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# Sanity

The following rules contain selections from the d20 SRD sanity system that are appropriate to the world of Airtha. These variant rules introduce an element of ‘fear of the unknown’ into the setting by way of introducing a new attribute called Sanity. This statistic functions like an ability score in some ways, but it has its own unique mechanics that represent the character’s descent from a stable and healthy mental state into confusion, dementia, and mental instability. As a character encounters monsters, witnesses horrible acts, masters forbidden knowledge, or casts spells, his/her Sanity score (and his/her corresponding ability to function as a normal member of his/her race) deteriorates. This gradual descent is balanced in part by the powers that characters gain each time they overcome a horrific foe or grow in skill and expertise, but even as those characters grow in power, they know or fear that an even greater peril lies ahead - the threat of becoming permanently insane.

## Metagame Analysis: Sanity

Because it affects the way that characters interact with the creatures and objects that they encounter on their adventures in many different and profound ways, these additional rules can alter the entire feel of a campaign.

In such games characters may feel more vulnerable, for no matter how powerful they become, the dark forces are always greater. Religion is not only a source of comfort or succour, but also a dangerous enemy. Characters may be suspicious, even paranoid, for a seemingly innocent commoner could secretly serve an evil cult. And yet, with such dark challenges come the opportunities for greater heroism.

## What Is Sanity?

Sanity is the natural mental state of ordinary life. Normal mental balance is endangered when characters confront horrors, entities, or activities that are shocking, unnatural, and bewildering. Such encounters cause a character to lose points from his/her Sanity score, which in turn risks temporary, indefinite, or permanent insanity. Mental stability and lost Sanity points can be restored, up to a point, but psychological scars may remain.

Insanity occurs if too many Sanity points are lost in too short a time. Insanity does not necessarily occur if Sanity points are low, but a lower Sanity score makes some forms of insanity more likely to occur after a character experiences an emotional shock. The character’s Sanity may be regained after a few minutes, recovered after a few months, or lost forever.

A character may regain Sanity points, and even increase his/her Sanity point maximum. However, increasing a character’s ranks in the Knowledge (forbidden lore) skill always lowers his/her maximum Sanity by an equal amount.

# Forbidden Knowledge

The Sanity rules assume that certain knowledge is so alien to human(oid) understanding that simply learning of its existence can shatter the psyche. While magic and nonhuman races may eventually become a common part of a character's life, even a seasoned adventurer cannot conquer or understand some things. Knowledge of these secrets and creatures is represented by a new skill that goes hand in hand with a character's Sanity score: Knowledge (forbidden lore).

This type of knowledge permanently erodes a character's ability to maintain a stable and sane outlook, and a character's current Sanity can never be higher than 99 minus the modifier the character has in the Knowledge (forbidden lore) skill. This number (99 minus Knowledge [forbidden lore] ranks) is the character's maximum Sanity.

## - NEW SKILL -

### Knowledge (Forbidden Lore) (None)

You know That Which Should Not Be Known. You have had horrible supernatural experiences and read forbidden tomes, learning truly dark secrets that have challenged everything you thought you knew. Since these revelations defy logic or commonly accepted fact, it does not matter how intelligent or wise you are when using this skill - only how much exposure to these dark secrets themselves you have experienced.

**Check:** Answering a question about the horrible deities and secrets that lurk at the edges of reality has a DC of 10 (for really easy questions), 15 (for elementary questions), or 20 to 30 (for difficult or really tough questions). Unlike in other fields of study, there are almost no really easy questions associated with this dark knowledge.

You can use this skill to identify monsters and their special powers or vulnerabilities. In general, the DC of such a check equals 10 + the monster's HD. A successful check allows you to remember a bit of useful information about that monster. For every 5 points by which your check result exceeds the DC, the GM can give another piece of useful information.

The GM can decide which monsters are subject to the Knowledge (forbidden lore) skill and which monsters are subject to one of the standard Knowledge skills. For example, the GM may rule that Knowledge (the planes) is still the relevant skill for learning or knowing about certain outsiders, rather than allowing them to be identified by Knowledge (forbidden lore). However, in most campaigns that use the Sanity variant, aberrations and oozes should be able to be identified by Knowledge (forbidden lore) rather than by Knowledge (arcana) and Knowledge (dungeoneering) respectively.

**Action:** Usually none. In most cases, making a Knowledge check doesn't take an action - you simply know the answer or you don't.

**Try Again:** No. The check represents what you know, and thinking about a topic a second time doesn't let you know something that you never learned in the first place.

**Special:** You cannot gain ranks in this skill by spending skill points. You can only gain ranks by reading forbidden tomes or having experiences with horrible creatures. Each rank you gain in this skill permanently reduces your maximum Sanity by 1 point: The more you know about the horrible truths underlying reality, the less capable you are of leading a normal life.

A character's first episode of insanity (that is, an occurrence of temporary or indefinite insanity) bestows 2 ranks in the Knowledge (forbidden lore) skill, thereby lowering his/her maximum Sanity by 2 points. Each time a character fails a Sanity check and endures another episode of insanity, he/she gains an additional rank in Knowledge (forbidden lore).

For example, Hador has 1 rank of Knowledge (forbidden lore) after reading a strange manuscript. He then steps outside, sees a chaos beast, and goes indefinitely insane, his raving mind failing to understand the strange creature he has encountered. Since he has never gone insane before, his player adds 2 ranks of Knowledge (forbidden lore) to Hador's character sheet. Now Hador's Maximum Sanity is 96 (99 minus 3 ranks of Knowledge [forbidden lore]).

You cannot take the Knowledge (forbidden lore) skill during character creation. However, the skill has no maximum rank; your level does not limit the number of ranks in Knowledge (forbidden lore) that you can acquire.

# Sanity Points

Sanity points measure the stability of a character's mind. This attribute provides a way to define the sanity inherent in a character, the most stability a character can ever have, and the current level of sane rationality that a character preserves, even after numerous shocks and horrid revelations.

Sanity is measured in three ways: starting Sanity, current Sanity, and maximum Sanity. Starting and current Sanity cannot exceed maximum Sanity.

## Starting Sanity

A character's starting Sanity equals his/her Wisdom score multiplied by 5. This score represents a starting character's current Sanity, as well as the upper limit of Sanity that can be restored by the Heal skill (see the Heal Skill and Mental Treatment, later in this supplement). After creation, a character's current Sanity often fluctuates considerably and might never again match starting Sanity. A change in a character's Wisdom score changes his starting Sanity in terms of what treatment with the Heal skill can restore. Current Sanity, however, does not change if Wisdom rises or falls.

## Current Sanity

A character's current Sanity score fluctuates almost as often as (and sometimes much more often than) his/her hit points.

## Making a Sanity Check

When a character encounters a gruesome, unnatural, or supernatural situation, the GM may require the player to make a Sanity check using percentile dice (d%). The check succeeds if the result is equal to or less than the character's current Sanity.

On a successful check, the character either loses no Sanity points or loses only a minimal amount. Potential Sanity loss is usually shown as two numbers or die rolls separated by a slash, such as 0/1d4. The number before the slash indicates the number of Sanity points lost if the Sanity check succeeds (in this case, none); the number after the slash indicates the number of Sanity points lost if the Sanity check fails (in this case, between 1 and 4 points).

A character's current Sanity is also at risk when the character reads certain books, learns certain types of spells, and attempts to cast them. These Sanity losses are usually automatic (no Sanity check is allowed); the character who chooses to undertake the activity forfeits the indicated number of Sanity points.

In most cases, a new Sanity-shaking confrontation requires a new Sanity check. However, the GM always gets to decide when characters make Sanity checks. Confronting several horribly mangled corpses at one time or in rapid succession may call for just one Sanity check, while the same corpses encountered singly over the course of several game hours may require separate checks.

## Going Insane

Losing more than a few Sanity points may cause a character to go insane, as described below. If a character's Sanity score drops to 0 or lower, he/she begins the quick slide into permanent insanity. Each round, the character loses another point of Sanity. Once a character's Sanity score reaches -10, he/she is hopelessly, incurably insane. The Heal skill can be used to stabilise a character on the threshold of permanent insanity; see the Heal Skill and Mental Treatment details later in this supplement.

A GM's description of a Sanity-shaking situation should always justify the threat to a character's well-being. Thus, a horde of frothing rats is horrifying, while a single ordinary rat usually is not (unless the character has an appropriate phobia, of course).

## Maximum Sanity

Ranks in the Knowledge (forbidden lore) skill simulate a character's comprehension of aspects of the dark creatures at the edges of reality. Once gained, this horrible knowledge is never forgotten, and the character consequently surrenders mental equilibrium. A character's Sanity weakens as his comprehension of these hidden truths increases. Such is the way of the universe.

A character's current Sanity can never be higher than 99 minus the character's ranks in the Knowledge (forbidden lore) skill. This number (99 minus Knowledge [forbidden lore] ranks) is the character's maximum Sanity.

# Loss Of Sanity

Characters ordinarily lose Sanity in a few types of circumstances: when encountering something unimaginable, when suffering a severe shock, after casting a spell or when learning a new spell, when being affected by a certain type of magic or a particular spell, or when reading a forbidden tome.

## Sanity Resistance

Since the various inhabitants of Airtha live in a world where magic and monsters are real, they are somewhat less susceptible to Sanity loss caused by encountering strange creatures (see Table: Sanity Loss from Creatures) and hence have a measure of Sanity resistance.

Each character should therefore be allowed to have Sanity resistance equal to his/her character level. This number is the amount of Sanity loss a character can ignore when he/she encounters a creature that requires a Sanity check, or when casting and learning spells (see Casting Spells later in this section).

The GM may also decide that Sanity resistance applies to certain kinds of severe shocks (although it might not apply to personally horrific experiences, such as seeing a close friend die) if he/she sees fit.

## Encountering the Unimaginable

When people perceive creatures and entities of unspeakable horror, this experience often costs them some portion of their minds, since such creatures are intrinsically discomfiting and repellent. We never lose awareness of their slimy, fetid, alien nature. This instinctive reaction is part and parcel of humans, elves, dwarves, and other humanoid races. In this category, we can include supernatural events or agents not always recognised as specifically devoted to these dark gods, such as hauntings, zombies, vampires, curses, and so on.



Table: Sanity Loss from Creatures provides some default Sanity loss values for encountering creatures, based on their type and size. These are only default values - the GM can and should adjust individual monsters he deems more or less horrible than others of their size. An aasimar, for instance, hardly presents a Sanity-shaking sight, and should probably be treated as a humanoid rather than an outsider. On the other hand, a vargouille - a Small outsider appearing much like a flying, bat-winged head - might provoke a much more visceral reaction than other Small outsiders.

Table: Sanity Loss from Creatures							
Monster Type	Monster Size						
	Up to Tiny	Small	Medium	Large	Huge	Gargantuan	Colossal
Aberration, dragon, ooze, outsider, undead	1/1d4	1/1d4	1/1d6	1/1d10	1d4/1d10	1d6/1d10	1d6/2d10
Elemental, fey, plant, vermin	0/1d4	1/1d4	1/1d6	1/1d8	1/1d10	1d4/1d10	1d4/2d6
Construct, giant, magical beast, monstrous humanoid	0/1	0/1d4	0/1d6	1/1d6	2/2d6	2/2d6	3/3d6
Animal, humanoid	0/0*	0/1*	0/1*	0/1d4*	0/1d4	0/1d4	0/1d6

*\*Only animals or humanoids of truly bizarre or ferocious appearance force such a check.*

In addition, certain types of monstrous behaviour might force additional Sanity checks, much like those described under Severe Shocks, below. For instance, an aboleth is an unnerving sight, but watching one transform your best friend with its slime should certainly force another check, with losses appropriate to the situation.

However, no character should need to make a Sanity check when encountering an elf, dwarf, or other standard humanoid race, or for encountering domesticated or otherwise commonplace animals.

### Specific Monsters and Sanity

Some monsters have additional or variant special abilities when using the Sanity rules.

- **Allip:** The allip's madness ability causes the loss of 2d6 Sanity points rather than the normal effect.
- **Derro:** The derro's madness ability protects these creatures from any further Sanity loss. Sane derro (especially derro player characters) track Sanity points normally.

### Monstrous Creatures and Sanity

In most cases, the GM does not need to keep track of a monster's Sanity score, but occasionally he/she may find that monsters need Sanity scores just as other characters do.

For example, although monstrous creatures are not recommended as playable races in the world of Airtha, the GM may on occasion want to present them as a viable player character option (in an 'evil' campaign for example), and in such a case the monsters available as player characters should never provoke Sanity loss from other characters or NPCs, and these creatures should have a Sanity score (and track their Sanity losses) just like characters made with the standard PC races. In addition, a monster should never lose Sanity for seeing others of its race (spectres don't lose Sanity when encountering other spectres, and so on).

Note that in all cases, what causes Sanity loss for a specific creature is in the hands of the GM.

### Severe Shocks

A shocking sight of a more mundane nature can also cost Sanity points. Severe shocks include witnessing an untimely or violent death, experiencing personal mutilation, losing social position, being the victim of treachery, or whatever else the Game Master decides is sufficiently extreme. Table: Sanity Loss from Severe Shocks gives some examples of severe shocks, and the Sanity loss each one provokes.

Table: Sanity Loss from Severe Shocks	
Sanity Lost*	Shocking Situation
0/1d2	Surprised to find mangled animal carcass
0/1d3	Surprised to find human corpse
0/1d3	Surprised to find human body part
0/1d4	Finding a stream flowing with blood
1/1d4+1	Finding a mangled human corpse
0/1d6	Awakening trapped in a coffin
0/1d6	Witnessing a friend's violent death
1/1d6	Seeing a ghoul
1/1d6+1	Meeting someone you know to be dead
0/1d10	Undergoing severe torture
1/d10	Seeing a corpse rise from its grave
2/2d10+1	Seeing a gigantic severed head fall from the sky
1d10/d%	Seeing an evil deity

*\*Loss on a successful check/loss on a failed check.*

### Casting Spells

Magic relies on the physics of the true universe. By casting spells, characters visualise the unimaginable, warping their minds to follow alien ways of thought. These visualisations wound the mind. Although spellcasters expose themselves to such traumas voluntarily, they are shocks all the same.

When using the Sanity rules, casting a spell drains a certain amount of Sanity. This rule represents the fact that spellcasting forces the mind into strange patterns and thought processes with which it is poorly equipped to deal. Table: Sanity Loss from Spellcasting provides the Sanity loss values for each level of spell cast - though casters should also apply their Sanity Resistance to this figure to reduce the amount of Sanity lost.

Spell Level	Sanity Loss
1st	2
2nd	4
3rd	6
4th	8
5th	10
6th	12
7th	14
8th	16
9th	18

It is obvious then that spellcasters face a slightly higher risk of insanity than members of other classes - though players will find that these penalties can be avoided altogether by playing multiclass characters (for example 2nd level character who has one level of Rogue and one level of Sorcerer has a Sanity resistance value of 2 - which is enough to negate the sanity loss from casting 1st level Sorcerer spells).

### Learning Spells

Learning spells, like casting them, exposes a character to unknowable secrets and can damage and warp the mind. However, in order to preserve the flavour and balance of the d20 system it is assumed that any new spells gained upon attaining a new level cause no additional Sanity loss (you may assume that any risk involved is negated by the character's own Sanity resistance).

However, when learning new spells in other ways (scribing an arcane spell from a scroll into a spellbook for example) the Sanity loss is equal to the spell's level (note that the character's Sanity resistance applies). If the spell is included in a tome of forbidden knowledge (see below), the loss can be greater.

### Sanity-Affecting Magic

The following types of magic and specific spells have different or additional effects when the Sanity rules are in use. For the effects of healing spells and magical means of recovering sanity, see Restoring Sanity with Magic, later in this supplement.

**Fear Effects:** Whenever a spell, creature, or other factor produces a fear effect that causes its target to become shaken, frightened, or panicked, replace the saving throw to avoid the effect (if applicable) with a Sanity check. On a failed check (and sometimes even on a successful one), the subject loses a number of Sanity points rather than experiencing the normal effect of the magic. The table below provides a summary of the Sanity loss associated with each spell that has the fear descriptor.

Note that when using these rules, remove fear does not automatically suppress an existing fear effect on its subjects, but if it is cast on a creature that lost Sanity because of a fear effect within the last 24 hours, that Sanity loss is halved (to a minimum of 1 point) and the creature's current Sanity is adjusted accordingly.

Spell	Sanity Loss on Failed Check	Sanity Loss on Successful Check
Cause fear	1d6	1
Doom	1d6	—
Fear	2d6	1
Phantasmal killer	Permanent Insanity	—
Scare	1d6	1
Symbol of fear	2d6	—
Weird	Permanent Insanity	—

**Illusions:** Illusions, when they are believed, cause Sanity loss just as if the real horrific monster or event were present. The GM can reduce the Sanity loss caused by illusions (or eliminate it entirely) if such spells appear frequently in the campaign.

**Bestow Curse:** When using the Sanity rules, this spell can cause a Sanity check rather than a Will save. If the victim fails the Sanity check, he/she loses 3d6 points of Sanity. Unlike normal Sanity loss, this number is also subtracted from the character's maximum Sanity. Magic that removes the curse (such as remove curse) can restore the character's normal maximum Sanity, but separate magic or the use of the Heal skill is required to restore the character's current Sanity.

**Commune:** When using the Sanity rules, replace this spell's XP cost with a Sanity check (1d6/3d6), made as a free action immediately after the spell's duration expires.

**Contact Other Plane:** When using the Sanity rules, characters casting this spell risk a lost of Sanity instead of Intelligence and Charisma. Whenever a character casts this spell, he/she must make a Sanity check. If the check fails, the character loses Sanity depending on the plane that the character was trying to contact, according to the table below. Unlike the Intelligence and Charisma reduction caused by the normal version of this spell, the Sanity loss does not go away after a week - the loss is permanent until restored by another spell or through the use of the Heal skill.

Plane	Sanity Loss
Inner Plane	1
Astral Plane	2
Outer Plane (the heavens)	1d6
Outer Plane (the hells)	2d6

**Insanity:** Instead of experiencing this spell's normal effect, characters who fail the saving throw to resist the spell become permanently insane (but suffer no Sanity loss).

**Status:** In addition to the spell's normal effect, the caster can sense whenever the subject suffers Sanity loss, temporary insanity, indefinite insanity, or permanent insanity during the spell's duration.

## Getting Used To Awfulness

**Summon Monster:** If a character summons a monster that causes Sanity loss by means of a summon monster, summon nature's ally, planar binding, or planar ally spell, he/she suffers the usual Sanity loss for casting the spell and must also make a Sanity check because of the monster's presence.

**Symbol of Insanity:** Instead of experiencing this spell's normal effect, characters who fail the saving throw to resist the symbol become permanently insane (but suffer no Sanity loss).

### Reading Forbidden Tomes

Obscure tomes add ranks to a character's Knowledge (forbidden lore) skill and teach arcane spells. Studying and comprehending these books causes all that we know to become like shadows. The burning power of a greater reality seizes the soul. Whether we try to retreat from the experience or hunger greedily for more, it destroys our confidence in what we once believed, opening us up to the all-encompassing truths of dark deities.

Never underestimate the ability of the sentient mind to adapt, even to the most horrific experiences. Reading and rereading the same bit of disturbing text or seeing the same horrible image over and over eventually provokes no further loss of Sanity. Within a reasonable interval of play, usually a single session of the game, characters should not lose more Sanity points for seeing monsters of a particular sort than the maximum possible points a character could lose from seeing one such monster. For instance, the Sanity loss for seeing a single human zombie is 1/1d6. Thus, in the same game day or in the same play session, no character should lose more than 6 Sanity points for seeing any number of zombies. Keep in mind that the interpretation of "reasonable interval" must vary by GM and situation. When it feels right, the GM should rule that the horror is renewed and points must be lost again.

Learning or casting spells never becomes a normal occurrence. No matter how many times a character casts a spell, no matter what the time interval between castings may be, the Sanity loss is always the same. This point is also true for anything that a character does willingly. For example, if brutally murdering a friend costs 2/1d10 Sanity, this loss is incurred each time, even if the character loses the maximum possible points (10) after the first such murder he commits.

**Table: Example Forbidden Tomes**

Examination Period	Knowledge (arcana) DC to Understand Tome	Number of Spells Contained in Tome	Initial Sanity Loss	Sanity Loss upon Completion	Knowledge (forbidden lore) ranks gained
1 week	20	0	1	1d4	1
1 week	20	1	1d4	1d4	1
1 week	25	2	1d4	2d6	1
2 weeks	25	1d4	1d6	2d6	2
2 weeks	25	1d6	1d10	2d6	2
2 weeks	25	3	1d6	2d6	2
2 weeks	30	1d6+1	1d6	2d6	3
3 weeks	20	1d4+1	1d10	2d6	2
3 weeks	25	1d6	1d6	2d10	2
3 weeks	30	1d4+5	1d10	3d6	3

For each such book encountered, the GM must set the examination period, the Knowledge (arcana) DC to understand it, the number of spells contained in it, the Sanity loss that occurs upon beginning the examination, the Sanity loss that occurs upon completion of the examination, and the ranks of Knowledge (forbidden lore) gained from studying the book. While the GM is free to set these parameters at any values that he/she feels are appropriate for the campaign or adventure, Table: Example Forbidden Tomes provides some suggested combinations of each of these parameters.

# Types Of Insanity

Character insanity is induced by a swift succession of shocking experiences or ghastly revelations, events usually connected with dark gods, creatures from the Outer Planes, or powerful spellcasting.

Horrifying encounters can result in one of three states of mental unbalance: temporary, indefinite, and permanent insanity. The first two, temporary insanity and indefinite insanity, can be cured. The third, permanent insanity, results when a character's Sanity points are reduced to -10 or lower. This condition cannot normally be cured.

## Temporary Insanity

Whenever a character loses Sanity points equal to one-half his/her Wisdom score from a single episode of Sanity loss, he/she has experienced enough of a shock that the GM must ask for a Sanity check. If the check fails, the character realises the full significance of what he/she saw or experienced and goes temporarily insane. If the check succeeds, the character does not go insane, but he/she may not clearly remember what he/she experienced (a trick the mind plays to protect itself).

Temporary insanity might last for a few minutes or a few days. Perhaps the character acquires a phobia or fetish befitting the situation, faints, becomes hysterical, or suffers nervous twitches, but he/she can still respond rationally enough to run away or hide from a threat.

A character suffering from temporary insanity remains in this state for either a number of rounds or a number of hours; roll d% and consult Table: Duration of Temporary Insanity to see whether the insanity is short-term or long-term. After determining the duration of the insanity, roll d% and consult either the Short-term or Long-term Temporary Insanity Effects table to identify the specific nature of the insanity. The GM must describe the effect so that the player can roleplay it accordingly.

Successful application of the Heal skill (see the Heal Skill and Mental Treatment later in this supplement) may alleviate or erase temporary insanity.

Temporary insanity ends either when the duration rolled on Table 6-8 has elapsed, or earlier if the GM considers it appropriate to do so.

After an episode of temporary insanity ends, traces or even profound evidence of the experience should remain. No reason exists why, for instance, a phobia should depart from someone's mind as quickly as a warrior draws his sword. What remains behind after a brief episode of temporary insanity should exert a pervasive influence on the character. The character may still be a bit batty, but his/her conscious mind once again runs the show.

As a variant rule, if the amount of Sanity lost exceeds the character's current Wisdom score, consider the temporary insanity to always be of the long-term variety.

**Table: Duration of Temporary Insanity**

d%	Temp. Insanity Type	Duration
01-80	Short-term	1d10+4 rounds
81-100	Long-term	1d10×10 hours

**Table: Short-term Temp. Insanity Effects**

d%	Effect
01-20	Character faints (can be awakened by vigorous action taking 1 round; thereafter, character is shaken until duration expires).
21-30	Character has a screaming fit.
31-40	Character flees in panic.
41-50	Character shows physical hysterics or emotional outburst (laughing, crying, and so on).
51-55	Character babbles in incoherent rapid speech or in logorrhoea (a torrent of coherent speech).
56-60	Character gripped by intense phobia, perhaps rooting her to the spot.
61-65	Character becomes homicidal, dealing harm to nearest person as efficiently as possible.
66-70	Character has hallucinations or delusions (details at the discretion of the GM).
71-75	Character gripped with echopraxia or echolalia (saying or doing whatever those nearby say or do).
76-80	Character gripped with strange or deviant eating desire (dirt, slime, cannibalism, and so on).
81-90	Character falls into a stupor (assumes foetal position, oblivious to events around her).
91-99	Character becomes catatonic (can stand but has no will or interest; may be led or forced to simple actions but takes no independent action).
100	Roll on Table 6-10: Long-term Temporary Insanity Effects.

**Table: Long-term Temp. Insanity Effects**

d%	Effect
01-10	Character performs compulsive rituals (washing hands constantly, praying, walking in a particular rhythm, never stepping on cracks, constantly checking to see if crossbow is loaded, and so on).
11-20	Character has hallucinations or delusions (details at the discretion of the GM).
21-30	Character becomes paranoid.
31-40	Character gripped with severe phobia (refuses to approach object of phobia except on successful DC 20 Will save).
41-45	Character has aberrant sexual desires (exhibitionism, nymphomania or satyriasis, teratophilia, necrophilia, and so on).
46-55	Character develops an attachment to a "lucky charm" (embraces object, type of object, or person as a safety blanket) and cannot function without it.
56-65	Character develops psychosomatic blindness, deafness, or the loss of the use of a limb or limbs.
66-75	Character has uncontrollable tics or tremors (-4 penalty on all attack rolls, checks, and saves, except those purely mental in nature).
76-85	Character has amnesia (memories of intimates usually lost first; Knowledge skills useless).
86-90	Character has bouts of reactive psychosis (incoherence, delusions, aberrant behaviour, and/or hallucinations).
91-95	Character loses ability to communicate via speech or writing.
96-100	Character becomes catatonic (can stand but has no will or interest; may be led or forced into simple actions but takes no independent action).

## Indefinite Insanity

If a character loses 20% (one-fifth) or more of his/her current Sanity points in the space of 1 hour, he/she goes indefinitely insane. The GM judges when the impact of events calls for such a measure. Some GMs never apply the concept to more than the result of a single roll, since this state can remove characters from play for extended periods. An episode of indefinite insanity lasts for 1d6 game months (or as the GM dictates). Symptoms of indefinite insanity may not be immediately apparent (which may give the GM additional time to decide what the effects of such a bout of insanity might be).

Table: Random Indefinite Insanity is provided as an aid to selecting what form a character's indefinite insanity takes. (The mental disorders mentioned on this table are explained later in this supplement.) Many GMs prefer to choose an appropriate way for the insanity to manifest, based on the circumstances that provoked it. It's also a good idea to consult with the player of the afflicted character to see what sort of mental malady the player wishes to roleplay.

The state of indefinite insanity is encompassing and incapacitating. For instance, a schizophrenic may be able to walk the streets while babbling and gesticulating, find rudimentary shelter, and beg for enough food to survive, but most of the business of the mind has departed into itself: He/she cannot fully interact with friends, family, and acquaintances. Conversation, co-operation, and all sense of personal regard have vanished from his/her psyche.

It is possible for characters with indefinite insanity to continue to be played as active characters, depending on the form their madness takes. The character may still attempt to stumble madly through the rest of an adventure. However, with his/her weakened grasp on reality, he/she is most likely a danger to him/herself and others.

As a general rule, a character suffering from indefinite insanity should be removed from active play until he/she recovers. At the GM's discretion, the player of the character might be allowed to use a temporary character until the end of the story. Whether this "stand-in" character is an incidental NPC in the adventure, a character of the same level as the rest of the group, one or two levels below the rest of the characters, or even a 1st level character, is up to the GM. Different GMs have different ways of handling this transition.

If a character goes indefinitely insane near the end of an adventure, the GM may decide to set the next adventure to begin after the insane character has recovered.

Characters suffering from indefinite insanity are in limbo, unable to help themselves or others. The Heal skill can be used to restore Sanity points during this period, but the underlying insanity remains.

After recovery, a victim retains definite traces of madness. For example, even though a character knows he/she is no longer insane, he/she might be deathly afraid of going to sleep if his/her insanity manifested itself in the form of terrifying nightmares. The character is in control of his/her actions, but the experience of insanity has changed him/her, perhaps forever.

**Table: Random Indefinite Insanity**

d%	Mental Disorder Type
01–15	Anxiety (includes severe phobias)
16–20	Dissociative (amnesia, multiple personalities)
21–25	Eating (anorexia, bulimia)
26–30	Impulse control (compulsions)
31–35	Mood (manic/depressive)
36–45	Personality (various neuroses)
46–50	Psychosexual (sadism, nymphomania)
51–55	Psychospecies
56–70	Schizophrenia/psychotic (delusions, hallucinations, paranoia, catatonia)
71–80	Sleep (night terrors, sleepwalking)
81–85	Somatoform (psychosomatic conditions)
86–95	Substance abuse (alcoholic, drug addict)
96–100	Other (megalomania, quixotism, panzaism)

## Permanent Insanity

A character whose Sanity score falls to -10 goes permanently insane. The character becomes an NPC under the control of the Game Master.

A character with permanent insanity may be reduced to a raving lunatic or may be outwardly indistinguishable from a normal person; either way, he/she is inwardly corrupted by the pursuit of knowledge and power. Some of the most dangerous cultists in the world are characters who have become permanently insane, been corrupted by forbidden knowledge, and 'gone over to the other side.'

A character might be driven permanently insane by forces other than dark gods or forbidden knowledge. In such cases, moral corruption need not necessarily occur. The GM might decide to consider different sorts of permanent insanity, rolling randomly or choosing from among the mental disorders on Table: Random Indefinite Insanity, above.

In most cases a character who has gone permanently insane can never be normal again (though there might be a very slim chance that that a permanently insane character can be cured with the aid of powerful magic). He/she is forever lost in his/her own world. This need not mean a lifetime locked away from society, merely that the character has retreated so far from reality that normal mental functions can never be restored. He/she might be able to lead, within restricted bounds, a more or less normal life if kept away from the stimulus that triggers strong responses in his/her individual case. Yet a relapse may come quickly. His/her calm facade can be destroyed in seconds if even the smallest reminder of what it was that drove him/her mad disturbs his/her fragile equilibrium. In any event, the eventual fate of a permanently insane character is a matter for individual Game Masters and players to decide.



# Gaining Or Recovering Sanity

A character's Sanity score can increase during the events of a campaign. Although a character's Sanity score can never exceed 99 minus his/her Knowledge (forbidden lore) ranks, his/her maximum Sanity and current Sanity can exceed his/her starting Sanity.

## Level Advancement

A character's current Sanity can become higher than his/her starting Sanity as a result of gained levels. Whenever a character gains a new level, he/she rolls 1d6 and adds the result to his/her current Sanity.

## Story Awards

The GM may decide to award increases in character's current Sanity if they foil a great horror, a demonic plan, or some other nefarious enterprise.

## The Heal Skill and Mental Treatment

The Sanity rules presented here provide a new use for the Heal skill, allowing trained healers to help characters recover lost Sanity points. The DC and effect of a Heal check made to restore lost Sanity depend on whether the therapist is trying to offer immediate care or long-term care.

**Immediate Care:** When someone suffers an episode of temporary insanity, a therapist can bring him/her out of it - calming his/her terror, snapping him/her out of his/her stupor, or doing whatever else is needed to restore the patient to the state he/she was in before the temporary insanity - by making a DC 15 Heal check as a full-round action.

A therapist can also use immediate care to stabilise the Sanity score of a character whose current Sanity is between -1 and -9. On a successful DC 15 check (requiring a full-round action), the character's Sanity score improves to 0.

**Long-term Care:** Providing long-term care means treating a mentally disturbed person for a day or more in a place away from stress and distractions. A therapist must spend 1d4 hours per day doing nothing but talking to the patient. If the therapist makes a DC 20 Heal check at the end of this time, the patient recovers 1 Sanity point. A therapist can tend up to six patients at a time; each patient beyond the first adds 1 hour to the total time per day that must be devoted to therapy. The check must be made each day for each patient. A roll of 1 on any of these Heal checks indicates that the patient loses 1 point of Sanity that day, as he/she regresses mentally due to horrors suddenly remembered.

## Mental Therapy

To give useful mental therapy, a therapist must have the Heal skill. Intensive treatment can return Sanity points to a troubled character. However, Sanity points restored in this

manner can never cause the patient's Sanity score to exceed her starting Sanity or maximum Sanity, whichever is lower. A character can have only one healer at a time.

Such treatment can also be used to help a character snap out of an episode of temporary insanity (for example, from an acute panic attack). It does not speed recovery from indefinite insanity, but it can strengthen a character by increasing her Sanity points.

Recovery from indefinite insanity only comes with time (typically, 1d6 months). It is not dependent upon the character's Sanity points and is not connected to them. A character can be sane with 24 Sanity points and insane while possessing 77 Sanity points.

## Restoring Sanity with Magic

Although the excessive use of magical means to restore lost Sanity could possibly result in Sanity being regarded as a specialised version of 'mental hit points' (albeit with some interesting side effects), there are number of ways that magical healing can be used to combat insanity. Therefore, all of the existing spells that could potentially restore Sanity points are discussed in detail below.

**Atonement:** Although this spell does not usually restore Sanity, it can be used in those rare cases when a character's own actions inadvertently lead to an evil act that causes the character to lose Sanity points. If a quest or geas is combined with the atonement spell, Sanity points are not restored until the task is completed. A successful use of the atonement spell can restore all Sanity lost through the direct result of the evil acts for which the character atones.

**Calm Emotions:** This spell cannot restore Sanity directly, but it can temporarily mitigate the effects of temporary or permanent insanity. While the spell is in effect, the targets act calmly and ignore behaviour changes caused by Sanity loss.

**Heal:** In addition to its normal effects, heal restores 10 Sanity points and removes all forms of temporary insanity.

**Mind Blank:** While the spell is in effect, the subject is immune to Sanity loss.

**Miracle:** This spell can restore a character to maximum Sanity even if his current Sanity has dropped to -10. Miracle even heals permanent insanity.

**Restoration:** If the caster chooses, restoration can restore 1d6 Sanity points per two levels to the target creature (max. 5d6) instead of having its normal effect.

**Restoration, Greater:** If the caster chooses, greater restoration can restore the target creature to its maximum Sanity instead of having its normal effect.

**Restoration, Lesser:** If the caster chooses, lesser restoration can restore 1d4 Sanity points to the subject instead of having its normal effect.

**Wish:** This spell can restore a character to maximum Sanity even if his current Sanity has dropped to -10. Wish even heals permanent insanity.

**Wish, Limited:** This spell can restore a character to maximum Sanity even if his current Sanity has dropped to -10. Limited wish does not heal permanent insanity.

## *Treatment Of Insanity*

Temporary insanity ends so quickly that schedules of treatment are essentially pointless; it runs its course soon enough that one merely need protect a deranged character from further upset or harm. On the other hand, treatment of permanent insanity has no real meaning. By definition, a permanently insane character never recovers, no matter how good the therapist or the facility. Thus, indefinite insanity is the only form of mental illness that might be addressed by intervention and treatment.

After 1d6 months, if undisturbed by further trauma and with the agreement of the Game Master, an indefinitely insane character finds enough mental balance to re-enter the world. Three kinds of non-magical care may help the character regain Sanity points during this recovery period. When choosing among them, the GM and player should consider the character's resources, his/her friends and relatives, and how wisely he/she has behaved in the past. In most campaigns, the magical treatments described above (see Restoring Sanity with Magic) allow the character to re-enter play after a shorter time or with less expense.

### **Private Care**

The best care available is at home or in some friendly place (perhaps a small church or the home of a wealthy friend) where nursing can be tender, considerate, and undistracted by the needs of competing patients.

If mental healing is available, roll d% for each game month of care. A result of 01-95 indicates a success, and the character adds 1d3 Sanity points for the mental therapy he/she has received. On a result of 96-100, the healer fumbles the diagnosis and the patient loses 1d6 Sanity points, and no progress is made that month.

### **Institutionalisation**

The next best alternative to private care is commitment to a good insane asylum, but these are extremely rare in the world of Airtha, and may be (at best) little more than a secure area within the bounds of a temple dedicated to the caring of the sick and infirm.

If the GM decides to give the players access to such institutions, asylums may be said to have an advantage over home care in that they are relatively cheap or even a free service provided by a government or a powerful church. However, these institutions are of uneven quality, with most offering little more than confinement rather than nourishing treatment.

Therapy using the Heal skill is usually the only treatment available, but in most cases, primitive institutions offer no treatment at all. Sometimes an institution can convey an uncaring sense that leaves the character with a sense of anger and loss. He/she is likely to be distrustful of the organisation and its motives, and as such, escape attempts are common by inmates.

Roll d% for each game month a character is in the care of an institution. A result of 01-95 is a success; add 1d3 Sanity points if therapy with the Heal skill was available, or 1 Sanity point if no treatment was present. On a result of 96-100, the character rebels against the environment. He loses 1d6 Sanity points, and no progress can be made that month.

### **Wandering and Homeless**

If no care is available, an insane character may become a wandering derelict struggling for survival. Such a wanderer gains no Sanity points unless he is able to join a group of the homeless and find at least one friend among them. To find a friend after joining such a group, the character can make a DC 15 Charisma check once per month. If a friend appears, the character recovers 1 Sanity point per game month thereafter.

For each game month during which an insane character lives as a derelict, roll d%. On a result of 01-95, the character survives. On a result of 96-100, the character dies as the result of disease, exposure, or violence.

# Mental Disorders

In the world of Airtha the term 'insane' (or simply 'mad') serves as an all-encompassing term that represents everything that most of the inhabitants know or understand about the full spectrum of mental disorders. However, the section that follows offers descriptions of many specific mental disorders - and where appropriate, suggested modifiers to characters' attack rolls, saves, and checks.

## Anxiety Disorders

Even a seasoned adventurer feels anxious before braving a troll's cave, and the farmers in the village might worry that their crops will not survive until harvest. These fears are a normal, natural part of living in a danger-filled environment such as the Airtha campaign setting, but in some cases these anxieties overwhelm an individual, causing inactivity, distress, and even severe behavioural problems. When fear and anxiety overwhelm a character for a prolonged period of time, the character suffers from an anxiety disorder. The most common forms of anxiety disorders are described below.

**Generalised Anxiety Disorder:** The character suffers from a variety of physical and emotional symptoms that can be grouped into certain categories.

- *Motor Tension:* Jitteriness, aches, twitches, restlessness, easily startled, easily fatigued, and so on. All attack rolls, Fortitude and Reflex saves, and all checks involving Strength, Dexterity, or Constitution take a -2 penalty.
- *Autonomic Hyperactivity:* Sweating, racing heart, dizziness, clammy hands, flushed or pallid face, rapid pulse and respiration even when at rest, and so on. All attack rolls, saves, and checks take a -2 penalty.
- *Expectations of Doom:* Anxieties, worries, fears, and especially anticipations of misfortune. All attack rolls, saves, and checks take a -2 morale penalty.
- *Vigilance:* Distraction, inability to focus, insomnia, irritability, impatience. All Will saves and checks involving Intelligence, Wisdom, or Charisma take a -4 morale penalty.
- *Panic Disorder (Panic Attack):* This illness is marked by a discrete period of fear in which symptoms develop rapidly. Within minutes palpitation, sweating, trembling, and difficulty in breathing develop, strong enough that the victim fears immediate death or insanity. Burdened with the recurrence of these episodes, he/she fears their return. This reaction often leads to agoraphobia (see below).
- *Agoraphobia (Fear of Open Places):* The character becomes very nervous outside familiar surroundings and must make a DC 15 Will save in order to leave home or engage socially. May be linked to panic disorder (see above) or to a related phobia (see below), such as uranophobia (fear of the sky), barophobia (fear of loss of gravity), or xenophobia (fear of strangers).

- *Obsessive-Compulsive Disorder:* This illness manifests in one of two main forms, obsessive thoughts or compulsive actions; some characters exhibit both.
- *Obsessions:* The character cannot help thinking about an idea, image, or impulse incessantly, often involving violence and self-doubt. These ideas are frequently repugnant to the character, but they are so strong that during times of stress he/she may be unable to concentrate on anything else, even if doing so is necessary for his/her survival. Obsessive impulses can be very dangerous when combined with auditory hallucinations, since the "voices" may urge the character to take some dangerous or hostile course of action.
- *Compulsions:* The character insists on performing ritual actions, such as touching a doorway at left, right, and top before passing through it. Though he/she may agree that the actions are senseless, the need to perform them is overpowering and may last for 1d10 rounds. Even in times of great stress, the character may ignore his/her survival in order to perform the actions.

**Post-Traumatic Stress Disorder:** After a traumatic event, perhaps even years later, the character begins to relive the trauma through persistent thoughts, dreams, and flashbacks. Correspondingly, the character loses interest in daily activities. He/she may return to normal once the memories have been thoroughly explored and understood, but that process may take years.

**Phobia or Mania:** A character afflicted by a phobia or a mania persistently fears a particular object or situation. He/she realises that the fear is excessive and irrational, but the fear is disturbing enough that he/she avoids the stimulus.

- *Phobia:* A DC 15 Will check is required for a character to be able to force him/herself into (or remain within) the presence of the object of his/her phobia, and even then the character takes a -2 morale penalty as long as the object of fear remains. In severe cases, the object of the phobia is imagined to be omnipresent, perhaps hidden - thus, someone with severe acrophobia (fear of heights) might be frightened when in an enclosed room on the upper story of a building, even if there were no window or other way to see how high up the room was. As many phobias exist as one cares to notice or name - the lists provided below cover merely some of the more common phobias that might affect Airtha characters.
- *Mania:* Manias are rarer than phobias. A character affected by a mania is inordinately fond of a particular stimulus and takes great pains to be with it or near it. When the character's sexuality is involved, the mania may be termed a fetish. Thus, teratophobia would be an inordinate fear of monsters, while teratophilia would be an unhealthy (possibly sexual) attraction to them. See the following lists of phobias for ideas on what sorts of disorders could manifest as manias.

<b>Phobia</b>	<b>Fear of...</b>	<b>Phobia</b>	<b>Fear of...</b>
Aberraphobia	aberrations and creatures with tentacles	Hydrophobia	water
Acrophobia	heights (formerly known as vertigo)	Hypnophobia	sleep
Aerophobia	wind	Iatrophobia	doctors (healers)
Agoraphobia	open places	Ichthyophobia	fish
Ailurophobia	cats	Incantophobia	enchantment and mind control
Androphobia	men (males)	Iophobia	poison
Arcuophobia	bows	Manaphobia	magic
Astrophobia	stars	Maniaphobia	going insane
Aurophobia	gold	Materiophobia	constructs
Autophobia	being alone	Monophobia	being alone
Bacteriophobia	bacteria ("germs")	Musophobia	mice (and rats)
Ballistophobia	bullets (projectiles)	Myxophobia	oozes
Bathophobia	deep submerged places	Naturaphobia	nature and druids
Bibliophobia	books	Necrophobia	dead things
Blennophobia	slime	Nyctophobia	night or nightfall
Bogyphobia	demons and goblins	Odontophobia	teeth
Brontophobia	thunder	Onomatophobia	a certain name, word, or phrase
Cenophobia	empty rooms	Ophidiophobia	snakes
Chionophobia	snow	Ornithophobia	birds
Claustrophobia	enclosed spaces	Pediphobia	children
Confodiophobia	being stabbed	Phagophobia	eating
Demonophobia	demons	Phantasmaphobia	spectres or ghosts
Demophobia	crowds	Phonophobia	noise, including one's own voice
Dendrophobia	trees	Planarphobia	outsiders and extraplanar creatures
Dracophobia	dragons	Plantaphobia	plants and plant creatures
Entomophobia	insects	Pneumatophobia	incorporeal creatures
Equinophobia	horses	Pyrophobia	fire
Faephobia	fey	Scotophobia	darkness
Gephydrophobia	crossing bridges	Spectrophobia	mirrors
Gigaphobia	giants and Large or larger creatures	Taphophobia	being buried alive
Gynephobia	women (females)	Teratophobia	monsters
Hadephobia	hell	Thalassophobia	the sea
Hagiophobia	saints and holy relics	Tomophobia	surgery
Hamartophobia	sinning or making an error	Uranophobia	the heavens ("the gaping sky!")
Haphophobia	being touched	Uranophobia	heaven (esp. divine magic)
Heliophobia	sunlight or the sun	Vermiphobia	worms
Hematophobia	blood or bleeding	Xenophobia	foreigners or strangers
Hierophobia	priests and sacred items	Zoophobia	animals

**Phobias:** The list above provides examples of phobias from the real world as well as a number of phobias tailored to the Airtha setting.

Certain real-world phobias can easily be broadened to include monstrous creatures and specific magic effects in a fantasy environment. For example, ophidiophobia (fear of snakes) could be extended to include medusae and other snakelike creatures.

## Dissociative Disorders

Individuals suffering from dissociative disorders cannot maintain a complete awareness of themselves, their surroundings, or time. The disorder often involves some great previous trauma that is too terrible to remember. Characters who have gone insane from an encounter with powerful monsters often suffer from some form of dissociative disorder.

**Dissociative Amnesia (Psychogenic Amnesia):** This is the inability to recall important personal information, brought on by a desire to avoid unpleasant memories. The character must make a DC 20 Will save to recall such details or the cause of the amnesia. Since the horror of evil creatures and disturbing truths is the probable cause of this amnesia, as an optional rule the GM may choose to reset the character's Knowledge (forbidden lore) modifier to +0 and her maximum Sanity to 99 while this disorder holds sway: The horror returns only when the character's memories do.

**Dissociative Fugue:** The character flees from home or work and cannot recall his/her past. Once the flight halts, the character may assume an entirely new identity.

**Dissociative Identity Disorder (Multiple Personality Disorder):** The character appears to harbour more than one personality, each of which is dominant at times and has its own distinct behaviour, name, and even gender. The player needs to keep track of the character's different personalities. (Each one has the same ability scores and game statistics, but different goals, outlooks, and attitudes.)

### Eating Disorders

These disorders can be incredibly debilitating and even lead to starvation. They are conditions that may continue for many years, sometimes continually endangering the patient.

**Anorexia Nervosa:** The character has an overpowering fear of becoming fat and consequently loses weight, as well as taking Constitution damage (at a rate of 1d8 points per week). Even when he/she is no more than skin and bones, the character continues to see him/herself as overweight. Without intervention, he/she may literally starve him/herself to death.

**Bulimia Nervosa:** The character frequently eats large amounts of food during secret binges. An eating episode may continue until abdominal distress or self-induced vomiting occurs. Feelings of depression and guilt frequently follow such episodes.

### Impulse Control Disorders

These disorders include compulsive gambling, pathological lying, kleptomania (compulsive stealing), and pyromania (the compulsion to set fires).

**Intermittent Explosive Disorder:** The character is recognisably impulsive and aggressive, and at times gives way to uncontrollable rages that result in assault or destruction of property.

### Mood Disorders

These disorders affect the victim's attitude and outlook. Mild mood disorders can be almost impossible to detect without prolonged contact with an individual, but severe disorders usually have noticeable symptoms.

**Depression:** Symptoms of this illness include changes in appetite, weight gain or loss, too much or too little sleep, persistent feeling of tiredness or sluggishness, and feelings of worthlessness or guilt, leading in severe cases to hallucinations, delusions, stupor, or thoughts of suicide. All attack rolls, saves, and checks take a -4 morale penalty. A predisposition to use alcohol or other mood-altering substances in an attempt at self-medication exists. A character suffering from severe chronic depression may give up virtually all effort from feelings of hopelessness - for example, deciding not to get out of bed for two years.

**Mania:** The character has a fairly constant euphoric or possibly irritable mood. Symptoms include a general increase in activity, talkativeness, increased self-esteem to the point of delusion, decreased need for sleep, being easily distracted, willingness for dangerous or imprudent activities, delusions, hallucinations, and bizarre behaviour. All attack rolls, saves, and checks take a -4 morale penalty. A predisposition to use alcohol or other substances in an attempt at self-medication exists.

**Bipolar Mood Disorder:** The character oscillates between mood states, sometimes staying in one mood for weeks at a time, sometimes rapidly switching from one to another. Also known as manic depressive.

### Personality Disorders

These long-term disorders have almost constant effects on a character's behaviour, making it difficult for him/her to interact with others and often making him/her unpleasant to be around as well. This is an important point to keep in mind when roleplaying - few players want to spend time with another player character suffering from a personality disorder.

In game terms, the character takes a -4 penalty on all Charisma based checks. In addition, the attitudes of NPCs the character encounters are shifted in a negative direction. When determining NPC attitudes, the player must make a Charisma check for the character. On a successful check, the attitude of the NPC in question shifts one step toward hostile; on a failed check, the attitude of the NPC in question shifts two steps toward hostile.

Personality disorders are classified in the following categories.

**Antisocial:** Short-sighted and reckless behaviour, habitual liar, confrontational, fails to meet obligations (job, relationships), disregards rights and feelings of others.

**Avoidant:** Oversensitive to rejection, low self-esteem, socially withdrawn.

**Borderline:** Rapid mood shifts, impulsive, unable to control temper, chronic boredom.

**Compulsive:** Perfectionist, authoritarian, indecisive from fear of making mistakes, difficulty expressing emotions.

**Dependent:** Lacks self-confidence; seeks another to look up to, follow, and subordinate him/herself to (“co-dependent”).

**Histrionic:** Overly dramatic, craves attention and excitement, overreacts, displays temper tantrums, may threaten suicide if thwarted.

**Narcissistic:** Exaggerated sense of self-importance, craves attention and admiration, considers others’ rights and feelings as of lesser importance.

**Passive-Aggressive:** Procrastinator, stubborn, intentionally forgetful, deliberately inefficient. Sabotages own performance on a regular basis.

**Paranoid:** Jealous, easily offended, suspicious, humourless, secretive, vigilant; exaggerates magnitude of offences against oneself, refuses to accept blame.

**Schizoid:** Emotionally cold, aloof, has few friends; indifferent to praise or criticism.

GMs should realise that, while these traits may work for an interesting NPC from whom the players must extract information or a favour, their antisocial nature makes them ill-suited for members of an adventuring party.

## Psychosexual Disorders

Recognisable disorders of this type include transsexualism (a belief that one is actually a member of the opposite sex), impaired sexual desire or function, nymphomania and satyriasis (inordinate and uncontrollable sexual appetite in women and men, respectively), and paraphilia (requirement of an abnormal sexual stimulus, such as sadism, masochism, necrophilia, pedophilia, exhibitionism, voyeurism, fetishism, or bestiality).

Most of these disorders could make players of the afflicted characters uncomfortable and thus are not appropriate for most roleplaying groups, although they can make for striking (if unpleasant) NPCs.

## Psychospecies Disorders

These disorders are specific to fantasy environments and involve the victim of one believing that he/she is a different type of creature. A victim might believe that he/she is a construct (and therefore immune to critical hits) or any other creature type that he/she has encountered. When a victim has a psychospecies disorder associated with a creature that has specific weaknesses (for example, a human thinking he’s a vampire), then the victim’s behaviour changes become more noticeable (such as a fear of holy symbols and sunlight).

## Schizophrenia and Other Psychotic Disorders

A psychotic character experiences a break with reality. Symptoms can include delusions, hallucinations, and cognitive impairment. In general, only magic can treat these kinds of disorders. Note, however, that many psychotic characters

suffer from the delusion that nothing is wrong with them, and hence they feel no need to seek help.

**Schizophrenia (Schizophreniform Disorder, Dementia Praecox):** A schizophrenic character’s attention span and ability to concentration are greatly diminished; to reflect this, use only one-half of the character’s normal skill modifier on any skill check requiring attentiveness (such as Disable Device, Spot, Search, Open Lock, and of course Concentration). Symptoms include bizarre delusions, paranoia, auditory hallucinations (“hearing voices”), incoherent speech, emotional detachment, social withdrawal, bizarre behaviour, and a lack of the sense of self.

A schizophrenic character may fit into one of the following categories.

- *Undifferentiated:* Impaired cognitive function, emotional detachment.
- *Disorganised:* Inappropriate behaviour, shallow emotional responses, delusions, hallucinations.
- *Catatonic:* Mutism (loss of ability to talk), extreme compliance, absence of all voluntary movements, complete immobility (“statuism”).
- *Paranoid:* Delusions of persecution, illogical thinking, hallucinations.

Symptoms from more than one type can occur in the same individual, along with mood disorders (see above). For example, catatonic schizophrenics sometimes have manic episodes of extreme activity alternating with periods of complete withdrawal. Schizophrenia brought on by sudden stress is called acute schizophrenia; characters who go insane and babble of vast global conspiracies usually are diagnosed as suffering from ‘acute paranoid schizophrenia.’

**Other Psychotic Disorders:** By some definitions, all severe mental illnesses are classified as psychoses, including mood disorders, dementia, and anxiety disorders. This section deals with some of the interesting behavioural syndromes that may turn up in your game.

- *Amok:* “Running amok,” an outburst of violence and aggressive or homicidal behaviour directed at people and property. Amnesia, return to consciousness, and exhaustion occur following the episode. During a killing spree, the character utilises whatever weapons are on hand.
- *Boufee Detirant:* Sudden outburst of aggressive, agitated behaviour and marked confusion, sometimes accompanied by visual and auditory hallucinations or paranoia.
- *Brain Fog:* Impaired concentration and feelings of fatigue, pains in the neck and head, a sense that worms are crawling inside one’s head.
- *Ghost Sickness:* Weakness, loss of appetite, feelings of suffocation, nightmares, and a pervasive feeling of terror, attributed as a sending from witches or malign otherworldly powers.

- *Piblokto*: “Arctic madness,” wherein the afflicted rips off clothing and runs howling like an animal through the snow.
- *Susto*: A variety of somatic and psychological symptoms attributed to a traumatic incident so frightening that it dislodged the victim’s spirit from her body.
- *Taijin Kyofusho*: “Face-to-face” phobia, an intense anxiety when in the presence of other people; fearfulness that one’s appearance, odour, or behaviour is offensive.
- *Voodoo Death*: Belief that a hex or curse can bring about misfortune, disability, and death through some spiritual mechanism. Often the victim self-fulfils the hexer’s prophecy by refusing to eat and drink, resulting in dehydration and starvation.
- *Wacinko*: Anger, withdrawal, mutism, and immobility, leading to illness and suicide.
- *Wendigo Syndrome*: The afflicted believes she is a personification of the Wendigo, a cannibalistic creature with an icy heart.

**Shared Paranoid Disorder (Shared Delusional Disorder, Folie a Deux):** The character takes on the delusional system of another paranoid individual from being in close contact with that person.

### Sleep Disorders

These disorders include insomnia (character has difficulty falling asleep or staying asleep) and narcolepsy (character frequently falls asleep, almost anywhere and at inappropriate times). Characters performing demanding tasks such as engaging in combat or casting a spell may, when stressed, need to make DC 15 Concentration checks to stay awake and not put themselves in a dangerous situation.

**Night Terrors:** A sleeping character wakes after a few hours of sleep, usually screaming in terror. Pulse and breathing are rapid, pupils are dilated, and hair stands on end. The character is confused and hard to calm down. Night terrors are similar to ordinary nightmares, but much more intense and disruptive.

**Somnambulism:** Sleepwalking. As with night terrors, this behaviour occurs in the first few hours of sleep. An episode may last up to 30 minutes. During the episode, the character’s face is blank and staring, and he/she can be roused only with difficulty. Once awake, he/she recalls nothing of the activity.

### Somatiform Disorders

A somatiform disorder may be diagnosed when a character experiences physical symptoms that cannot be explained by an actual physical injury or disease.

**Somatization Disorder:** The character suffers from a physical ailment or disease-like effect, with symptoms ranging from dizziness and impotence to blindness and intense pain. The Heal skill cannot identify any physical cause for the

symptoms, and magical healing has no effect. The victim does not believe that his/her symptoms represent a specific disease. All attack rolls, saves, and checks take a -2 penalty.

**Conversion Disorder:** The character reports dysfunctions that suggest a physical disorder but, though they are involuntary, the symptoms actually provide a way for the victim to avoid something undesirable or a way to garner attention and caring, a condition called Munchausenism. Symptoms range from painful headaches to paralysis or blindness. With the condition known as Reverse Munchausenism, a character projects ill health onto others and may even arrange injuries or illnesses for them so that she can thereafter take care of them. All attack rolls, saves, and checks take a -2 penalty.

**Hypochondriasis:** Character believes he/she suffers from a serious disease. No physical cause for reported symptoms can be found, but the character continues to believe that the disease or condition exists, often with serious consequences to his/her normal life.

**Body Dysmorphic Disorder:** Character suffers from perceived flaws in appearance, usually of the face, or of the hips or legs. Behaviour may alter in unexpected ways to cover up the flaws or to calm anxieties.

### Substance Abuse Disorder

A character with a substance abuse disorder finds solace in using a drug, becomes addicted to it, and spends much time maintaining, concealing, and indulging the habit. Drugs include alcohol, amphetamines, cocaine, hallucinogens, marijuana, nicotine, opium (especially morphine and heroin), sedatives, and more fantastic substances present in the campaign world.

A character under the sway of such a substance should feel the personal struggle daily. Will saving throws might be used to resist or succumb symbolically to cravings, especially just before periods of stress (for example, just before a confrontation or likely battle with evil cultists). All attack rolls, saves, and checks take a -2 morale penalty because of withdrawal symptoms. Sanity losses could occur from binges or bad trips. Some characters might find that drugs promote communication with alien entities and deities, and that dreams about them become ever more vivid and horrifying. Conversely, such substances might function as medications, deadening a character’s fears and offering temporary defences against Sanity loss.

### Other Disorders

Other disorders exist in common parlance, but most of these are actually symptoms or specific instances of disorders already mentioned above. These include quixotism (seeing the supernatural everywhere, even in the most mundane surroundings), panzaism (seeing the most extraordinary events as ordinary and rational), and megalomania (delusions of power, wealth, fame, and ability).

# *A Psychiatric Glossary*

The following words are defined in terms of a real-world understanding of insanity; some of them (illusion, for example) have different meanings in a d20 game context.

**Affect:** The external expression of a patient's mood (sadness, anger, joy, fear). May be inconsistent with patient's mood, depending on the disorder.

**Anorexia:** Loss or decrease of appetite.

**Catatonia:** Various strong motor anomalies, for instance catatonic stupor (slowed activity to the point of immobilisation); ceraflexibilitas (the victim can be moulded into strange postures that are maintained), and catatonic excitement (agitated, purposeless movements).

**Compulsion:** The need to perform certain actions repetitively, including various personal rituals, dipsomania, kleptomania, nymphomania, satyriasis, trichotillomania (pulling out hair), and so on.

**Delirium:** A reversible syndrome of bewilderment, restlessness, confusion, and disorientation, associated with fear and hallucinations, all caused by some underlying medical condition.

**Delusion:** A firmly fixed false belief, one not based in reality. It can be bizarre, as in schizophrenia, or systematised, as in delusional disorders.

**Dementia:** A loss of cognitive function, often first manifesting in memory loss.

**Depersonalisation:** A subjective feeling of being unreal, or unfamiliar to self.

**Derealization:** A subjective feeling that the environment is strange or unreal; for instance, feeling the world to be a stage or a two-dimensional painting.

**Dissociation:** Confusion over one's sense of self and identity.

**Formication:** The feeling that insects are crawling all over one's body, a tactile hallucination caused by cocaine and delirium tremens.

**Hallucination:** A perception of a sensory stimulus in the absence of sensory stimuli; for instance, seeing or hearing some one who isn't there.

**Illusion:** The misperception of a sensory stimulus; for instance, seeing the rustling branches of a tree as tentacles.

**Logorrhoea:** Copious, coherent, logical speech.

**Mania:** A mood characterised by elation and increased activity.

**Mood:** A pervasive feeling that is experienced internally.

**Neurosis:** Symptoms of depression, anxiety, or the like arising from stress. A neurosis is less severe than a psychosis. A neurotic character may still be able to function; a psychotic one generally cannot.

**Obsession:** An idea or thought that constantly intrudes into one's consciousness.

**Paranoia:** Persistent, consistent, plausible, and ingenious delusions of persecution or jealousy. New information always seems to support the increasing threat of some great conspiracy. Paranoia is more a symptom than a disorder, because it can appear in schizophrenia, mania, and so on

**Psychosis:** Severe mental illness in which the character experiences thoughts and perceptions that are out of touch with reality. A psychosis is more severe than a neurosis.

**Somnambulism:** Sleepwalking.

**Somnolence:** Abnormal drowsiness.

**Synesthesia:** Sensation caused by another sensation; for instance, seeing sound.

**Tic:** Involuntary spasmodic motor movement.

**Trailing Phenomenon:** Perceptual abnormality associated with hallucinogens in which moving objects are seen in a series of discrete discontinuous images.

**Trance:** Focused attention and altered consciousness, usually seen in hypnosis, dissociative disorders, and ecstatic religious experiences.