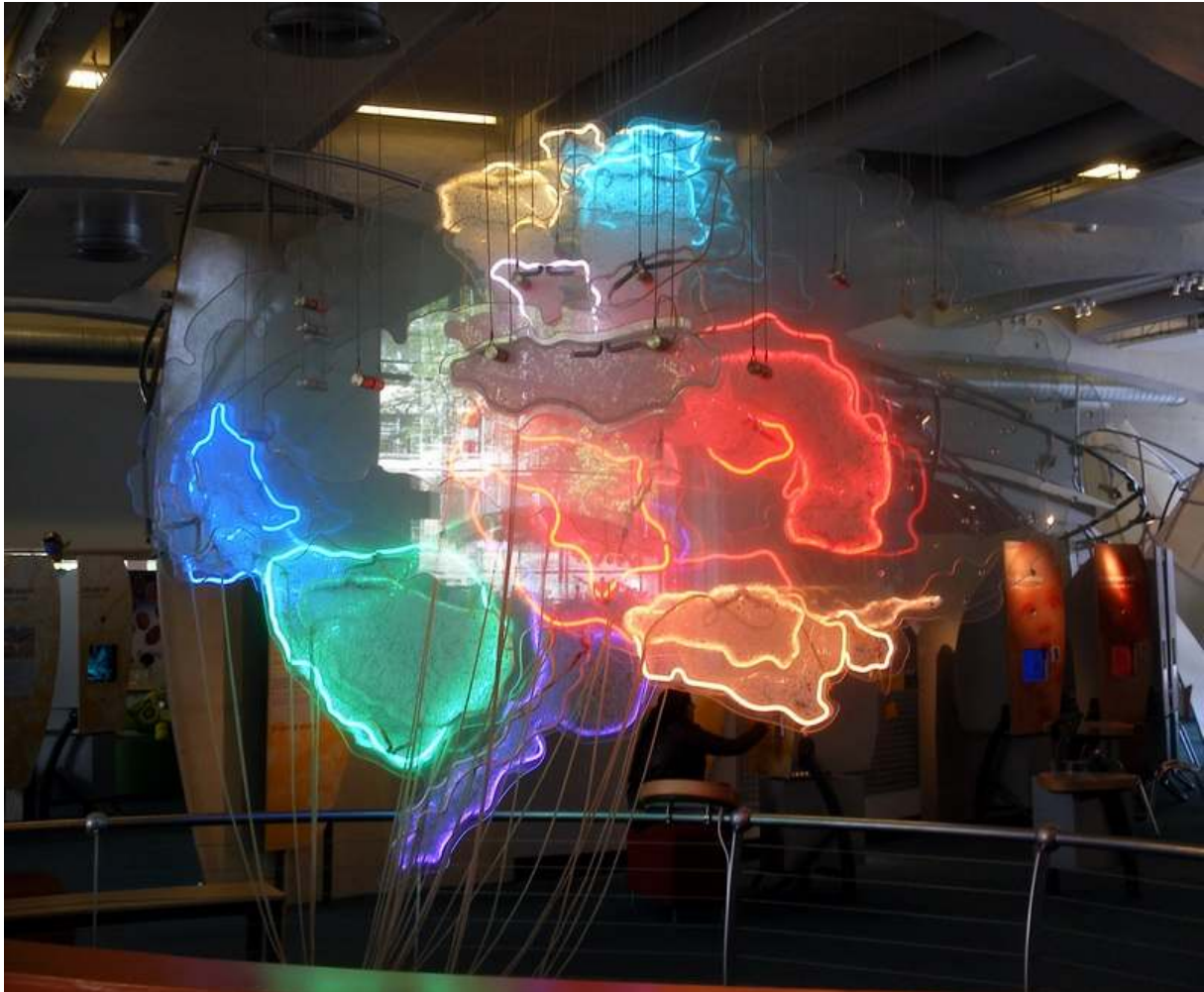


New mental disorders



It should be noted that not all of these are fun or easy to play, but at the very least they might help flesh out NPCs and contribute to the creepy feeling of the setting.

It should also be noted that many of these disorders are fairly common: the mental stresses induced by the Fall caused numerous traumas. In most people they are also controlled using medication, psychotherapy or psychosurgery, but the degree to which they have been permanently cured varies. One useful approach is to randomly select one for every NPC, even when they are healthy: this is the disorder they are most close to, and they might have a few mild traits from it – the gerontocrat might have a minor adjustment issue she counters by collecting Earth memorabilia, the black market contact is slightly bipolar and either greets the PCs cheerfully or grumpily on different occasions, the AGI is overly concerned about its software health.

This is just a small subset of what can go wrong with the transhuman mind. I have left out disorders already in the core book or disorders too similar to them, like dysthymia and cyclothymia (variants of bipolar disorder). Some disorders like gender identity disorder are fairly trivial to fix by a morph switch and have also been left out, as well as many developmental disorders, more biological disorders (e.g. narcolepsy) and symptoms (e.g. catatonia) of other disorders.

Adjustment Disorder

Normally people adjust to a new situation – having lost a loved one, forced into exile, having had to change body, even the Fall. Adjustment disorders occur when they cannot get over it in a normal way. The sorrow, fear or anger remains, popping up in bad ways. When things occur that remind the character of what they have lost they act out. Victims might feel sadness or hopelessness, with crying spells, trouble sleeping or difficulty concentrating. They might engage in fighting, vandalism, reckless behavior, ignoring bills, avoiding family and friends, suicide – all activities that tend to tank their reps.

Developmental Disorders

ADHD

Core book p. 212

Autism spectrum disorders

Autism involves impaired social interaction and communication, and by restricted and repetitive behavior. In its classic form it shows up before three years of age. Asperger syndrome is a milder form (as a spectrum disorder there is a continuum from normal to seriously impaired in autism) where language and cognitive development is not delayed. People with autism have social impairments and lack the intuitions about others neurotypicals tend to have: their “theory of mind” is limited. Making and maintaining friendships is hard, often leading to feelings of loneliness – that are hard or impossible to express. They may show stereotypical or repetitive behaviors such as hand flapping, rocking their bodies or making sounds, arranging objects in stacks or lines, resistance to changes in routine, very focused interests, ritualistic behaviors or self-injury.

Suggested game effects: Characters with autism spectrum disorders have penalties on INT or SAV based skills (from -10 to -30), at least if they involve other people.

Borderline intellectual functioning

While mental retardation (IQ below 85) is practically nonexistent due to genefixing, early detection and in utero nanosupport, some people are born with intelligence so far below the average (IQ 86-100) that they have trouble fitting in. Their ability to think abstractly is rather limited; they tend to prefer concrete thinking. While they can function without assistance beyond their Muses, there are few jobs left that are simple enough for them to do.

[At present, the range of BIF is IQ between 71 and 85, but in Eclipse Phase the average intelligence (and complexity of society) is much higher. About 50% of current humans would have this diagnosis.]

Suggested game effects: this corresponds to characters with COG 5.

Anxiety Disorders

Anxiety disorders all deal with inappropriate or abnormal anxiety.

Autophagy

Core book p. 212

General anxiety disorder

Core book p. 213

Obsessive compulsive disorder (OCD)

Core book p. 214

Panic disorder

The person has sudden attacks of intense fear or anxiety. They cannot be predicted, and often the anxiety of anticipating that an attack could occur is almost as bad as (or can trigger) an attack. There are often physical symptoms such as rapid breathing, heart palpitation, shortness of breath, blurred vision, or nausea. In bad cases agoraphobia may develop: the person become afraid of being in places where it would be hard to get help or escape if a panic attack occurs.

Suggested game effects: panic attacks occur randomly, but more often when the person is tense or stressed. Roll a WILx3 test: if it fails, the character develops a full panic attack, during which they have -20 on all tasks.

Post-traumatic stress disorder (PTSD)

Core book p. 214

Simple phobias

After a traumatic event a person begins to associate anxiety or fear with an object or situation. They may avoid it to reduce their stress. Some are to a degree rational, like fear of heights, vacuum or sharp objects, but many are more emotional like fear of seeing blood, animals or disease, and some might be utterly random like fear of jewelry or the number 4. In order to count as a mental disorder rather than a quirk the target needs to be common enough or the avoidance strong enough to make life seriously hard for the person – fear of synthmorphs, quitting a job in order to avoid elevators, a tendency to hide in one's habitat module out of fear that a spider could show up etc. might work.

Suggested game effects: Sufferers get penalties to tests related to the target of the fear, worse the more intimate and inescapable the contact is.

Social anxiety disorder

The person has a persistent, intense, and chronic fear of being judged by others and of being embarrassed or humiliated by their own actions. These fears can be triggered by perceived or actual scrutiny from others – everything from a gaze across the room to being reminded of surveillance. They might blush, sweat, tremble, stammer, and speak rapidly and nervously. They withdraw socially, trying to avoid situations where they will be forced to stand in the gaze of others.

Suggested game effects: Sufferers receive a -10 penalty on SAV-based skills in the perceived presence of others. They need to roll a WIL x 3 roll to do things that will make them the center of attention.

Dissociative Disorders

The main symptom cluster for dissociative disorders include a disruption in consciousness, memory, identity, or perception.

Depersonalization Disorder

The person experiences a feeling of being detached from their environment, mental processes or body: a sense of automation, going through the motions of life but not experiencing it, feeling as though one is in a XP, loss of conviction in their identity, feeling as though one is in a dream or simulation, feeling a disconnection from one's body, possibly out-of-body experience or seeing oneself from a distance. The symptoms get worse in threatening situations, unfamiliar environments or during stress.

Dissociative Amnesia

Persons with dissociative amnesia (alias situation-specific psychogenic amnesia) suffer memory gaps related to traumatic or stressful events which are too extreme to be accounted for by normal forgetting. This might be a single severe trauma, or repeated traumas.

Suggested game effects: the person will be unable to recall anything related to the trauma or events leading up to it. For all practical purposes they are having the edited memories trait in this respect.

Dissociative Fugue

An even more severe dissociative amnesia brought about by severe stress or trauma. The person abruptly travels away from home and their normal social network, unable to remember important aspects of their life, and the partial or complete adoption of a new identity.

Multiple personality disorder

Core book p. 214

Eating Disorders

Anorexia Nervosa

The person has a distorted body image, where they see themselves as overweight despite overwhelming evidence to the contrary. They reduce their weight by undereating, purging, anorexigen drugs or instructions to medicines to cut body fat. In an era of ready biosculpting anorexia can go to extremes, especially since the health effects can be somewhat reduced. It shades over to “surgical addiction” and body dysmorphia.

Binge eating disorder

The person has episodes of compulsive overeating when they rapidly eat an unusually large amount of food until they are nauseated and uncomfortable. This usually happens when they are depressed or bored, and has little to do with whether they are actually hungry. Afterwards they feel disgusted, depressed and guilty, and often avoid eating together with other people to hide their condition. Thanks to modern metabolic control obesity can be avoided, but there might be malnutrition if the food tends to be junk food.

Bulimina nervosa

The person combines binge eating with a fear of excess calories, leading to episodes of eating followed by purging (by vomiting, excessive exercise or reprogramming medicines) in such a way that health or wellbeing deteriorates.

Impulse Control Disorders

These disorders deal with difficulty in controlling impulses, despite the negative consequences to the character. There are many more possibilities than the ones listed here, ranging from bibliomania (book collecting) to compulsive hoarding.

Addiction

Core book p. 211

Atavism

Core book p. 212

Impulse control disorder

Core book p. 213

Intermittent Explosive Disorder

The person suffering IED has frequent and often unpredictable episodes of extreme anger or physical outbursts that are disproportionate to the situation. Between episodes, there is typically no evidence of violence or physical threat.

Suggested effects: Roll WILx3 (or harder, depending on situation) to resist going off a handle whenever there is any provocation, whether real or imagined.

Kleptomania

The person is bad at resisting impulses to steal things, despite the objects not being for personal use or of any monetary value – they are often minor things like paperclips, small objects or ectos. They usually feel anxious before the theft and then gratification afterward

Suggested game effects: The person needs to roll a WILx3 roll whenever a theft opportunity arises, with penalties based on current stress levels.

Pathological Gambling

Similar to an addiction, the person cannot resist the impulse to gamble, especially when under stress, feeling sad or anxious. They feel restless or irritable when trying to cut back or quit gambling, and need to gamble larger amounts of money in order to feel the same excitement as first. In order to count as pathological (rather than merely the Addiction Trait) it has to cause serious trouble: the person borrows or steals to fund the gambling, gambles larger and larger amounts in order to win back past losses; they lose jobs, relationships, or educational or career opportunities.

Suggested game effects: The person needs to roll a WILx3 roll whenever a gambling opportunity arises, with penalties based on current stress levels. Being kept from gambling increases stress by 1d10 SV per week.

Pyromania

The person deliberately sets fire to things. Usually there is a build-up of tension before the act, and then relief and gratification afterwards. There is usually no real gain from the fires or the destruction they cause: they are for their own sake, not for vengeance, to express anger, to get insurance money. They can fixate on institutions of fire control like fire stations or firefighters, and often experience fascination when around fires. While XP and VR fire might satisfy a bit, they are not real: the person craves *real* fire.

Suggested game effects: The person needs to roll a WILx3 roll whenever a fire-setting or fire-watching opportunity arises, with penalties based on current stress levels. Being kept from setting fires increases stress by 1d10 SV per week.

Trichotillomania

Persons suffering from trichotillomania compulsively pull out their own hair, which results in significant hair loss. The behavior tends to be triggered by depression or stress. While it is easy to just remove hair using biosculpting or hairdresser nanoswarms, people with trichotillomania feel gratification by pulling out hairs one by one, often without noticing and sometimes eating the hair. Neohominid uplifts tend to be noticeable sufferers.

Suggested game effects: the habit causes damage to appearance, giving the Unattractive trait.

Mood Disorders

Disturbance in mood: inappropriate, exaggerated, or limited range of feelings

Bipolar disorder

Core book p. 212

Depression

Core book p. 212

Personality Disorders

Personality types and behaviors that markedly deviates from the home culture, leading to considerable personal and social disruption. While normal people have some elements in common with the personality disorders, sufferers have personalities that are extreme enough to cause trouble. These disorders are rarely the result of an individual trauma, although severe stress may cause latent bad sides of a person to come out.

Antisocial personality disorder

Antisocial people show a general disregard for the law and the rights of others. They are unconcerned by the feelings of others and lack remorse and feelings of guilt. They can be highly irresponsible, impulsive, aggressive and disregard social norms, obligations and laws. They tend to have very low tolerance to frustration and blame others rather than take responsibility for their own actions.

Avoidant personality disorder

Avoidant people are characterized by social inhibition, feelings of inadequacy, extreme sensitivity to negative evaluation, and avoidance of social interaction. They consider themselves to be socially inept or personally unappealing.

Borderline personality disorder

Core book p. 212

Dependent personality disorder

Dependent people see others as more capable to deal with things than themselves. Other people are responsible, competent and able to navigate the complexities of the world, while the dependent people see themselves as inadequate and helpless. They are weak and inept in a big, cold and dangerous world and try to avoid being put into a situation of responsibility. They often play up childlike traits or are self-effacing, docile, obsequious or uncritical, trying to keep attached to strong significant others. They ignore if the other treats them badly or exploits them, doing whatever it takes to get the care and support they need.

Histrionic personality disorder

Histrionic people show excessive emotionality and attention-seeking. This often includes an excessive need for approval and inappropriately seductive behavior. They are lively, dramatic, enthusiastic, and flirtatious but with shallow or exaggerated emotions. They are often manipulative and use their skills to become center of attention.

Narcissistic personality disorder

Narcissistic people are self-centered, preoccupied with issues of personal adequacy, power, prestige and vanity. They tend to have a grandiose sense of self-importance even when it is not warranted, fantasizing about unlimited success, power, love and brilliance. They feel themselves entitled, since they are "special" and unique, often leading to arrogant and exploitative behavior. At the same time they tend to lack empathy and often believe others are envious of them.

Obsessive-compulsive personality disorder

Obsessive compulsive personality disorder involves a preoccupation with orderliness, perfectionism, and control at the expense of flexibility, openness, and efficiency. Rules must be followed, minute details and facts scrutinized, checklists and schedules made and implemented. People with the

personality disorder tend to think in rigid categories of right and wrong, with sharp boundaries and no shades of grey.

This personality disorder should not to be confused with OCD: in OCD people have unwanted thoughts, while in the personality disorder they think the thoughts are correct.

Paranoid personality disorder

Paranoid personality disorder is characterized by suspiciousness, mistrust of others and constant scanning of the environment for clues that validate their ideas. Paranoids tend to be hypersensitive, easily slighted and have constricted emotional lives. They tend to bear grudges, distort experiences to interpret actions of others as hostile or contemptuous, be combative about their personal rights even when it does not fit the situation, jealousy, excessive self-importance, preoccupation with “conspiratorial” explanations for events in their lives and the world at large.

Schizoid personality disorder

Schizoid people show a lack of interest in social relationships, a tendency towards a solitary lifestyle, secretiveness, emotional coldness and sometimes (sexual) apathy, with a simultaneous rich, elaborate and exclusively internal fantasy world. They are often described as aloof and cold, remaining apparently indifferent no matter what happens, but some may pretend to be social while internally remaining disconnected from everyone else. They rarely take pleasure in any activities, lack close friends or confidants because they do not desire or enjoy close relationships, and appear indifferent to praise or criticism.

Schizotypal personality disorder

Schizotypal people have a need for social isolation, anxiety in social situations, odd behavior and thinking, and often unconventional beliefs or behavior. They tend to be socially withdrawn, show inappropriate or constricted emotions, have odd beliefs or magical thinking, and occasionally experience unusual experiences ranging from depersonalisation or bodily illusions to delusions or hallucinations.

Passive-aggressive personality disorder

Passive-aggressive people are obstructionist, passively resisting doing routine social and occupational tasks while complaining of being misunderstood and unappreciated by others. They can be sullen and argumentative, unreasonably criticizes and scorns authority, voices exaggerated and persistent complaints of personal misfortune, expresses envy and resentment toward those apparently more fortunate or alternates between hostile defiance and contrition.

Psychotic Disorders

Psychotic disorders involve a break from reality, for example through disrupted thinking, delusions or hallucinations.

Chronic hallucinatory psychosis

The person suffers from persistent hallucinations. While they can occur in all senses, auditory hallucinations (“voices”) are most common. Often they start by being aware that the hallucinations are unreal, but over time come to accept their reality and then construct delusions explaining them.

Delusional Disorder

The person has one or more non-bizarre delusions, fixed beliefs that are certainly and definitely false, but that could possibly be plausible. This could include feelings of being followed, poisoned, infected, deceived or conspired against, or loved at a distance. Persecutory delusions are most common, but the delusions can also be erotomanic, grandiose, jealous, somatic, and mixtures of the different types. They hold their belief with unusual force, often being humorless and oversensitive about the belief. An attempt to contradict the belief is likely to arouse an inappropriately strong emotional reaction, often with irritability and hostility.

Suggested game effects: decide on the delusion when taking the disorder. The character will then act as if this was true no matter what the evidence is. Being forced into a situation where the delusion is proven false induces 1d10 SV (but does not remove the disorder).

Fugue

Core book p. 213. Corresponds to catatonic symptoms.

Megalomania

Core book p. 213. A possible symptom of paranoid schizophrenia or various personality disorders.

Schizophrenia

Core book p. 214

Shared Psychotic Disorder, “Folle à Deux”

The person shares delusions with another person (or, more rarely, an entire group). This may occur if one dominant person develops delusions and imposes them on the weaker person, or that a close pair develops them together.

Sexual Disorders and Dysfunctions

These disorders involve impairment in normal sexual functioning, given the culture of the person.

Hypoactive Sexual Desire Disorder

Deficient or absent sexual fantasies and desire for sexual activity. The lack of desire must result in significant distress for the individual and is not better accounted for by another disorder or physical diagnosis. A related disorder, Sexual Aversion Disorder, is more like a sexual phobia: when presented with a sexual opportunity, the individual may experience panic attacks or extreme anxiety.

Hypersexual disorder

The person has problems with an excessive sexual drive that interferes with normal life. They spend extreme amounts of time in sexual activity (masturbation, XP, with actual partners), uses sexual activity in response to low mood or stress, fails at attempts to reduce the behavior, etc. This can be like an addiction, more like the compulsions of OCD, or due to neural damage (e.g. to the medial temporal lobes in Klüver–Bucy syndrome, which also causes docility, overeating and visual agnosia). This disorder is more common among chimpanzee and dolphin uplifts, perhaps due to the peculiarities surrounding their reproduction, atavistic traits, or cultural expectations.

Suggested game effects: Like in impulse control disorders, the character needs to roll WILx3 to resist any sexual opportunity. They also need to do this whenever they have been suffering stress, in order not to immediately seek out gratification.

Paraphilias

Sexual arousal to objects, situations, or individuals that are not part of what would normally be regarded as stimulating. In the modern world things are complicated by switchable morphs, and the presence of radically different and fairly tolerant cultures. To count as a mental disorder the person has to be stimulated by something that causes them significant distress or social impairment, typically the suffering or humiliation of oneself or others, children, non-consenting persons or obsessive behavior that impacts their life. Examples include becoming aroused by paedophilia, exhibitionism, frotteurism, voyeurism, more extreme masochism or sadism, mesh scatologia (contacting others to use sexual or foul language), necrophilia, zoosadism, or being in life-threatening situations.

http://en.wikipedia.org/wiki/List_of_paraphilias

Sleep Disorders

Circadian rhythm sleep disorders

People with circadian rhythm sleep disorders are unable to sleep and wake at the times required for normal work and social needs. They have normal sleep, but their circadian rhythms are out of synch with their environment leading to tiredness, insomnia and various bodily symptoms. This type of disorders were once very common among space colonists due to the lack of 24 hour days, the need for shift work, and jet-lag like effects of moving between habitats with different schedules. They can also be due to natural quirks of the circadian clock systems in the brain, leading to irregular sleep-wake rhythms, or sleep phases moving forwards or backwards. Thanks to medication, augmentation and gene fixing these disorders are now all but unknown outside the Jovian Republic.

Hypersomnia

Excessive sleepiness, not just in the form of sleeping late but an urge to nap repeatedly during the day, often at inappropriate times such as at work, during a meal, or in conversation. These naps usually do not give any relief of the tiredness. After waking up they feel disoriented and lacking in energy.

Suggested game effects: daytime tiredness has similar effects as in insomnia, but less strongly. At random points during the day the character has to succeed with a WILx3 roll to avoid falling asleep.

Insomnia

Core book p. 213

Nightmare and Night Terror Disorder

The person suffers horrifying dreams (nightmares) or wake up in panic without being able to recall anything (night terrors). During a night terror the person might appear awake but is actually hallucinating and unable to recognize anybody. People with nightmare disorder experience nightmares frequently, and may be afraid of going to sleep.

Suggested game effects: each night, the character takes 1d10 "virtual" SV (and temporary traumas) that go away after a short while if they succeed with a WILx3 roll. Otherwise 1 point remains.

Somatoform Disorders

Disorders in this category include those where the symptoms suggest a medical condition but where no medical condition can be found by a physician.

Body Dysmorphia

Core book p. 212

Conversion disorder

The person has neurological symptoms such as numbness, blindness, paralysis, fainting or fits without a neurological cause. The real cause is underlying stress or conflict, which is expressed as a bodily state.

Suggested game effects: decide on the neurological symptom and their penalties when developing the illness. These cannot be removed using augmentation or changes in the morph.

Hypochondria

Core book p. 213

Facetious disorders

Conditions in which a person acts as if he or she has an illness by deliberately producing, feigning, or exaggerating symptoms. The primary aim is to obtain sympathy, nurturance, and attention accompanying the sick role. This is in contrast to malingering, in which the patient wishes to obtain external gains such as disability payments or to avoid an unpleasant situation, such as military duty.

Münchausen syndrome

The person feigns disease, illness, or psychological trauma in order to draw attention or sympathy to themselves. It is also sometimes known as hospital addiction syndrome. They either feign or exaggerate symptoms, or deliberately induce them. This can shade over into somatoform disorders or self-harm, but unlike hypochondria the patient know they are faking it.

Münchausen syndrome by proxy: The person feigns a medical condition in somebody else such as a child in order to get attention and support.

Münchausen by Mesh: the person feigns a condition – medical, psychiatric, or as victim of accidents or violence - on mesh forums in order to get support.

Mythomania

Pathological lying involves habitual or compulsive lying that is disproportionate to any discernible end. The stories are not entirely improbable and often have some element of truth. They are not due to true delusions, since the liar knows they are untrue. They are not responses to a particular situation, but rather develop over a long time. Typically they present the liar in a favorable light, such as being brave, having visited exotic locations, interacted with famous people.

See also

http://allpsych.com/disorders/disorders_categories.html

http://en.wikipedia.org/wiki/DSM-IV_Codes