaven's Gate cults, suggest that folie à deux may play a part in the level of devotion to these beliefs, despite evidence that proves these beliefs to be false.^[5]

This brings us to a point that must be acknowledged: there is such a thing as social contagion of psychological or psychiatric conditions.

For those experienced in the field of psychology, this isn't anything new. There is a plethora of evidence that this occurs. Folie à deux just happens to be one of these examples. What are other examples?

In this case study from 1968, doctors were able to trace Non-Suicidal Self Injury (NSSI) from one patient to the next in as many as 11 patients over a period spanning 7 months in a psychiatric hospital. It is one of the first documented case studies that was able to track behavioral issues that spread from person to person, in the same manner as a viral infection.^[6]

A study published in 2013 found that NSSI was contagious in peer groups suggesting that it spreads via social contagion.[7]

This article found that binge eating in a sorority was not only associated with popularity, but that the amount of binge eating of one member could be predicted based on the binge eating levels of their friends.[8]

There has even been a sign of social contagion in severe behaviors such as suicide. The "Werther Effect" is a phenomenon where after news reports of suicides of well known individuals, there is a spike in suicide in the general population.[9] In fact, it is often that the more tightly knit the group, the greater the risk for a suicide to be contagious within that group.[10]

Even recently, social media sites like Tumblr, Instagram, and Tiktok have been seen as vectors for the social transmission of various conditions including Dissociative Identity Disorders (DID), Tourette's Syndrome, anxiety disorders, depression, autism, ADHD, and gender identity issues. [11]

Now hold on, I can hear the counter argument already: "but gender identity is innate! It can't spread like a disease! You are being transphobic! Trans people are who they say they are!"

And before I go on, let me make this clear: just because a person develops symptoms via social contagion, that does not mean that they are "fake". Anissa Weier actually believed that Slender Man would kill her family if the two girls failed to kill Payton. Their symptoms are very real, but their treatments may be different. In fact, treatment often involves removing the person from the environment that caused the contagion.[12]

Let's look at the facts about gender identities and conditions that can prime a person for social contagion, and you can decide for yourself.

What makes a person susceptible to social contagion?

Married psychological researchers John and Mimi Curtis have identified 9 factors that place individuals at risk of joining a cult:

- (1) generally low self-esteem and low emotional intelligence,
- (2) tendencies toward dissociative states,
- (3) unstable family and social support systems,
- (4) poor coping skills,
- (5) history of abuse or neglect,
- (6) exposure to eccentric lifestyles or family dynamics,
- (7) drug or alcohol abuse,

(8) severe and debilitating reactions to stress, and

(9) intolerable socioeconomic conditions.[13]

Additionally, research into social contagions as cultural identities, like being "neurodivergent" and self-diagnosed conditions, found that (10) teens, young adults, and specifically (11) females were the most susceptible to social influence.[14] Another factor that contributes to instances of folie à deux is that the belief is personally significant.[15]

How does this line up with what we know about the demographics for people with gender dysphoria?

Let's start with the major comorbidities (conditions that are also present) with gender dysphoria. One systematic review that looked into comorbidities found large incidence rates of depression, anxiety disorders, and Autism, and in younger populations, there was a high incidence rate of ADHD. Both depression and anxiety are correlated to low self-esteem. In adolescent patients, the review found incidence of eating disorders to be between 33-50%. Even more surprising is the rate of dissociative disorders at 29.6%, which is much higher than the non-transgender population.[16]

In addition, the study found that there were also high incidence rates of alcohol and cannabis use in the adolescent transgender population, though the amount of consumption was not as high as in the adult trans population. However, this may suggest that substance use increases in this population as they get older.

Resiliency, or the ability to handle stressful situations, was found to be lower in the vast majority of transgender individuals, and this low resiliency was associated with lower familial support, financial stress, and higher rates of anxiety and depression.[17]

In terms of childhood history, it was found that 73% of transgender adolescents reported psychological abuse, 39% reported physical abuse, and 19% reported sexual abuse. Of all these groups, it was found that females that identified as transgender were the most likely group to report psychological abuse. Across the board, adolescents who identified as transgender reported higher incidences of abuse than non-transgender adolescents.[18]

Starting in the 2000's, a dramatic shift in the demographics of those referred to gender clinics took place. Before this shift, gender dysphoria was predominantly seen in males, but since 2013, there has been a sharp rise in females being referred to gender clinics.[19] () According to the UK's Gender Identity Development services, the gap between referrals for females and referrals for males is continuing to grow at an alarming rate.[20]

Let's summarize all this information. Of the 11 different characteristics associated with vulnerability to cults or social contagion, the current demographics of adolescents that identify as transgender meet 9 characteristics. These 9 characteristics are:

1. The high rate of anxiety and depression result in low self-esteem and emotional intelligence
2. The high incidence rate of dissociative disorders in the adolescent transgender population puts them at much higher risk than the non-transgender population
3. Although it was rare to find transgender individuals with no support, a significant number of transgender individuals report insufficient support to help with anxiety and depression
4. Poor resiliency results in poor coping skills and...
5. Led to more intense reactions to life stresses
6. Transgender adolescents were more likely to report experiencing abuse as children
7. Transgender adolescents were more likely than non-transgender adolescents to use alcohol or drugs
8. Transgender teens and young adults are in an age group that is particularly susceptible to social influence
9. The huge spike in females identifying as transgender correlates with females being more susceptible to social influence.

But, probably the most important part of susceptibility to folie à deux, is the importance of that belief to the individual.

According to Erik Erikson, a theorist who specialized in psychosocial development, adolescence and young adulthood is a period marked by finding one's identity both as an individual and as part of a community. Erikson theorized that this period of time was where adolescents try different roles, either through dress, experiences/activities or role playing, as part of the process of solidifying one's identity. If an adolescent or young adult was successful in identity, they were able to continue in development and enter into adulthood with autonomy and self sufficiency. However, if they failed to solidify their identity, they fell into what Erikson called "role confusion", which would be marked by significant distress and inability to be self-sufficient. It may present as a struggle to find a social group, inability to maintain employment, and a lack of direction or goals in life.^[21]

With such a significant role that identity plays in our development, what could be more personal, and thus more influential, than one's identity?

Based on the available evidence, it's hard to make the case that the huge spike in gender dysphoria is not the result of social contagion.

But, again, just because these feelings can travel through social groups does not mean that these issues are fake or that these issues are without consequences.

Anissa Weier was convicted of first degree attempted intentional homicide. In 2017, she was sentenced to 25 years in a mental institution for her part in attempting to kill her friend. However, Weier was released from the institution in 2021. She was released to the custody of her

father under several conditions including 24 hour GPS monitoring, constant monitoring of internet activity at home and restrictions on using the internet outside of her home.[22]

The first step of solving any problem is to acknowledge that a problem exists. We need to recognize that social contagion, and specifically when it comes to gender dysphoria, is real. We need to recognize that social contagion does not mean these feelings aren't real. These disorders are very real and require a specifically modified treatment focused on addressing comorbidities and other mental health problems. We, as a society, need to start taking a more active role in acknowledging the problem of social contagions. We need to spread awareness and teach vulnerable youth that this is a possibility. Being aware is one of the best ways to combat contagious ideas and behaviors.

We are 100% independently funded. If you like our work, consider making a donation.

[Donate](#)

1. (2014). Slender man stabbing. *Crime Museum*.
2. (2019). Slender man: the psychology of extraordinary beliefs. *Ohio State University*.
3. Guy, F. (2023). Murder for slender man: fiction, reality, and mental illness. *Crime Traveller*.
4. Saif, F., Khalili, Y. (2022). Shared psychotic disorder. *StatPearls Publishing*.
5. Freeman, L., Cox, R., Barnier, A. (2013). Transmitting delusional beliefs in a hypnotic model of folie à deux. *Consciousness and Cognition*, 22(4), 1285-1297.
6. Matthews, P.C. (1968). Epidemic of self-injury in an adolescent unit. *International Journal of Social Psychiatry*, 14(2).
7. Prinstein, M.J., Heilbron, N., Guerry, J.D., et al. (2010). Peer influence and nonsuicidal self injury: longitudinal results in community and clinically-referred adolescent samples. *J Abnorm Child Psychol*, 38(5), 669-82.
8. Crandall, C.S. (1988). Social contagion of binge eating. *Journal of Personality and Social Psychology*, 55(4), 588-598.
9. Fahey, R., Matsubayashi, T., Ueda, M. (2018). Tracking the Werther Effect on social media: emotional responses to prominent suicide deaths on twitter and subsequent increases in suicide. *Social Sciences & Medicine*, 219, 19-29.

10. Abrutyn, S., Mueller, A. (2018). Toward a cultural-structural theory of suicide: examining excessive regulation and its discontents. *Sociological Theory*, 36(1).
11. Haltigan, J., Pringsheim, T., Rajkumar, G. (2023). Social media as an incubator of personality and behavioral psychopathology: symptom and disorder authenticity or psychosomatic social contagion? *Comprehensive Psychiatry*, 121.
12. Bhutani, S., Huremovic, D. (2021). Folie a deux: shared psychotic disorder in a medical unit. *Case Rep Psychiatry*, 2021.
13. Curtis, J.M., Curtis, M. J. (1993). Factors related to susceptibility and recruitment by cults. *Psychological Reports*, 73(2), 451-460.
14. Haltigan, J., Pringsheim, T., Rajkumar, G. (2023).
15. Freeman, L., Cox, R., Barnier, A. (2013).
16. Otero-Paz, M., et al. (2021). A 2020 review of mental health comorbidity in gender dysphoric and gender non-conforming people. *Journal of Psychiatry Treatment and Research*, 3(1).
17. Puckett, J., Matsuno, E., Dyar, C., et al. (2019). Mental health and resilience in transgender individuals: what type of support makes a difference? *J Fam Psychol*, 33(8), 954-964.
18. Thoma, B., Rezeppa, T., Choukas-Bradley, S., et la. (2021). Disparities in childhood abuse between transgender and cisgender adolescents. *Pediatrics*, 148(2).
19. Atiken, M., Steensma, T., Blanchard, R. (2015). Evidence for an altered sex ratio in clinic-referred adolescents with gender dysphoria. *Comparative Study*, 12(3), 756-763.
20. (2020). Gender identity development service referrals in 2019–20 same as 2018–19. *Tavistock and Portman NHS Foundation Trust*.
21. Mcleod, S. (2023). Erik Erikson's stages of psychosocial development. *SimplyPsychology*.

Talia Nava

Talia has a BA in Cognitive Psychology and a minor in Medical Anthropology. She has experience working with patients in a psychiatric hospital setting in nursing giving her direct experience with a number of mental health issues.

<https://twitter.com/shamanspirit13>

Sex Biology and the Gish Gallop >

PARADOX INSTITUTE

[Terms of Service](#)

[Privacy Policy](#)