Sanity in CP2020

Introduction

Due to the popularity of the "CthulhuPunk" style of playing, and since I'll be running such a campaign this semester, I have taken information from Chaosium's Call Of Cthulhu and from the latest and last Interface magazine and compiled them here. These rules are for personal use and not intended to infringe on anyone's ©.

With these rules, players in Cyberpunk 2020 not only have to worry about their health and humanity, but also their tenuous grip on reality itself. Sanity can be used in any campaign, not just a CthulhuPunk one. It adds a consequence to player's actions and reactions.

The Sanity Characteristic

Sanity is related to Humanity, but in many ways it is different. Whereas Humanity is directly related to Empathy, Sanity is a combination of many stats. According to the rules, a character suffers little effects (other than a low EMP) for low Humanity until the character reaches zero and becomes Cyberpsycho. For Sanity a character may have any number of Sanity points and still be insane, albeit temporarily. In similarity to Humanity, once Sanity reaches zero the character becomes permanently insane and for all purposes removed from the game.

To calculate Sanity, add the character's current EMP, COL, and LUCK together then multiply the sum by three. This represents the Sanity characteristic as a percentile.

SAN Characteristic	
SAN=	(EMP+COL+LUCK)x3

Example: Mac Daknife is your average PC solo, having a high COL of 9. His EMP is only 3 due to the horrendous amounts of cyberwear and his LUCK is an average 5 since he put most into REF.

(3+9+5)x3 = 17x3 = 61%

Example 2: Halo, the fixer, has a high EMP of 8 to better his interactions with customers. His COL and LUCK are above average at 10 and 9 repectively.

(8+10+9)x3 = 27x3 = 81%

Your SAN stat represents the highest level of sanity for that character. SAN may never go above this amount under normal circumstances.

A note on SAN, EMP, and cyberwear. You may have noticed Mac had a relatively low SAN stat because of his EMP score. It is up to the GM to decide if EMP loss through cybernetics should affect SAN. Personally I calculate SAN after EMP has changed due to initial cybernetics and then reduce the SAN stat by 3% for every EMP point lost thereafter.

Insanity

In Night City, Mental Illnesses occur with alarming frequency. The term Insanity is used in this game in much more general way than the legal term. It is used to mean any type of neuroses or psychosis the game characters may suffer from (These terms are explained below). They can be mild (eg mild phobia) or severe (eg schizophrenia) and do not imply that the character is a complete lunatic. It should be mentioned that some of insanities listed below are severe enough to mean that the character will no longer be useable as a player character and will have to be turned over to the Referee as a NPC.

Childhood traumas, bereavement, drugs (both medicinal and otherwise) as well as other forms of social dislocation such as eviction and the loss of jobs and/or homes are all common place for the average cyberpunk character and are all listed as possible contributory causes for mental instability, as well as a myriad of other possible things. This combined with the dangerous paranoid lifestyle of the future means that for many characters, its just a matter of time. One of the most noticeable forms of going over the edge is Cyberpyschosis, this is caused by the addition of too much cyberwear and the resulting loss of humanity this causes. However this is by no means the only form of insanity, and most of these can be brought on by continued exposure to the insane world in which the characters live.

To simulate this, each player should keep track of his characters insanity points (INPs). Each time something particulary unpleasant happens to the player. The referee may add INPs to the characters total, according to what the event was. The characters cool stat is tested against the severity of the event in question. The table below gives some examples events, strengths, and numbers of insanity points gained, should the player fail the cool test. (To test, simply add 1d10 to the players cool and see if it beats the number given as the strength.)

Event	Insanity points gained
Overdosing on drugs.(10)	1d6/3
Died and brought back.(20)	1d6
Near death experience.(15)	1d6/2
Severe injury.(15)	1d6/2
Best friend killed.(20)	1d6

Continued torture/pain.(15)	1d6/2 per day
Braindance(15)	1d6/2 - 1d6

This is by no means an exhaustive list, there plenty of other things that could cause additional points and it is up to the referee how much the particular situation is worth. However it should be noted that only really nasty occurrences should result in insanity points, and repeated exposure should cause less problems as the character becomes desensitised to the problem.

When Referees assign Insanity points it should be remembered that the characters are prepared for most of the problems they encounter, (after all they watch the news like anyone else). Also the characters individual background should also be considered. A hardened solo whose a veteran of the corporate wars will react better to being wounded badly than say a Media, fresh out of college on his first assignment. This individual approach will work both ways. Many characters will be more at risk to certain things than others. Everybody is different.

Slowly most characters will acquire Insanity points. This running total is used as a measure of the likelihood of the character getting some form mental disorder, and will be tested against the characters cool. Every time a characters receives more insanity points the player must make a roll to see if he gains an insanity.
The formula for this is :

<div align="center">

Total Insanity points

Vs

Cool + 1d10 + Relevant skill

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The skill in question should be relevant to whatever event caused the roll. Eg If the character gained INPs due to being tortured then Resist Torture skill could be used (even if he failed skill roll while being tortured). It should noted that a roll of 1 is NOT a fumble and is not an automatic failure. A natural 10 is treated as a critical success as normal.

If the players total is higher that the total INPs then the player can breath again, if however you rolled lower than your INPs, you have gained some form of insanity, remember the difference between your roll and your INPs and check the tables below which will give a rough idea of what has happened and the player and the Referee should discuss exactly what kind of insanity the character has gained. The final decision is the Referee's. It should be remotely relevant to the cause of the phobia, but it doesn't have to directly relate to it. From then on it is up to the player to role-play the situation properly.

To discover what has happened roll 1d10 and add the difference from above.

Insanity descriptions

A neurosis is habit which is either maladaptive in some respect and/or distressing. It best thought of as a normal but exaggerated reaction to a situation. A good example would be a phobia. The main driving force behind this reaction is anxiety or fear, and subjects try to avoid the situation if possible.
Patients are normally aware of the problem, but they can rarely be reasoned away, and treatment is difficult. Roll 1d10 for type.

2 - 8   Neuroses.

9 - 16 Personality Disorder.

17 +   Psychoses.

1 - 4 Anxiety states (10)

5 - 7 A Phobia (25)

8 - 9 Obessesions and compulsions (20)

10   Derealization (6)

A psychosis on the other hand is not part of the normal experience and is invariably quite severe. The symptoms being those which indicate some gross disorder of perception or thought. Patients usually don't realise they are ill but this will normally be quite apparent to others. A psychoses, reinforced by delusions, can become incredibly complex involving a wide range of phenomena (imagined or misinterpreted). Once diagnosed correctly however, treatment is a can be affective, see below. Roll 1d20 for type

1 - 3   Delusions. (10)

4 - 6   Hallucinations. (10)

7 - 9   Hypermania. (8)

10 - 15 Depression. (8)

16 - 18 Manic-depression. (8)

19 - 20 Schizophrenia. (10)

A personality disorders are illnesses that produce abnormal personalities traits.
There is some overlap with the other two classifications but are separated here for ease. The two main groups are the sexual deviants and the impulse control disorders, but there are others. Since these are actually personality problems treatment is normally ineffective. Roll 1d20 for type.

1 - 3   Impulse Control Disorder. (16)

4 - 6   Paraphilia. (16)

7 - 8   Explosive Personality. (14)

9 - 10   Anankactic Personality. (12)

11 - 13 Histrionic Personality. (12)

14 - 15 Asthenic Personality. (10)

16 - 18 Psychopathic Personality. (16)

19 - 20 Narcissistic Personality. (16)

Neuroses

Anxiety States are the most common of all psychiatric disorders and are characterized by persistent apprehension and fear sometimes mounting to panic the source of which is indefinite. This fear can have unpleasant side-effects such as faintness, tremors, choking or breathless and even butterflies in the stomach!. The emotion of anxiety is felt whenever responses to a danger signal appear to be fruitless. (Which in 2020 can happen all to often). Because it is frustrated, the behaviour associated with anxiety tends to be disorganized and can be destructive.

A Phobia is an unusually intense fear to an otherwise normal situation. The fear cannot be controlled voluntarily or reasoned away and the subject characteristically avoids the situation. The list of recognized objects of phobia runs well into 3 figures (to many to list here), so phobias in cyberpunk are classified into the following types.

a. agoraphobic which literally means fear of open spaces is used here to include the fear of crowded or congested public places such lifts, supermarkets and public transport. Things such as rooms with no easy exit, closed spaces and of heights could also be included in this section. This is the most common form of phobia.
b. specific phobias are fears which are triggered by certain specific stimuli. As mentioned above the list is long, but typical examples include the dark, snakes, spiders, blood, money, drugs etc etc. The phobias can be very specific.
c. social phobias of meeting and being exposed to the scrutiny of others. This goes beyond natural shyness often with feelings of anxiety or even panic in social situations which can result in relative social isolation. It can include almost any human interaction.

Obsessions and Compulsions. Although obsessional traits (eg over-tidiness) are quite common, actual obsessions are rare. They are the persistent intrusion of unwanted thoughts or feelings despite the fact that the sufferer tries to resist them. They are often repulsive, violent, sexual or just plain bizarre in nature and will occupy a large amount of the sufferers time, although on quiet reflection the patient will realise how silly they are. A compulsion is any action that the sufferer is forced to do because of his obsession, failure to do so may cause acute distress.

Anxiety is the main driving force and an example could be a fear of contamination leading to constant washing. The possible list is vast and the Referee should think of something suitable.

Derealization and Depersonalization are rare but normal experiences. Respectively, characters have a sudden intense feeling that the world around them is somehow unreal, like a movie set, or that they themselves unreal or even out of their own body. This maybe due to a dissociative mechanism in a situation which the character would otherwise find to stressful. In game terms this could mean avoiding more insanity points connected with this situation, (it also means no experience points and probably no shooting bad guys until it goes away, but thems the breaks!).

Psychoses

A Delusion is a fixed false belief held with unshakable conviction. It cannot be reasoned away despite being against all evidence put against it. The main types of delusions that commonly found are Delusions of :-

Grandeur

> he believes that he has some exalted position or power. eg Believing that you are the King of England or completely invisible etc.

Unworthiness

> he believes that everything he does will fail. He is hopeless at everything etc. He has failed as a person.

Hypochondria

> he believes he has something medically wrong with him. Eg Permanent flu, black death, is blind etc.

Nihilism

> he believes that he is nothing or does not exist. Or that parts of him are being destroyed by something.

Reference

> he believes people on the street or on TV etc are all talking about him.

Paranoia

> he believes that others, human or not, are intent on doing him harm.

Persecution

> he believes that there is some great conspiracy against him and that hostile actions are being planned.

Control

> he believes that someone, human or supernatural, is controlling or interfering with his thoughts, actions or feelings.

Guilt

> he believes he is guilty of some great wrong or all wrongs, when he isn't.

This is not a complete list and many delusions combine two or more of the above, for instance delusions of paranoia and reference often occur together as do guilt and control. Referees are encouraged to be creative.

Hallucinations are the false perceptions of the senses without external stimuli. It basically amounts to hearing and seeing things. It is usually a symptom of some more serious problem such schizophrenia but has been known to occur on its own. Hallucinations can effect all the senses and the effect on cyberwear is at referees discretion although they are not caused by cybergear. Hallucinations need not occur all the time, some (particulary visual ones) are only triggered by certain events (ie when he gets drunk !!).

Auditory hallucinations are the most common and include the hearing of voices (known or unknown), these may comment on the patients actions or several voices may argue. They may be hostile, condemnatory or imperative in nature (or in rare cases not unpleasant at all). Other auditory hallucinations include hearing ones own thoughts out loud. Visual hallucinations could include all manner of possibilities including the ever faithful pink elephants. Other possibilities include the images of dead friends, demons, millions of creeping insects etc. Olfactory hallucinations have been known. One of the most common is among depressed patients who come to believe that they are giving off fowl odours from their bowels causing people to avoid them. Tactile hallucinations are the rarest and include the feeling of lice crawling all over the skin, or (particulary among schizophrenics) that the feeling of being sexually assaulted.

Schizophrenia can vary dramatically, but do symptoms cover some common ground. Auditory hallucinations and delusions of paranoia or control are nearly always present. As the problem becomes more serious, the patients thought processes become more and more erratic, at first just wandering off the point while in conversation, but after a time speech becomes almost incomprehensible and concentration on any subject seems impossible. The patient loses his drive as well as his interest in and his ability to respond emotionally to other people. He becomes increasingly more apathetic, eccentric and isolated. Schizophrenia is not pleasant. In game terms the Referee is pretty much given a free hand, delusions and hallucinations at first leading onto empathy loss and any other penalties as he sees fit later on. If for some reason the player does not seek treatment (see below), and the rest of the party don't take him. Then the character will become an NPC as the character slips deeper into his psychosis.

Hypo-Mania. True manias are the cases which involve delusions or hallucinations. Hypo-mania consists of all the other symptoms, typically elevation of mood. Patients are in a state of over-activity, often clever in repartee, they flit from one subject to another, the mind never rests and sleeplessness is common. In more serious cases social, sexual and financial disinhibition may be a problem. There maybe incoherence of speech, intense restlessness and distractibility leading to exhaustion with possible fatal results as the patient is unaware of mental and physical fatigue.

Depression. Characterized by excessive misery in relation to the circumstances. Life appears futile and hopeless. In mild cases, the depressive maybe able to pull himself together in the presence of strangers or when he needs to. Depression produces a marked reduction in self-confidence and self-regard. As the depression worsens the previously blameless character becomes racked with guilt and is convinced he has wronged himself, his family or has committed some great sin. Delusions maybe present, whereby the patient believes he is going to burned or maltreated in some way. Other delusion (eg nihilistic) may also be present. Real bodily problems do occur, eg weight lose, constipation and loss of sex-drive. Some patients physically slow down reduced to near cationic states just staring into space and have to be forced to eat etc. In agitated depression patients show restlessness constantly wringing hands and swaying bodily. Amongst most depressives ideas of suicide are entertained, and not infrequently, successfully carried out.

Manic-Depression The classic symptoms of a manic-depressive consist of bouts of depression followed by bouts of hypo-mania. The more serious the manic- depression the more serious the bouts of depression and hypo-mania, (although in truth all cases of manic-depression should be considered serious, 15% of sufferers commit suicide). These bouts can last for weeks at a time causing bouts of elation and over-activity followed by periods of misery and depression.

Personality disorders

Impulse Control Disorder Here, there is a failure to resist desires, impulses or temptations to perform an act that is harmful to the patient or to others around him. The patient experiences tension before the act and a feeling of release or gratifaction after it has been completed. The behaviours involved include pathological gambling, setting fires (pyromania) and impulsive stealing (kleptomania).

Paraphilias or sexual deviations, include but are not limited to: fetishism, transvestism, flashing, voyeurism, sadism and masochism. It should be noted that homosexuality and disfunctions such as impotence are not paraphilias. As far as games go, some players could find some of the paraphilias a little unpleasant. Those listed are only the more acceptable ones, they get worse from here on. So this is one insanity perhaps best avoided. That said however, the occasional NPC flasher is always amusing and handy uzi-fodder.

Explosive Personality characters are given to sudden emotional rages or tantrums that often result in their physically assaulting others. These tantrums are usually caused by some minor frustration that is not proportionate to the reaction. The referee is advised to assume control of the character during these rages, giving him back to the player as the character calms down a bit.

Anankastic Personality characters show oversculpulous perfectionistic traits that are expressed in feelings of insecurity, meticulous conscientiousness and rigidity of behaviour. The character is preoccupied with rules, procedures, laws and efficiency, is devoted to work and finds it hard to express emotions of a warm and tender nature. More common in men.

Histrionic Personality. Overly dramatic, intensely expressed and highly reactive behaviour, a desire for attention, novelty and excitement, are common symptoms of this condition. Tendencies toward dependency and suggestibility are also characteristic.

Asthenic Personality. The character lacks the mental energy and ability to act on his own initiative and therefore passively allows to make all the major decisions in his life. When serious this character will have to become an NPC.

Antisocial or psychopathic Personality manifests itself in persistent criminality, aggressive sexual behaviour and drug use. Characters with this disorder are impulsive, untruthful, irresponsible and callous; they feel no guilt over there actions and fail to learn by their mistakes. This combined with an absence of normal feelings for others such as love, friendship, sympathy, respect etc.

Narcissistic Personalities have a grandiose sense of self-importance and a preoccupation with fantasies of wealth power and success.

Treatment

By 2020, medicine has advanced enough to be able to cure most things, the mind however still poses some mysteries. Whether mental disorders are purely organic dysfunctions within the brain or part of the psyche going wrong cannot be known, or at least it isn't known yet. Treatment therefore is difficult and must cover all bets. So the treatment for the 2020's is similar to that used now, drug therapy and counselling from a trained psychiatrist.

One weeks counselling involves drug therapy (INT & REF stats -2 while on course) and two sessions of counselling lasting two hours each. The cost is 200 bucks. If you haven't got it now, don't worry we'll find you

later !!. For your money you get 1d3 INPs back. You can go for as money weeks as you like, but if the bill starts getting to big they might want some insurance.

If however you want to get rid of an insanity you've got, then its the same as above except you don't get INPs back, you get cure points (CPs) at the same rate. Each insanity in the tables above has a number after it in brackets, this number is how many CP's you must accumulate before the insanity is cured. If you stop going for treatment before you get enough, you gotta start again.

You've got to choose whether you want INPs or CPs at the beginning of the course and if you got more than one insanity, then you gotta choose which you gonna cure first. If you're really in trouble then paying 300 bucks a week will increase the rate by +1 to 1d3+1, through extra counselling sessions. The drug bi-chloromazinethyl can also speed things up a bit but for a price, see New Equipment.

Drugs

Bi-chloromazinethyl

> Increases CPs or INPs gained from Pyschiatric treatment by one point per week. One dose lasts one week. Works by making the subject more open to suggestion. Causes temporary INT loss of -3, for the week. Bad news is there's a 2% chance that this will be permanent, and that chance is cumulative as the weeks go by. Eg after 2 weeks the chance is 4% etc. Cost: 1100 per dose.

Skills

Psychiatry

> The ability to correctly diagnose and treat mental disorders. A skill of at least +3 is needed before any improvement is possible. At +6 you can recognise most disorders and have a good go at treating them. At +9 you can cure nearly all forms of insanity given time (and money), and are recognized as being one the best in the field. (INT)

Authors Notes.

These rules were designed mainly with the GM in mind. In many of the cyberpunk genre books and films, madmen and psycho's are just par for the course and these people are not always suffering from cyberpsyhcosis nor are they violent (no more than is ordin ary anyway). So this was one area I felt needed expanding on. The above is an attempt to clarify the various problems and effects the illnesses can have.

The idea of players progressively becoming a victim of one of these disorders was an afterthought really, and I think that is the way it should be viewed. Personally I use the information To generate interesting NPC's more often than I do for the players.
Another idea is to use these to generate player characters with problems, if a player fancies this then allow it (within reason) and give the player some help in some other area,(more pickup skills perhaps, a medical contact etc etc). This is role play after all. Roleplaying a phobic might not be challenge but role-play a compulsive liar who hates himself for lying all the time. That's a challenge !!

Ive deliberatly avoided an all encompassing table to randomly assign illnesses as this just fair or realistic. When something is needed the GM should decide with the player what is justified. The tables I have included are for the terminally dice obsessed (an all to common ailment!).

I should mention that the above information was not just made up, but has been culled from several books, most notably from two encyclopedia's and also a couple of medical books. The names of which escapes me (its been while). A trip to any good reference library will verify all.

And Finally, I hope you find this information useful, feel free to use anyway you see fit. But if you reproduce them keep my name on them ... Im a vain kinda guy!. AND PLEASE... if you have any comment/suggestions about then mail me.

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