

MODERN PSYCHE PROBLEMS

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When generating a modern-day GunMaster Gold character, roll 1d1000 on the following table to determine whether he or she has problems associated with his or her psyche:

Male	Female	General Disorder	Diagnosis
001 - 030	001 - 060	Anxiety Disorder	PHOBIC The character suffers from an irrational and intense fear of an object or situation. Failure of a Will \times 3 roll will find the character reduced to panic when presented with that which they fear.
031 - 038	061 - 078	Anxiety Disorder	OBSESSIVE COMPULSIVE The most common obsessions involve death, disease or disfigurement. The character believes that by completing his compulsive ritual, catastrophe will be kept at bay. There may be no logical link between compulsion (e.g. checking that the cupboards are closed) and obsession (e.g. being harvested by a gang of Eskimos).
039 - 045	079 - 084	Anxiety Disorder	PANIC DISORDER Roll 1d100 to determine the severity of the condition. This number represents the percentage chance of the character suffering a panic attack during any given week. When an attack is generated, check for a subsequent attack that will occur in the same week. A successful roll against Will \times 3 will avoid the generated attack.
046 - 075	085 - 120	Anxiety Disorder	POST TRAUMATIC STRESS This disorder is always tied to a specific traumatic incident. The victim relives the incident in nightmares and daytime thoughts. Symptoms include insomnia (Will \times 1 roll to sleep), irritability and bouts of depression (4d6 Special Penalty to tasks involving concentration). Effects may begin immediately after the event or some months later. Often leads to drug abuse.
076 - 077	121 - 127	Somatoform Disorder	CONVERSION DISORDER: SENSE LOSS Most commonly blindness (01-70), though hearing (71-80), smell/taste (81-90) or touch (91-00) could be affected. The attribute is effectively reduced to zero.
078 - 079	128 - 131	Somatoform Disorder	CONVERSION DISORDER: MOTOR LOSS The character has lost the use of one of his limbs. Roll on the Arms (01-50) or Legs (51-00) strike location table to determine the extent of the paralysis (re-roll if higher than the shoulders or hips).
080 - 083	132 - 140	Somatoform Disorder	SOMATOFORM PAIN DISORDER As above, though the symptoms are characterised by pain instead of paralysis. Pains are constant 10% of the time, or otherwise appear intermittently (Luck Roll per day to avoid). Pain lasts until a Will \times 3 check is made (roll once per minute). A typical attack is equivalent to 1d10+4 IPs.
084 - 095	141 - 164	Somatoform Disorder	HYPOCHONDRIASIS This condition is characterised by an almost constant stream of imagined illness. The victim will go through bouts of lethargy and depression. Hypochondriacs are often preoccupied with physical health and believe that every slight ailment is the symptom of a grave, life-threatening disease.

Male	Female	General Disorder	Diagnosis
096 - 110	165 - 193	Dissociative Disorder	PSYCHOGENIC AMNESIA This disorder is characterised by a loss of memory. This memory loss can be of a specific event, or may extend to large sections of memory. A Luck Roll determines the severity: CS = Memory loss of the traumatic event only; MS = Memory loss of 1d10 days before and including the event; MF = Random early memory loss combined with memory loss of the traumatic event; CF = Complete loss of identity, only traits and language skills remain, all other open skills drop to OML.
111 - 115	194 - 197	Dissociative Disorder	PSYCHOGENIC FUGUE The character loses all memory of self. All skills and traits are forgotten. Patients in this condition often wander far from home and even begin new lives while in the fugue. The fugue will last until an Intelligence \times 2 roll succeeds, with one roll being made every 1d10 weeks. When the fugue ends, skills and traits revert to previous fugue levels and no fugue memories are retained.
116 - 118	198 - 208	Dissociative Disorder	MULTIPLE PERSONALITY This fracturing of the character's psyche has serious repercussions. The character has 1d6 main personalities. All skills must be randomly assigned to each personality, with all other personalities using the same skill at half ML. The personality with the most assigned skills is the original, all other personalities should have traits randomly determined. Situations involving trauma or stress can induce a personality change. The original personality must roll against Will \times 4 per minute to resist the change, all other personalities must roll against Will \times 2 per minute. The change takes 1d3 rounds and episodes last 1d100 minutes.
119 - 209	209 - 240	Substance Dependency	This condition is characterised by addiction, which can be expressed in a number of forms. The character may be psychologically (and possibly physically) addicted to any one of a number of drugs such as alcohol, tobacco, stimulants (e.g. amphetamines), opiates (e.g. heroin) or mood stabilisers (e.g. lithium), or they may be addicted to a situation or emotional state such as work, religion or co-dependent relationships. In any case, when presented with the object of their addiction the character must roll against Will \times 3 to resist. If this roll rails, the character may gain intermittent rolls of Will \times 1 to stop once started.
210 - 232	241 - 276	Mood Disorder	MAJOR DEPRESSION The character is lethargic and detached. Depression gives a 4d6 Special Penalty to skills involving concentration or social interaction. Eating and sleeping is often affected, and may involve Will \times 4 rolls to accomplish.
233 - 262	277 - 308	Mood Disorder	DYSTHYMIA A depressive state categorised as mild. The character is lethargic and often detached from his surroundings. The character suffers a 2d6 Special Penalty to skills involving concentration or social interaction.
263 - 275	309 - 319	Mood Disorder	BIPOLAR The character suffers from mood swings. Triggered by environmental variables or biological impulses, these moods are manic or depressive. Roll against Will \times 4 every 1d6 days: CS = Manic; MF = Normal; MF = Dysthymia; CF = Major depression. When manic, the character gains confidence, high self esteem,

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			+1d3 Will, a 1d6 Special Penalty on skills involving social interaction, and a general increase in reckless behaviours.
276 - 292	320 - 327	Schizophrenia	TYPE I This condition is characterised mainly by excesses in perception, thought and behaviour. The symptoms include hallucinations, delusions, illogical associations and the acting out of bizarre behaviours. This condition responds well to treatment and tends to be episodic.
293 - 299	328 - 330	Schizophrenia	TYPE II Characterised by deficits in perception, thought and behaviour. This condition results in a lack of communication, thought, drive and emotion. The character may suffer from loss of fine muscle control, and even episodes of catatonia. There is a poor chance of recovery from this condition.
300 - 333	331 - 351	Personality Disorder	ANTISOCIAL A character suffering from this condition will display little regard for anyone but himself. Violent and uncaring behaviour will be the norm, and the character will find it difficult to see another person's viewpoint.
334 - 344	352 - 376	Personality Disorder	HISTRIONIC The character will be overly emotional, act hysterically and display attention-seeking behaviours. The need to be the centre of attention can drive the character to act unwisely and be overly dramatic.
345 - 375	377 - 400	Personality Disorder	NARCISSISTIC The character has a deep love for himself and exhibits an unwarranted sense of self-importance. The character will believe his own views are always right and will demand constant attention and admiration from others.
376 - 445	401 - 472	Multiple Disorders	Roll twice more.
446 - 000	473 - 000	None	No significant disorders.

TREATMENTS

There are hundreds of likely modes of treatment for victims of serious, debilitating mental illnesses, but there are no guaranteed successes. The two most common methods are conventional psychoanalysis, and institutionalisation with a heavy drug regime combined with some conventional psychoanalysis. Use the following table to determine the treatment's chance of being effective:

Disorder	No Treatment	Conventional Psychoanalysis	Institutionalisation
Anxiety Disorder	Luck Roll -(1d6×10)	Luck Roll +(SI+15)	Luck Roll +(SI+20)
Somatoform Disorder	Luck Roll -(1d6×10)	Luck Roll +(SI+10)	Luck Roll +(SI+15)
Dissociative Disorder	Luck Roll -(1d6×10)	Luck Roll +(SI-5)	Luck Roll +(SI+5)
Substance Dependency	Luck Roll -(1d6×10)	Luck Roll +(SI-10)	Luck Roll +(SI+5)
Mood Disorder	Luck Roll -(1d6×10)	Luck Roll +SI	Luck Roll +(SI+10)
Schizophrenia	Luck Roll -(1d6×10)	Luck Roll +(SI-10)	Luck Roll +(SI-5)
Personality Disorder	Luck Roll -(1d6×10)	Luck Roll +(SI+15)	Luck Roll +(SI+15)

A **Luck Roll** is made by rolling 1d100 twice; if the second roll equals or is less than the first roll, success is achieved. "SI" refers to the treating physician's **Psychoanalysis** skill index (INT AUR WIL, Tai/Tar/Sko+1, OML SB1). Further modifiers are applied according to the relative difficulty in curing a disorder through a particular treatment method. All modifiers are applied to the *first* 1d100 roll only.

Conventional Treatment will take 2+1d6 visits of 1d3 hours duration per visit. After this time, the patient receives a Luck Roll with the appropriate bonus. Prices start at about 50 Cr per hour but can be much higher. The GM may apply additional Luck Roll bonuses for more expensive treatment.

Institutionalisation requires a stay of 1d4+1 months in the institution. After this time, the patient receives a Luck Roll with the appropriate bonus. Some countries subsidise this kind of treatment, but if not, treatments costs a minimum of 5,000 Cr per month.

If the patient receives no treatment or the treatment is of an incompetent nature, the Luck Roll can still be made at GM discretion, but at a -1d6×10 penalty.

The effects of treatment depend on the level of success:

- CS** Patient is permanently cured, with no chance of relapse..
- MS** Patient is temporarily cured, but may relapse if stressed enough (e.g. if the patient has been cured of a substance dependency, he or she should stay away from situations where the substance is easily obtainable).
- MF** Patient is not yet cured. Further treatment is necessary.
- CF** Patient gains another (random or related) psyche problem and must make another Luck Roll (no modifiers) - if a failure is achieved on this roll, further treatment for both disorders is at a -20 (MF) or -50 (CF) penalty.