

However, there was the first attempt at "humanitarian" treatment: insane asylums. They were far from humanitarian, but it was a start. The next advancement didn't occur until the 1700-1800s.

**Table 1: Insanity (1d10)**

01	Anxiety Disorders (1d8)
02	Cognitive-impairment Disorders (1d10)
03	Dissociative Disorders (1d6)
04	Personality Disorders (1d8)
05	Psychotic Disorders (1d20)
06	Self Control Disorders (1d10)
07	Sexual Disorder (1d20)
08	Sleep Disorders (1d8)
09	Somatoform Disorders (1d4)

**Table 2: Anxiety Disorders (1d8)**

01	Generalized Anxiety
02	Nervous Breakdown
03	Obsession
04	Obsessive-Compulsive
05	Panic Disorder
06	Paranoia
07	Phobia
08	Post Traumatic Stress

**Table 3: Cognitive-impairment Disorders (1d10)**

01	Amnesic Disorder
02	Catatonia
03	Delirium
04	Homicidal Mania
05	Lunacy
06	Mania
07	Manic-Depressive Disorder
08	Melancholia
09	Suicidal Mania

**Table 4: Dissociative Disorders (1d6)**

01	Hebephrenia
02	Multiple Personality / Split Personality
03	Schizophrenia
04	Psychogenic Amnesia
05	Psychogenic Fugue

**Table 5: Personality Disorders (1d8)**

01	Avoidant Personality Disorder
02	Dementia Praecox
03	Dependent Personality Disorder
04	Histrionic Personality Disorder
05	Obsessive-Compulsive Disorder
06	Paranoid Personality Disorder
07	Passive-Aggressive Personality Disorder

**Table 6: Psychotic Disorders (1d20)**

01	Alignment Change
02	Delusion Control
03	Delusion Grandeur
04	Delusion Infidelity
05	Delusion Nihilism
06	Delusion Persecution
07	Delusion Poverty
08	Delusion Reference
09	Delusion Self-Blame
10	Delusion Somatic
11	Delusion Thought Broadcasting
12	Delusion Thought Insertion
13	Delusion Thought Withdrawal
14	Induced Psychotic Disorder
15	Hallucinatory Disorder
16	Megalomania

**Table 7: Self Control Disorders (1d10)**

01	Dipsomania
02	Kleptomania
03	Monomania
04	Pyromania
05	Pathological Gambling
06	Pathological Liar
07	Sado-Masochism
08	Trichotillomania
09	Intermittent Explosive Disorder

**Table 8: Sexual Disorder (1d20)**

01	Bitchomania
02	Coprophilia
03	Exhibitionism
04	Fetishism
05	Foulmouthia
06	Geroniophilia
07	Innecrophilia
08	Masochism
09	Mirusmania
10	Necrophilia
11	Nymphomania
12	Pedophilia
13	Periculophilia
14	Pigmalionism
15	Sadism
16	Unus-????mania
17	Uridpsomania
18	Voyeurism
19	Zoophilia

**Table 9: Sleep Disorders (1d8)**

01	Dream Anxiety
02	Disorder
03	Hypersomnia
04	Insomnia
05	Sleep-Schedule Disorder

**Table 9: Sleep Disorders (1d8)**

06	Sleep Terror Disorder
07	Sleepwalking Disorder

**Table 10: Somatoform Disorders (1d4)**

01	Hysterical Neurosis / Conversion Disorder
02	Body Dysmorphic Disorder
03	Hypochondriasis

## ANXIETY DISORDERS

**Generalized Anxiety** - The character with this disorder worries about minor problems, and tend to magnify the extent of problems and are often pessimistic.

**Nervous Breakdown** - The character has a nervous breakdown. He is not "dangerous", he just needs a nice quiet place to spend some time. For humans the time needed to recuperate is typically a few months. For long-lived races like elves and dwarves the time needed to recuperate is typically a few years. The GM decides the time period need for recuperation.

**Obsession** - The character becomes obsessed to a person, place or thing. The obsession becomes his life and it totally consumes him to the point where he ostriches his friends and family, spends all his wealth on his obsession, etc..

**Obsessive-Compulsive** - The character suffering from this disorder experiences recurrent obsessions and compulsions that a causes distress (anxiety), occupies much of his time which interferes with normal functioning. A compulsion is a behavior repeated in a ritualistic manner often in response to an obsession. An obsession is a persistent thought, idea, impulse, or image that causes distress and feels out of the person's control. The following is a list of the common compulsions and their related obsessions:

1. Hand washing - The obsession is fear that germs are everywhere.
2. Checkers - They are obsessed with being sure they did everything necessary before leaving. A person may be three hours late for an appointment because they checked and rechecked over and over.
3. Rigid behavior patterns - These people will have such behavior patterns as: always putting the left boot on before the right, or put the shirt on before the pants in order for it to be right.
4. Counting - These people are obsessed with counting. Taking the same amount of steps with the left foot as the right foot, counting buttons on people's shirts, et cetera.
5. Cleaning - These people feel that "it's never clean enough." They are obsessed with cleaning. They are similar to checkers in many ways (see 2).

Depression, avoidance behavior, and substance abuse is sometimes seen in these people for obvious reasons. This disorder is often among people in the upper socio-economic status. The course is chronic, not acute.

This differs from the personality disorder of the same name because in the personality disorder you do not find the ritualistic behavior or the anxiety and distress that these people with the anxiety disorder experience (cf. Obsessive-Compulsive Personality Disorder).

**Panic Disorder** -The characteristic most prominent of this disorder is a panic attack. A panic attack includes intense fear and physical discomfort, fearful thoughts, many bodily sensations, and a fear of losing control. Another characteristic of this disorder is anticipatory anxiety (fear of fear), that is, they engage in avoidance behavior because they are not sure when they'll have their next panic attack.

**Paranoia** - The character becomes convinced that "they" are plotting against him, spying, listening, and always nearby. As the affliction develops over several days, the character will become convinced that everybody around is part of the plot. Conversations are about him, laughter is directed at him, and every action of former friends is aimed at deluding him so as to fulfill the "plot". The charac-

ter will be principally concerned about position or goods first, but as the insanity advances, he will realize that the plotters are actually after his life. The paranoid will evidence signs of increasing suspicion and take elaborate precautions with security. In the later stages of the insanity, he will have highly irrational behavior, hire assassins to do away with "plotters", and even become homicidal in order to "protect" his life. The character will trust no one when the affliction has advanced, regarding their former close comrades and friends as their worst enemies.

**Phobia** - Many a time will a character come upon something so strange or gruesome that it will shock the mind itself. A phobia is an intense, abnormal, or illogical fear of something. See the Phobia section to determine what phobia the character gains.

An example of how a phobia can severely disrupt a person's life; a person has a phobia of snakes. He will not walk by bushes for fear that snake is hiding inside, he will not walk under trees because snakes have been known to live in trees, he will not sit down to go to the bathroom (who knows what kind of serpent is down in that hole), etc..

**Post Traumatic Stress** - This is generally defined as a reaction and re-experiencing of a traumatic event with symptoms of anxiety and depression. What is a traumatic event? An event that would evoke significant symptoms of distress in almost everyone; usually outside the range of normal experience (although most of an adventurer's life fits into this category). There are five symptoms which point to this insanity:

1. Traumatic event outside range of normal experience (rape, floods, combat).
2. Traumatic event persistently re-experienced in any of the following ways: distressing recollections of event; recurrent distressing dreams; feeling that event is happening again (flashback); intense distress at exposure to events that resemble some aspect of the trauma.
3. Persistent avoidance of stimuli associated with the trauma or "numbing" of general responsiveness. Avoiding thoughts and feelings about the event, or avoiding things that would remind the victim of the trauma. For example, if Rock's friends were decimated in a dragon fight and he barely escaped with his life, Rock may be apprehensive about petting his pet lizard (he might kill the poor beast as a result of the trauma). "Numbing" refers to the inability to recall some aspect of the trauma, restricted range of emotional expression. Perhaps Rock can't quite remember how one of his arms got ripped off, he just knows that one minute he had it, and the next thing he knew he didn't have it.
4. Increased arousal/activity. Things such as insomnia, difficulty concentrating, easily startles, increased aggressiveness or irritability.
5. Symptoms present for at least a month.

## COGNITIVE-IMPAIRMENT DISORDERS

**Amnesic Disorder** - Psychogenic amnesia is caused by psychological reasons. Amnesic disorder is caused by a biological reason. There are two forms of this disorder: retrograde amnesia (characterized by memory loss of events prior to the problem that caused the amnesia), and anterograde (characterized by inability to learn or remember events taking place after the event). The problem is chronic and the person is unlikely ever to recover.

It is up to the individual GM to dictate if any experience levels are lost due to amnesia. Some players may find this hard to take, so GMs should be very careful in implementing level loss. If the GM does so, it is suggested that the character lose only one level.

Another problem, unfortunately, is that character who suffers from anterograde amnesia cannot advance in level or learn new skills.

**Catatonia** - The character completely withdraws from reality. He will sit staring and unmoving, will not react to any outside stimuli, and will eventually die of dehydration if left alone. The catatonic character can be moved, led around, fed, and so forth; but he will do nothing personally. If continually provoke and irritated in order to get

a response, there is a 1% cumulative chance per round that the character will react with homicidal mania (see insanity). Once provocation ceases, the catatonia returns.

**Delirium** - This disorder involves a temporary state in which a person's thoughts, level of consciousness, speech, memory, orientation, perceptions, and motor patterns are very confused, unstable, or otherwise grossly disturbed. The person may also experience delusions and/or hallucinations, as well as emotional disturbances (anxiety, euphoria, etc.). Delirium is caused by a change in brain metabolism. This can be caused by brain damage from head injury, drugs, fever, and others. It has a quick onset and a brief duration, usually and it rarely lasts longer than a month because the person either naturally recovers, or dies from the underlying physical condition. GMs should be very careful in killing off a character with this insanity.

**Homicidal Mania** - The character appears absolutely normal. He will behave with what seems to be complete rationality, and nothing unusual will be noted regarding the individual - except he will occasionally manifest an unique interest in weapons, poisons, or other lethal devices (but for adventurers this may seem normal). The insanity causes the character to be obsessed with the desire to kill. The desire must be fulfilled periodically. Once a week the character must make a successful Insanity check or go kill. If prevented from killing, the frustrated individual will become uncontrollably maniacal and attack the first person he encounters, widely seeking to slay. After a kill, the character will fall into a fit of melancholia (see insanity) for 1d6 days before returning to a homicidal state once again.

**Lunacy** - The violent and often homicidal state occurs whenever the moon is full, or nearly full. The GM may allow the character to make a Sanity check on full moon nights to keep from flipping out. The character will generally behave as one in a maniacal state, with paranoid, hallucinatory, or homicidal tendencies. When the moon is absent or in its first or last quarters, the character will be melancholic. At other times, he will be relatively normal - perhaps a bit suspicious and irascible.

**Mania** - The character must make a Sanity check everyday. If he fails then he freaks for 2d6 turns. The character (roll 1d6) will become hysterical (1-2), enraged (3-4) or completely maniacal (5-6). The character will shriek, rave, and behave in a violent manner. His strength will increase by 2d2, dexterity by 1d2, and constitution by 1d2. The maniac is unreasoning when spoken to, but he will possess great cunning. The afflicted will desire to avoid or to do something according, but not necessarily appropriate, to the situation at hand. When the maniacal state passes, the afflicted will not remember his insane actions and will not believe that he is insane.

**Manic-Depressive Disorder** - This alternating insanity form causes the afflicted to swing from one state to the other in 1 to 4 day intervals. When excited, the character must make a Sanity check. If he fails, he becomes maniacal (see mania insanity). When disappointed or frustrated the character must make a Sanity check. If he fails, he becomes melancholic (see melancholia insanity). Thus in addition to the usually 1-4 day cycle of mania-depression, he can jump from one state to the other depending on outside stimuli.

**Melancholia** - Similar to dementia praecox, this malady makes the afflicted given to black moods, fits of brooding, and feelings of hopelessness. Everytime a situation presents itself, the character must make a Sanity check or have a fit of melancholia.

**Suicidal Mania** - The character has overwhelming urges to destroy himself whenever means are presented - a perilous situation, a weapon, or anything else. The more dangerous the situation or item, the more likely the individual is to react self-destructively. Use a scale of 10% to 80% probability, and if the afflicted does not react suicidally, then he will become melancholic for 1d6 days. If he is frustrated in suicidal attempts, then the character will become maniacal for 2d4 turns, and then fall into melancholy for 2d6 days.

## DISSOCIATIVE DISORDERS

**Hebephrenia** - The character will withdraw from the real world. He will wander aimlessly, talk to himself, giggle and nutter, and act childish - sometimes even reverting to such a state as to desire to play childish games with others. This insanity is constant, but if suf-

ficiently irritated by somebody nearby, the character is 75% likely to become enraged and maniacal, attacking the offender fiercely. If the character does not become so enraged, he will become catatonic for 1d6 hours and then revert to hebephrenic behavior once again.

**Multiple Personality / Split Personality** - Having multiple personalities is considered to be a mental illness which shows itself with the different attitudes of the person. This is especially dangerous to the balance of a game. Careful consideration is required on the GM's part. This insanity often manifests itself in mages and psionics, when mental strain is part of everyday life.

Also this insanity manifests itself in a person who experiences severe and protracted trauma. During the experience the person dissociates during the trauma (like self-hypnosis, escape mentally if you can't escape physically). Now during this period of dissociation period an alter steps in and develops a memory - personality. For example, if Rock was captured during a raid and was tortured daily, when the torturer walks into to give Rock his daily beating, Rock disassociates and an alter steps in. It must also be noted that people with this illness can function perfectly normal in society or it can totally hinder their ability to function properly in society.

"Host" or "core" refers to the real person, there is only one host personality. "Alter" refers to all other personalities present. There are two common personality types: the victim (the personalities of an abused person), the protector (the personalities keeps the host from acting on self-damaging behavior).

The number of personalities the character depends of on the severity of what causes the insanity to manifest itself. If the cause was relatively mild, the character only gets one or two additional personalities. For very harsh, traumatic experiences, the character gains multiple personalities. A character can have no more than seven additional personalities.

A personality takes complete control over the person's behavior. Therefore, only one personality can be in control at one time. Switching personalities can happen at completely random intervals. However, being in tense situations (like combat) can trigger a change to another personality. When a GM deems that the character is in such a situation, the character must make a Sanity check or switch to another personality.

The transition from personality to personality is subtle and quick. Physical clues of transition are fluttering eye lids, eyes roll up in head, and/or a small head jerk (like a flinch when startled or suddenly coming out of a doze).

A new personality can actually be of a different class and have different ability scores. For example, an insane fighter can enter combat, switch personalities, and begin casting spells because he now is a mage. On the same token, he could believe he is just a 10 year old girl (with an Intelligence to match).

Another personality that may develop is one that already exists. That is, a personality of somebody else such as an adventuring comrade, a high official, etc..

The GM should develop tables for a player to roll on to find out which personality is currently active. The GM may want to make certain personalities more popular than others.

Co-consciousness is the phenomenon that allows the personalities to talk to each other. However not all personalities may be known of, this explains some of the bouts of amnesia that people with this insanity often report. After every personality switch, the character has a percentage chance equal to his Intelligence of becoming aware of one of the other personalities. When personalities meet (i.e. in the mind), the character becomes paralyzed for 1d6 hours, while both sides are trying to take control of his mind.

The following list of symptoms are often found this insanity: depression, substance abuse, sleep disturbances, somatoform disorders, severe headaches, suicidal/self-mutilative, anxiety, intrusive images/flashbacks, amnesia/blank spells, auditory hallucinations.

**Psychogenic Amnesia** - The individual is unable to remember important facts of personal importance (details and experiences). There are three types of psychogenic amnesia:

1. Localized amnesia (the most common) - The individual forgets all events during a specified time interval. This period usually follows a distressing event.

2. Selective amnesia - A survivor of a flood may remember going to the hospital but not how he got there.
3. Continuous amnesia - The person can't remember anything from a certain date to the present. For example, a war veteran may remember his childhood up to the point of going into the service, but has forgotten everything that has taken place after that.

**Psychogenic Fugue** - The person becomes confused about personal identity, and suddenly and unexpectedly travels to another place. The person may assume another identity. Once the fugue has passed the person can't recall what happened during the fugue. This is rare and often passes quickly.

A variation could be that the character never recovers from the fugue and travels to a far off land only to join a certain party of characters. This could easily explain why the oriental is travelling with the Westerners.

**Schizophrenia** - This insanity manifests its effects in a personal-ity loss. The afflicted has no personality of his own, so he will select a role model and make every attempt possible to become like that character. Selection will be based upon as different a person as possible with regard to the insane character. Thus an insane mage will begin to follow the habits of a fighter, for example, dressing and speaking like that character and seeking to be like him in all ways.

## PERSONALITY DISORDERS

**Avoidant Personality Disorder** - The character with avoidant personality disorder refrains almost entirely from social encounters. He feels if he goes out he'll cause some catastrophic situation. He desires no relationships. He likes to be alone.

**Dementia Praecox** - The afflicted character will be quite uninterested in any undertaking when suffering from this form of madness. Nothing will seem worthwhile, and the individual will be continually filled with lassitude and a tremendous feeling of ennui. No matter how important the situation if the character fails a Sanity check, he will choose to ignore it as meaningless to him.

**Dependent Personality Disorder** - The character is strongly attracted to others. He feels like he can't make the most simple decisions without others help. For example, Rock doesn't believe he can pick his clothes for the day without his mother's opinion.

**Histrionic Personality Disorder** - The character shows extreme emotions for the sole purpose of the effects it has on others and not expression of feelings. He also expects others to fulfill his expectations, but he has no concern for others. He resents people who are more beautiful, successful, etc.. The term comes from the Greek legend of Narcissus, who fell in love with his own reflection in the pond.

**Obsessive-Compulsive Disorder** - The character is not like the obsessive-compulsive anxiety disorder, this character is a perfectionist. He concerns himself with schedules and is very methodical. For example, Rock will refuse to start a meeting until the exact second it was scheduled to meet.

**Paranoid Personality Disorder** - The character with this insanity is extremely suspicious and is always on guard against danger. It is impossible for him to trust others, and he always projects blame on others.

**Passive-Aggressive Personality Disorder** - The character cannot express his anger appropriately. He is either conniving or very outward. Either way he expresses his anger in very spiteful ways.

## PSYCHOTIC DISORDERS

**Alignment Change** - The character suffers a major alignment change. The GM can decide what the character's alignment becomes. Chaotic Neutral is typical of an insane person however a GM may wish the alignment to be completely opposite of the character's original alignment.

**Delusion Control** - The character has the feeling that one is being controlled by others, or even by machines or appliances.

**Delusion Grandeur** - The character has a grossly exaggerated conception of the individual's importance. He is convinced that he is a

famous figure such as a monarch, deity, or similar personage. Those who "fail" to recognize the afflicted as such will incur great hostility. In normal affairs, the character will seem quite sane, but he will act appropriate to a station which he does not actually have and tend to order around actual and imaginary creatures, draw upon monies and items which do not exist, and so on.

**Delusion Infidelity** - The character has a false belief usually associated with pathological jealousy. The belief that spouse or lover is unfaithful with no reason or evidence.

**Delusion Nihilism** - The character has the feeling that one's self, others, or the world is nonexistent. Commonly feelings of unreality or the feeling that one is in a dream.

**Delusion Persecution** - The character has the belief that another person or persons are trying to inflict harm on the individual or his family.

**Delusion Poverty** - The character has the belief that he has no material possessions of value. When confronted with the real value he may say that it's not his or insist on its worthlessness.

**Delusion Reference** - The character has the belief that the actions of others is somehow personal references to him. For example, the nobleman goes to opera and believes the opera is telling the story of his life.

**Delusion Self-Blame** - The character has the feelings of remorse without justification. For example, a man may feel responsible for a famine because of some sin he committed.

**Delusion Somatic** - These delusions are much more psychotic than the somatoforms to be discussed! Inappropriate concerns about one's own body typically relating to some disease. Without justification a person may feel his liver is missing, or ants have invaded his brain.

**Delusion Thought Broadcasting** - The character has the ideas that his thoughts are being broadcast to others. For example, a man believes everyone in the room can hear what he's thinking.

**Delusion Thought Insertion** - The character has the belief that thoughts are being inserted into his mind by outside forces.

**Delusion Thought Withdrawal** - The character has the belief that thoughts are being extracted from his mind.

**Hallucinatory Disorder** - The character sees, hears, and otherwise senses things which do not exist. The more exciting or stressful the situation, the more likely the individual is to hallucinate. When in such a situation, the character must make a successful Sanity check or hallucinate. Common hallucinations are: ordinary objects, which do not exist, people nearby or passing when there are none, voices giving the character information or instructions, abilities or forms which the character does not really have (strength, sex, wings, etc.), threatening creatures appearing from nowhere, etc.. Unless stimulated or under stress, the character acts normal. Hallucinations will then commence and continue for 1d20 turns after the excitement/stress passes.

This malady is often confused with some great ability to see into the ethereal plane.

**Induced Psychotic Disorder** - A person develops the disorder by being in close relationship to a psychotic person. That means if the character knows someone who is psychotic, chances are he'll develop that same psychosis.

**Megalomania** - With this insanity, the insane character will be absolutely convinced that he is the best at everything: the smartest, wisest, strongest, fastest, handsomest, and most powerful character of his profession. The character will take immediate umbrage at any suggestion to the contrary, and he will demand the right to lead, perform any important act, make all decisions, etc..

## SELF CONTROL DISORDERS

**Dipsomania** - This mild insanity form manifests itself periodically. About once per week, or whenever near large quantities of alcoholic beverages, the afflicted will begin drinking excessive quantities of ale, beer, wine, or like spirituous liquors. The player questions the GM's decision, the GM should require a Sanity check. Such drinking will continue until the character passes out. It is 50% likely that the dipsomania will continue when he/she awakens if anywhere near al-

cohol, 10% likely otherwise (in which case the individual will seek to find drink and become violent if denied).

**Kleptomania** - This mild insanity manifests itself in an ardent desire, in this case an uncontrollable urge to steal any small objects available. Kleptomaniacs steal things not on a whim or out of economic need, but persistent urges to steal. The targets can be the market, work, or people. It is not the value of the object that matters. There is usually a lack of interest in the stolen item after its stolen. Once a day, the character must make a Sanity check. If he fails, he must steal something. There is a 90% probability of being seen stealing (if the character isn't a thief) if the character is being observed.

Some GMs may require the character to become a thief and drop the current class. Kleptomaniac thieves have a -10% on their stealing ability due to the overpowering urge to immediately steal an item.

**Monomania** - The character will seem absolutely normal until presented with an idea, goal, or similar project which seems promising or purposeful to him. As of then, the character will become obsessed with the accomplishment of the purpose. He will think of nothing else, talk of nothing else, plan and act to accomplish nothing save the fixed end. The character will brook swerving from any friend or associate, and he will insist that such individuals serve the "cause" with the same the same devotion that the afflicted shows. Hostility and violence could result, and certainly not a little suspicion and mistrust if co-operation is not inherent. Once the desired end has been accomplished, the insane character will manifest symptoms of dementia praecox.

**Pyromania** - Fire fascinates many people, but it fascinates no one more than a pyromaniac. He has a compulsive urge to set fires deliberately. He often enjoys watching his fires, too. Motivation is not criminal or financial. Once a day, the character must make a Sanity check. If he fails, he must set fire to something. The bigger the fire, the better he feels.

**Pathological Gambling** - A person with this disorder may lie, cheat, steal in order to fuel his habit. The person is driven to the big win and believes he can make up the losses easily. Whenever a character is near a gambling situation or can make such a situation, he must make an Sanity check. If he fails, he must gamble.

**Pathological Liar** - A person with this insanity makes outrageous statements regarding his abilities, possessions, experiences, or events. Whenever anything important or meaningful is discussed or in question, the character can not tell the truth, and not only will he lie, but do so with the utmost conviction, absolutely convinced that the prevarication is truth. "Yeah, that's the ticket..."

**Sado-Masochism** - This insanity is coupled with maniacal urges and behavior. The character is equally likely to be in a sadistic or masochistic phase. When sadistic, the victim of this insanity has a desire to physically hurt and (and probably kill) living things. When masochistic, the victim of this insanity has a desire to be physically hurt. Normalcy returns for 1 to 3 days. Note that friends and associates do not matter to the afflicted individual, nor do enemies.

**Trichotillomania** - Trichotillomaniacs have the urge to pull out their hair. People become so obsessed with removing body hair they fail to realize they are marring their appearance by giving themselves bald spots, or removing their eyebrows. These people often times suffer from anxiety disorders and are potential substance abusers.

**Intermittent Explosive Disorder** - These people are unable to hold back urges of rage brought on by no apparent reason. They are very aggressive and destructive.

## SEXUAL DISORDERS

**Bitchomania** - This insanity can only manifest itself within females. Males should reroll for another insanity. Females with this insanity suffer the effects of The Bitch Rule.

**Coprophilia** - This bizarre insanity causes the character to have an uncontrollable desire to eat the lees (the sediment of a liquid) of the sexual partner. If the partner is diseased (hopefully a sexual one), then the insane person's chance of contracting the disease is doubled and should be checked after each feast.

**Exhibitionism** - This insanity causes the victim to have a fascination of being observed while nude or having sex. The more who wit-

ness the person the better. The person must exhibit himself/herself a minimum of 1d10+4 times a week. A few examples are to have sex in a public places, flash people, streak, etc..

**Fetishism** - The victim has a fascination and desire to have sex only if a specific object is in his/her possession or if possible the object is used in the act (like rods, rings, balls).

**Foulmouthia** - The victim has an uncontrollable desire to say something perverse when he/she sees somebody of the opposite sex. When the victim sees such a person, he/she must make a Wisdom check with a -3 modifier. Failure and the victim says something profane. If the player can't think of anything, he/she can roll on the Sextist Quotes table found later in this guide.

**Gerontophilia** - This insanity causes the character to strongly desire sex with older people (a minimum of 1d4 times per week). The older person must be at least be twice the character's age and is 50% of the time a three times the character's age (if possible).

**Innecrophilia** - This insanity causes the character to have an obsessive fascination with the undead. This obsession extends to the point of engaging in sexual intercourse with undead creatures when the opportunity arises. When coming across undead the afflicted character is 75% likely not to cause harm to the undead. Furthermore, he/she is 50% likely to rape unintelligent undead or seduce (to the point of begging) intelligent undead. The GM and players can see the dangers of a character desiring the likes of a vampire.

**Masochism** - This insanity causes the character to like to be hurt by the partner (normally a sadistic one), using the same ways as the sadism. In other words, he/she likes to be on the receiving end of physical pain during sexual encounters.

**Mirusmania** - This insanity causes the victim to desire to have weird sex (although some characters may already do weird things). Some examples are during fly, jump spells; while polymorphed or ethereal; in strange places like a dungeon, temple, tree; under the influence of transmute flesh to spells. The GM and player should flesh out this insanity for good role-playing purposes.

**Necrophilia** - This insanity causes the character to have an obsessive fascination with death and corpses. This obsession extends to the point of engaging in sexual intercourse with a corpse. The afflicted character is 50% likely to attempt a sexual act with a corpse of the opposite sex when such an opportunity arises. Thus, a character adventuring in catacombs may sneak away from the party for a quick interlude with the dead. This insanity could reach a point where the character keeps a supply of dead handy to serve his/her purposes.

**Nymphomania** - Sex! Sex! Sex! This insanity manifests itself in an ardent desire, in this case an uncontrollable urge to have sex (lots of sex). The afflicted will furtively attempt to seduce a person of the opposite sex, whenever the opportunity presents itself, and he/she will usually seek out such opportunities. The afflicted must have sex a minimum of 1d10+10 times per week. Not getting the minimum weekly requirement causes the person to gain an accumulative +1 to constitution, but lose an accumulative -1 to intelligence and an accumulative -1 to wisdom until relief presents itself. Other problems could be continuous dissatisfaction, inability to prioritize, egotistic view that everyone wants it, patronizing view that all need to be defiled by sex because they are naturally evil, or that he/she is doing people a "favor". He/she will not go to the extent of rape or molesting, but hiring prostitutes is not above the insanity.

**Pedophilia** - This insanity causes the character to strongly desire sex with younger people (a minimum of 1d4 times per week). The younger person must be at least be half the character's age and is 50% of the time a fourth of the character's age. Of course this insanity can cause a lot of trouble with governmental laws on statutory rape.

**Periculophilia** - This strange insanity causes the afflicted to have a desire for sex only in dangerous situations and places. When in such a situation, the character is 50% likely to go into a sexual frenzy in which he/she must have sex immediately, preferably with a close sexual partner. Thus, a character will usually have such a partner along with him/her when adventuring. Note the afflicted must have this dangerous sex a minimum of 1d4+1 times per week. Not getting the minimum weekly requirement causes the person to gain an accumulative +1 to constitution, but lose an accumulative -1 to intelligence and an accumulative -1 to wisdom until relief presents itself.

Some examples of dangerous situations and places would be when he/she is surrounded by a few dragons, in front of a angry lich, or maybe in any battle he/she is involved in.

**Pigmalionism** - This insanity causes the character to have an obsessive fascination with statues because they are cold, have hard muscles, nice form, unemotional, etc.. This obsession extends to the point of engaging in sexual intercourse with a statue (if physically possible). The afflicted character is 50% likely to attempt a sexual act with a statue when such an opportunity arises. Thus, a character adventuring in temple may sneak away from the party for a quick interlude with the a lovely statue. This insanity could reach a point where the character collects statues to serve his/her purposes. The ideal partner would be a golem or enchanted statue.

**Sadism** - The victim of this insanity has a desire to physically hurt the person which he/she is having sex with. This attack can be done by various strange ways like whipping, kicking, chaining the partner, etc.. This insanity could reach a point where the character, under a or-gasm, kills the engaged person.

**Unus-????mania** - This insanity manifests itself in an ardent desire and obsession, in this case an uncontrollable urge to have sex with a particular type of creature. The afflicted will furtively attempt to seduce this type of creature (still of the opposite sex), whenever the opportunity presents itself, and he/she will usually seek out such opportunities. He/she will not desire to have sex with any other, even his/her own species; and will actually reek at the thought. When he/she has sex with such a creature, he/she likes the creature to do weird things relative to the creature's abilities and talents (see example below). Of course some creatures maybe harder to get a hold of then others. The table below is small and simplistic, GMs may add any creatures he wants. Roll (1d20) on the following table to get the type of creature that is desired:

Roll	Mania Name (????)	Type of Creature
1	Daemon	Demons*
2	Dimidiusefe	Half-elves
3	Divus	Dieties, Demigods, etc
4	Draco	Dragons*
5	Druidae	Druids
6	Elfe	Elves*
7	Giant	Giants*
8	Gnome	Gnomes
9	Gobla	Goblins
10	Gole	Golems*
11	Halfline	Halflings
12	Homo	Humans*
13	Lycanthrope	Lycanthropes*
14	Magus	Mages
15	Nanus	Dwarfs*
16	Nequam	Rogues
17	Ogra	Ogres
18	Pugna	Fighters
19	Sacerdos	Clerics
20	Vates	Bards
* can be specific type		

*Example:* A person with unus-sacerdosmania insanity will have a desire to have sex with clerics. When having sex with cleric, he/she might want the cleric to pray. A person with unus-pugnania will only have sex with fighters and might want the fighter to punch, scratch, and wrestle during sex. A person with unus-vatesmania will only have sex with bards and might want the bard to sing during sex.

**Uridpsomania** - This bizarre insanity causes the character to have the desire to drink the urine of his/her partner. Check for an unhealthy disease each time he/she drinks.

**Voyeurism** - The person affected by this insanity only has pleasure from observing the other's sexual organs or people having sex, especially in secret.

**Zoophilia** - This insanity manifests itself in an ardent desire and obsession, in this case an uncontrollable urge to have sex with a par-

ticular type of normal animal. The afflicted will furtively attempt to seduce this type of animal (still of the opposite sex), whenever the opportunity presents itself, and he/she will usually seek out such opportunities. He/she will not desire to have sex with any other, even his/her own species; and will actually reek at the thought. The table below is small and simplistic, GMs may add any animals he wants. Roll (1d20) on the following table to get the type of creature that is desired:

Roll	Animal	Roll	Animal
1	dog	11	mule
2	horse	12	wolverine
3	pig	13	rhinoceros
4	cat	14	hippopotamus
5	monkey	15	boar
6	bear	16	bull
7	elephant	17	buffalo
8	skunk	18	goat
9	camel	19	sheep
10	lion	20	roll twice - ignore this

## SLEEP DISORDERS

Dyssomnias are sleep disturbances interfere with quantity and quality of sleep. Parasomnias make up nightmares, wake-ups of screaming, and sleep walkings which is most common in children. The character experiences a sleep disorder every night.

**Dream Anxiety Disorder** - The character experiences nightmares on a repeated basis. The dreams are very distressing. An adventurer can have some real nasty ones.

**Hypersomnia** - This is when the character never feels rested. He often has problems getting up in the morning.

**Insomnia** - This is the chronic inability to get sleep. The character may have difficulty falling asleep. He may wake up frequently or have a full night's sleep but not be rested.

**Sleep-Schedule Disorder** - is basically "jet lag" in a chronic course. There is a mismatch between body sleep rhythms and the demands of their environment.

**Sleep Terror Disorder** - The person wakes up suddenly and in pain from a sound sleep. There are physical and psychological conditions involved. The physical conditions include sweating, increased heart rate, and gasping for breath. The person is hard to calm and is often confused or disoriented. Most people do not remember night terrors.

**Sleepwalking Disorder** - The person is unresponsive to others and their attempts to awaken him. He does not remember sleep walking.

## SOMATIFORM DISORDERS

Somatiform disorders involve psychological conflicts transferred to physical conditions.

**Body Dismorphic Disorder** - The character feels his body is defective or ugly. This is similar to the somatic delusion, but is not quite as psychotic.

**Hypochondriasis** - The character feels that he has a serious illness or disease, when he is experiencing normal bodily functions. This is different from conversion disorder because he does not have unexplainable medical symptoms, and he does not experience la belle indifference. No amount of reassurance will relieve him of his fears.

**Hysterical Neurosis / Conversion Disorder** - This disorder involves the translation of unacceptable drives or troubling conflicts into physical symptoms. The person is not intentionally producing the symptoms. However a medical basis for symptoms cannot be found, and it is assumed that the person is converting psychological conflicts or need into a physical problem.

Once the psychological problem passes to the physical side, it is no longer a source of mental stress for the person. This is called la belle indifference or "beautiful lack of concern". They often dismiss it,

even if it's incapacitating. For example, before the big game the quarterback's hand becomes paralyzed.

Conversion disorders fall into four categories: motor disturbances (tremors, paralysis), sensory disturbances (hearing loss, tunnel vision), symptoms simulating physical illness (involve conversions that mimic the actual symptoms of a physical illness), symptoms complicating physical illness (complicate or delay physical recovery from a physical disorder).

## PHOBIAS

A phobia is an intense, abnormal, or illogical fear of something. Almost everybody has things that they are afraid of to one degree or another. Even great adventurers can have a intense fear of something.

The number of phobias a character has is dependant of his Sanity attribute. If his Sanity score changes, so will the number of phobias. This is the base number of phobias a character will always have. He may gain additional phobias as an insanity during his adventuring career.

The first step is to determine what class of phobia the character has. This is done by rolling 1d100 and comparing the result to the Phobia Class Table.

The second step is to determine the exact nature of the phobia. Roll on the appropriate phobia class table to get the phobia the character has.

If the GM wishes to add more phobias to the list, he should get a Latin-English dictionary. Then he should look up the word he wants for a phobia, get the Latin translation, and add phobia to the end of the word.

## SEXUAL PHOBIAS

If played properly, these phobias can give character a good amount of extra depth, however, played incorrectly can be disastrous. There are two tables for this section, Male and Female. If the character is homosexual or bisexual, then go to the appropriate sex 90% of the time and the opposite sex of the character the remaining 10% of the time. If a character rolls an impossibility (a male rolls a strictly female phobia), then reroll on the table appropriate to the character's sex.

**Table 11: Phobia Class Table**

Roll	Phobia Class
01-10	Animal
11-30	Medical
31-40	Miscellaneous
40-55	Positional
56-60	Sexual
61-90	Social
91-00	Weather (Natural)

**Table 12: Severity Table**

Roll	Severity
01-03	+40
04-07	+35
08-13	+30
14-20	+25
21-27	+20
28-34	+15
35-41	+10
41-50	+05
51-60	-05

**Table 12: Severity Table**

Roll	Severity
60-66	-10
67-73	-15
74-80	-20
81-87	-25
88-93	-30
94-97	-35
98-00	-40

**Table 13: Animal Phobias Table**

Roll	Animal Phobia	Fear of
01	Acarophobia	Mites
02-04	Aelurophobia	Cats
05-10	Agrizophobia	Wild Animals
11-12	Alektorophobia	Chickens
13-15	Apiphobia	Bees
16-20	Arachnophobia	Spiders
21	Bacillophobia	Microorganisms
22	Bacteriophobia	Bacteria
23-24	Batrachophobia	Frogs
25	Blennophobia	Slimes
26-28	Botanophobia	Plants
29-32	Bogyphobia	Boggyman
33-37	Bugphobia	Insects
38-41	Cynophobia	Dogs
42-50	Demonophobia	Demons
51	Doraphobia	Animal Skins
52-53	Equinophobia	Horses
54	Featherphobia	Feathers
55-59	Helminthophobia	Worms
60-63	Herpetophobia	Lizards
64-65	Icthyophobia	Fish
66	Isopterophobia	Termites
67-71	Murophobia	Rats
72-74	Musiphobia	Mice
75	Myrmecophobia	Ants
76-80	Ophidiophobia	Snakes
81-82	Ornithophobia	Birds
83	Ostraconophobia	Shellfish
84-85	Paraistophobia	Parasites
86-88	Phasmaphobia	Ghosts
89	Phthiophobia	Lice
90	Spheksophobia	Wasps
91	Taeniophobia	Tapeworms
92-93	Taurophobia	Bulls
94-00	Zoophobia	Animals

**Table 14: Medical Phobias**

Roll	Medical Phobia	Fear of
1-2	Aerophobia	Airborne diseases
3-4	Albuminurophobia	Kidney diseases
5	Amychophobia	Scratches
6-8	Anginophobia	Heart problems (Angina)
9	Asthenophobia	Fainting/weakness
10	Belanophobia	Needles
11	Chaetophobia	Hair disease
12	Cnidoiphobia	Stings
13	Copraustasophobia	Constipation
14	Coproiphobia	Feces

**Table 14: Medical Phobias**

Roll	Medical Phobia	Fear of
15	Dementophobia	Insanity
16-17	Dentophobia	Dentists
18-19	Dermatopathophobia	Skin disease
20	Diabetophobia	Diabetes
21	Dinophobia	Dizziness
22	Diplopiaphobia	Double vision
23	Dipsophobia	Drinking (alcohol)
24	Dysmorphophobia	Being deformed
25	Dystychiphobia	Accidents
26	Emetophobia	Vomiting
27	Epistaxiophobia	Nose bleeds
28	Genophobia	Knees
29	Geraseophobia	Growing old
30-31	Gerontophobia	Aging
32	Helminthophobia	Worm infections
33	Hematophobia	Blood
34	Hormephobia	Shock
35	Hydrargynophobia	Mercurial medicine
36	Hydrophobophobia	Rabies
37	Hylephobia	Epilepsy
38	Hypnophobia	Sleep
39	Iatrophobia	Doctors
40	Illyngophobia	Vertigo
41-43	Iophobia	Poison
44-46	Leprophobia	Leprosy
47-48	Luiophobia	Syphilis
49	Lyssophobia	Becoming insane
50	Meningitophobia	Brain disease
51	Misophobia	Contamination with dirt
52-53	Monopathophobia	A specific disease
54	Molysmophobia	Infection
55	Neopharmaphobia	New drugs
56-58	Nosmaphobia	Illness
59	Nosocomophobia	Hospitals
60	Obesophobia	Gaining weight
61	Odonophobia	Teeth
62	Odynesphobia	Pain
63	Ommatophobia	Eyes
64	Patrioiphobia	Hereditiy
65	Peladophobia	Bald people
66	Pellagrophobia	Pellagra
67-68	Permatophobia	Skin lesions
69	Photoalgiaphobia	Eye pain
70	Phthisiophobia	Tuberculosis
71	Pnigophobia	Being smothered
72	Proctophobia	Rectal disease
73	Psychophobia	Mind
74	Pyrexecophobia	Fever
75	Radiophobia	Radiation
76	Rhabophobia	Being beaten with a rod
77	Rhytiphobia	Wrinkles
78	Scabiophobia	Itching
79	Scatophobia	Fecal matter
80	Tetanophobia	Lockjaw
81	Thatatophobia	Death
82	Tomophobia	Surgery
83	Toxocophobia	Being poisoned
84-93	Traumatophobia	Injury
94-96	Trichinophobia	Trichinosis (caused by eating pork)
97-98	Trichophobia	Hair
99-100	Trypanophobia	Needles

**Table 15: Miscellaneous Phobias**

Roll	Miscellaneous Phobia	Fear of
1-3	Acarophobia	Small objects
4-6	Acerophobia	Sourness
7-9	Acousticophobia	Noise
10-12	Aichmophobia	Pointed objects & knives
13-14	Aichurophobia	Points
15-20	Algophobia	Pain
21-22	Alliumphobia	Garlic
23-25	Amathophobia	Dust
26-27	Amnesiophobia	Amnesia
28-30	Anthophobia	Flowers
31-33	Apeiophobia	Infinity
34-40	Arachibutyrophobia	Peanut butter sticking to top of mouth
41-44	Ataxiphobia	Chaos
45-47	Autophobia	Self
48-50	Ballistophobia	Missles
51-52	Bolshaphobia	Communism
53-55	Carnephobia	Meat
56-58	Catoptrophobia	Mirrors
59-60	Cherophobia	Being happy
61-63	Chrematophobia	Money
64-66	Chromatophobia	Certain colors
67-69	Chronophobia	Time
70-72	Clinophobia	Beds
73-75	Cnidophobia	Stings
76-77	Dendrophobia	Trees
78-80	Dextrophobia	Right-handed things
81-83	Didaskaleinophobia	School
84-86	Dikephobia	Justice
87-88	Eleuthrophobia	Freedom
89-90	Erythrophobia	Red things
91-92	Geliophobia	Laughter
93-95	Geniophobia	Chins
96-98	Geumaphobia	Taste
99-100	Graphophobia	Writing
101-105	Hadephobia	Hell
106-109	Haigophobia	Religious objects
110-114	Harpaxophobia	Being robbed
115-117	Hedonophobia	Pleasure
118-120	Hellanophobia	Science
121-124	Hematophobia	Sight of Blood
125-127	Heresyphobia	Challenges to dogma
128-129	Homitophobia	Sermons
130-132	Iatrophobia	Doctors
133-135	Ideophobia	Ideas
136-137	Iophobia	Rust
138-140	Kainophobia	Change
141-142	Kenesophobia	Motion
143-146	Kleptophobia	Stealing
147-148	Kopophobia	Exhaustion
149-152	Lachanophobia	Vegetables
153-154	Leukophobia	White things
155-157	Ligyrophobia	Noise
158-159	Linohophobia	String
160-162	Litigaphobia	Lawsuits
163-165	Logophobia	Words
166-180	Magophobia	Magic
181-185	Mechanophobia	Machinery
186-187	Megalophobia	Large Things
188-189	Melophobia	Music
190-191	Metalophobia	Metals
192-194	Methyphobia	Alcohol

**Table 15: Miscellaneous Phobias**

Roll	Miscellaneous Phobia	Fear of
195-196	Metrophobia	Poetry
197-198	Mnemophobia	Memories
199-200	Mysophobia	Dirt
201-202	Myxophobia	Slime
203-205	Necrophobia	Dead bodies
206-208	Nelophobia	Glass
209-210	Neophobia	New things
211-214	Novercaphobia	Step mothers
215-216	Numerophobia	Numbers
217-218	Oenophobia	Wine
219-220	Olfactophobia	Certain Odors
221-225		Dreams
226-227	Osmophobia	Smells
228-230	Ouranophobia	Heaven
231	Panphobia	Everything
232-234	Papryrophobia	Paper
235-237	Partriphobia	Hereditiy
238-243	Peccatiphobia	Sinning
244	Pedaphobia	Jumping
245	Pediaphobia	Dolls
246	Pediophobia	Children
247-248	Pentheraphobia	Mothers-in-law
249-250	Phasmaphobia	Ghosts
251	Phobophobia	Fear
252	Phonophobia	Echos
253	Phronemophobia	Thinking
254-255	Placophobia	Tombstones
256	Pogonophobia	Beards
257-258	Poinophobia	Punishment
259	Politicophobia	Politicians
260	Polyphobia	Several Things
261	Ponophobia	Work/Fatigue
262	Porphyrophobia	Purple things
263	Porophobia	Drinking (water, etc.)
264	Potophobia	Progress
265	Pteronophobia	Feathers
266-67	Satanoophobia	Evil gods
268-69	Scelophobia	Robbers
270	Scotomaphobia	Blind spots
271	Selaphobia	Flashing lights
272-73	Siderophobia	Rotting matter
274	Sinistrophobia	Left-handed things
275	Sitophobia	Certain foods
276	Sophophobia	Learning
277	Symbolophobia	Symbolism
278	Symmeterophobia	Symmetry
279	Syngenesophobia	Relatives
280	Tacophobia	Speed
281-282	Taphophobia	Graves/being buried alive
283-284	Technophobia	Technology
285-286	Teletophobia	Religious ceremonies
287	Testophobia	Tests
288	Textophobia	Certain fabrics
289-290	Theologicophobia	Theology
291-296	Theophobia	Gods
297	Tridecaphobia	Number 13
298-299	Tyrannophobia	Tyrants
300	Vitricophobia	Step-fathers

**Table 16: Positional Phobias**

Roll	Positional Phobia	Fear of
1-3	Acrophobia	Heights
4-6	Aeroacrophobia	Open high places
7-8	Aginaphobia	Narrow places
9-11	Agyiophobia	Streets
12-13	Amaxophobia	Moving Vehicles
14-16	Anablepophobia	Looking up at high places
17-20	Atephobia	Ruins, dungeons
21-22	Aviatophobia	Flying
23-25	Basiphobia	Walking
26-28	Batophobia	Passing a tall structure
29-32	Bathophobia	Depths
33-38	Claustrophobia	Confined space
39-40	Cenophobia	Empty Rooms
41-42	Cleithrophobia	Being locked in
43-44	Climacophobia	Stairs
45-47	Coimetrophobia	Cemetaries
48-49	Cremnophobia	Cliffs
50-51	Domatophobia	Being in a house
52-55	Dromophobia	Crossing a street
56-60	Ecclesiophobia	Churches
61-63	Ecophobia	Home surrounding
64-68	Eremophobia	Being yourself
69-72	Gephyrophobia	Bridges
73-76	Hodophobia	Travel
77-84	Hypsiphobia	Heights
85-87	Koimoniphobia	Rooms
88-93	Lygophobia	Gloomy places
94-95	Nostrophobia	Returning home
96	Oikophobia	Home surroundings
97	Theatophobia	Theaters
98-99	Topophobia	Specific places
100	Tropophobia	Moving to a new home

**Table 17: Female Sexual Phobias**

Roll	Female Sexual Phobias	Fear of
01-03	Agarophobia	Sexual Abuse
04-06	Algophobia	Sexual Pain
07-12	Androphobia	Men
13-14	Anuptophobia	Being single
15-17	Aphenphobia	Physical Contact
18-22	Coitophobia	Sex
23-24	Coitus More Ferarum	Doggy-style sex
25-29	Coitus Oralis	Oral sex
30-35	Cypridophobia	Venerial Diseases
36-38	Dyspareunia	Painful vaginal sex
39-41	Esodophobia	Virginity
42-44	Gamophobia	Marriage
45-47	Gymnophobia	Naked bodies
48-50	Hedonophobia	Pleasure
51	Heterophobia	Heterosexuals
52-57	Homphobia	Homosexuals
58-60	Ithyphallophobia	Erect penises
61-63	Maieusiophobia	Childbirth
64-65	Malaxophobia	Flirting
66-67	Medectophobia	Contour of a penis through clothing
68-69	Menophobia	Menstration
70-74	Merinthophobia	Being bound
75-77	Necrophobia	Sex with the dead

**Table 17: Female Sexual Phobias**

Roll	Female Sexual Phobias	Fear of
78-79	Oneirogmophobia	Wet dreams
80-82	Paraphobia	Sexual Perversions
83-84	Phallophobia	Male genitalia
85-87	Primeisodophobia	Losing one's virginity
88-90	Proctophobia	Rectal intercourse
91	Sarmassophobia	Foreplay
92-93	Sexophobia	Opposite Sex
94	Spermophobia	Semen
95-96	Teratophobia	Bearing a monster
97-100	Virgivitiphobia	Rape

**Table 18: Male Sexual Phobias**

Roll	Male Sexual Phobias	Fear of
01-03	Agrophobia	Sexual Abuse
04-06	Algophobia	Sexual Pain
07-09	Anuptophobia	Being single
10-11	Aphenophobia	Physical Contact
12-14	Coitophobia	Sex
15-17	Coitus Oralis	Oral sex
18-20	Cyprianophobia	Prostitutes
21-23	Cypridophobia	Venerial Disease
24-25	Ejacophobia	Ejaculation
26-28	Esodophobia	Virginity
29-31	Eurotophobia	Female Genitalia
32-37	Gamophobia	Marriage
38-39	Gymnophobia	Naked Bodies
40-44	Gynophobia	Women
45-48	Hedonophobia	Pleasure
49-53	Malaxophobia	Flirting
54-59	Medomalacophobia	Losing an erection
60-62	Merinthophobia	Being bound
63-67	Necrophobia	Sex with the dead
68-71	Oneirogmophobia	Wet dreams
72-76	Paraphobia	Sexual perversions
77-80	Parthenophobia	Young girls, usually virgins
81-85	Penis Captivas	Having penis held tightly by vagina
86-89	Primeisodophobia	Losing one's virginity
90-92	Proctophobia	Rectal intercourse
93-95	Sarmassophobia	Foreplay
96-97	Sexophobia	Opposite sex
98-100	Venustaphobia	Beautiful women

**Table 19: Social Phobias**

Roll	Social Phobias	Fear of
1	Ablutophobia	Bathing
2	Agorophobia	Public places
3	Allodoxophobia	Other's opinions
4	Amychophobia	Being scratched
5	Ankylophobia	Immobility
6	Anthrophobia	People
7	Anuptaphobia	Staying single
8	Aphophobia	Being touched
9	Arrhenophobia	Mankind
10	Atelophobia	Imperfection
11	Autodysomophobia	Having a body odor
12	Automysofobia	Being dirty
13	Basiphobia	Walking
14	Basistasiphobia	Standing upright

**Table 19: Social Phobias**

Roll	Social Phobias	Fear of
15	Bromidrosiphobia	Body odors
16	Catapadaphobia	Jumping
17	Catagelophobia	Ridicule
18	Cateptrophobia	Mirrors
19	Cathisophobia	Sitting
20	Chaetophobia	Hair
21	Chorophobia	Dancing
22	Cibophobia	Food
23	Clithrophobia	Being enclosed
24	Coprophobia	Bowel movements
25	Decidophobia	Decisions
26	Defaecalgisiophobia	Painful, violent bowel movements
27	Demophobia	Crowds
28	Dromophobia	Crossing streets
29	Dysmorphophobia	Deformity
30	Dystychiphobia	Accidents
31	Deipnophobia	Dinner conversation
32	Dishabillophobia	Disrobing in public
33	Enissophobia	Sin
34	Eremophobia	Solitude
35	Ergophobia	Work
36	Erythrophobia	Blushing
37	Euphobia	Hearing good news
38	Gelophobia	Laughter
39	Graphophobia	Handwriting
40-41	Hamatophobia	Error
42	Hypenygophobia	Responsibility
43	Hypnophobia	Hypnosis
44	Isolophobia	Solitude
45	Kakorrhaphiophobia	Failure
46	Katagelophobia	Ridicule
47	Kathisophobia	Sitting down
48	Kleptophobia	Stealing
49	Koinoniphobia	Rooms full of people
50	Kyptophobia	Stooping
51	Laliophobia	Talking/stuttering
52	Lelophobia	Jealousy
53	Macrophobia	Long waits
54	Mythophobia	Lying
55	Nyctophobia	Night
56-57	Ochlophobia	Crowds
58	Ophthalmophobia	Being stared at
59	Optophobia	Opening one's eyes
60	Orthophobia	Propriety
61	Ospheisiophobia	Body odors
62	Paraliphobia	Neglect of duty
63	Peccatiphobia	Wrong doing
64	Peladophobia	Bald people
65	Peniaphobia	Poverty
66	Phagiophobia	Eating
67-68	Phalacrophobia	Being bald
69-70	Philemaphobia	Kissing
71	Philophobia	Love
72-74	Phobophobia	Being alone
75	Pogonophobia	Beards
76-77	Psellismophobia	Stuttering
78-79	Sclerophobia	Thieves
80	Scolionophobia	Going to school
81-83	Scopophobia	Being looked at
84-86	Sociophobia	Society
87-90	StageFright	Performance
91	Stasiphobia	Standing
92-93	Teratophobia	Deformed people

**Table 19: Social Phobias**

Roll	Social Phobias	Fear of
94	Tremophobia	Trembling
95	Vestiphobia	Wearing clothing
96-100	Xenophobia	Non-humans, foreigners

**Table 20: Weather Phobias**

Roll	Weather Phobias	Fear of
1-2	Achluophobia	Darkness
3-4	Aerophobia	Drafts & air
5-6	Aerophogiaphobia	Swallowing air
7-8	Anemophobia	Cyclones
9-10	Antlphobia	Floods
11-12	Astraphobia	Lightning
13-14	Auroraphobia	Auroral lights
15-16	Brontophobia	Thunder
17-18	Burophobia	Gravity
19-20	Cenophobia	Barren ground
21-22	Chionophobia	Snow
23-24	Cometophobia	Comets
25-26	Cryophobia	Cold temperatures
27-28	Cymophobia	Waves
29-30	Dendrophobia	Trees
31-32	Dinophobia	Whirlpools
33-34	Electrophobia	Electricity
35-36	Esophobia	Dawn
37-38	Frigophobia	Cold things
39-40	Heliophobia	Sunlight
41-42	Homichlophobia	Fog
43-44	Hydrophobia	Water
45-46	Hygrophobia	Dampness/Humidity/Mists
47-48	Hylophobia	Forest
49-50	Keraunophobia	Lightning & thunder
51-52	Kymophobia	Waves
53-54	Lilapsophobia	Hurricanes
55-56	Limnophobia	Lakes
57-60	Meteorophobia	Meteors
61-62	Nephophobia	Clouds
63-64	Ombrophobia	Rain
65-66	Pagophobia	Frost & ice
67-68	Photoangiophobia	Glaring light
69-70	Photophobia	Light
71-72	Potamophobia	Rivers
73-74	Potomophobia	Sheets of water
75-77	Psychrophobia	Being cold
78-79	Pyrophobia	Fire
80-83	Sciophobia	Shadows
84-87	Scotophobia	Darkness
88-89	Selenophobia	Moons
90-91	Siderophobia	Stars in the sky
92-94	Thalassophobia	Seas
95-97	Thermaphobia	Hot temperatures
98-100	Zerophobia	Dryness

# SO YOU'RE INSANE

Whenever a character is insane, he has other problems besides his insanity. He suffers from a few minor problems as well.

**Distraction:** Small pieces of conversation make the character go off on numerous (but somewhat annoying) sidetracks. For example, "Fish? I like fish, fish boiled, fish fried, fish grilled with a spicy sauce, fish soup, fish for breakfast, fish for lunch, fish for snacks..."

**Relationship mistakes:** The character has a percentage chance equal to his Sanity attribute to permanently alienate someone due to strange behavior or unpredictable bad attitude.

## MAGES

**Magical wild spurts:** The insane mage has a chance for a spell to become slightly twisted when cast. The GM determines the effect but the more bizarre the better. For example, the mage casts magic missiles but instead shoots forth magic flowers. The GM should not necessarily penalize the character. The bizarre effects can be beneficial (but still strange).

## CLERICS

**Prayer misunderstandings:** If an insane cleric tries a prayer, there is a percent chance equal to 10 times the character's Insanity attribute of the cleric's deity not answering the request for spells. There is an equal percent chance the call will be answered by the deity of insanity. The deity of insanity doesn't exactly give the cleric the spells he wants.

## PSIONICISTS

**Freaky Powers:** When using psionic powers a natural roll of 20 usually indicates additional powers. For an insane psionicist, a roll of 18, 19, or 20 will have this effect.

**Wild Talents:** The psionicist gains a wild talent outside of his psionic devotion. Although this may seem beneficial to a psionicist, it tends to be more unnerving gaining freakish wild abilities of the mind.

## MAGE SPELLS

### Level 3

Transfer Insanity

### Level 6

Schizophrenia Projected Image

### Transfer Insanity (Enchantment/Charm)

Level: 3  
 Range: Special  
 Components: V, S  
 Duration: 2 turns per level  
 Casting Time: 3  
 Area of Effect: One creature  
 Save: Neg.

Any mage suffering from an insanity can temporarily give this affliction onto any living creature for the spell duration after which time he gets it back.

This spell brought to you by Mike Jones.

## Schizophrenia Projected Image (Alteration, Illusion/Phantasm, Necromancy)

Level: 6  
Range: 10 yards / level  
Components: V, S, M  
Duration: 2 rounds per level  
Casting Time: 6  
Area of Effect: Special  
Save: Special

The spell creates an alter ego of the person. The duplicate will take on the schizoid-ego of the caster. The duplicate can perform any action that the mage can including spell-casting and combat. The mage can communicate via telepath with the duplicate. The image does not have to be within the mage's view to continue to exist.

The duplicate can cast the spells that the mage has memorized. Of course the mage loses the spells then. However each can cast spells independent of each other.

The major power of the duplicate is that he can destroy the life force of a living being within spell range by willing it. The victim gets a save vs. death. Success and he suffers 3d6 points of damage. Failure and he dies.

There is a few side effects to this power. First, the mage cannot control if the duplicate will use it. The mage can only point out his enemies to the duplicate. Secondly, when the duplicate uses the ability, the mage must make a Sanity check. If he fails, the spell ends, he goes insane and becomes his Schizophrenia alter ego.

Schizophrenia projected image requires the material component of a clay image of the mage that must be torn in two pieces.

This spell brought to you by Mike Jones.

## Split Personalities (Necromancy)

Level: 9  
Range: 10 feet  
Components: V, S, M  
Duration: Special  
Casting Time: 9  
Area of Effect: Special  
Save: Neg.

One form of insanity is the Multiple Personality / Split Personality Dissociative Disorder. A person with this insanity has individual and distinct personalities within. This spell separates the multiple personalities and puts each one into an actual physical body. Thus, if the spell is cast on a insane person with three personalities (including his normal one), two physical bodies contain two two of the personalities will manifest.

A new personality will not necessarily get a physical body identical to the insane victim. The new body tends to reflect the personality. For example, if one of the personalities is that of a 12-year old girl, then a 12-year old girl is where the personality will reside now.

Each personality gets a save. If it fails, the personality remains in the insane person. If successful, the personality gets a new physical body.

The material components are <...missing...>

# PRIEST SPELLS

## Cure Insanity (Abjuration)

Sphere: Healing  
Level: 5  
Range: Touch  
Components: V, S  
Duration: Permanent  
Casting Time: 1  
Area of Effect: One creature  
Save: None

This spell enables the caster to possibly cure insanities by placing his hand upon the insane creature. When casting, the priest must make an Sanity check. If the check is successful, the insane patient is cured of his insanity and all is well. If the check is a failure, the insanity of the patient is transferred into the caster. Pity.

## Cause Insanity (Abjuration)

Sphere: Necromancy  
Level: 5  
Range: 5 feet per level  
Components: V, S  
Duration: Permanent  
Casting Time: 1  
Area of Effect: One creature  
Save: None

This spell enables the to caster cause insanity in a creature. Roll in the Insanity Table to decide which insanity the victim gets. For every level of the caster, the player may move up or down on the Insanity Table, this giving him a small choice of what insanity to inflict.

When the caster becomes 9th level, he may choose the insanity of his victim.