

# GRIM TALES™

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- . Compare the result to a target number to determine success or failure.

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# HORROR & INSANITY

## Using Horror In Your Campaign

Many game systems use Horror as a primary component of the rules, but in many respects, the mere presence of any ruleset to govern horror ends up detracting from the mood of the game. Building suspense, dread, and a fear of the unknown that slowly escalates to a true sense of horror relies first and foremost on the storytelling skills of the GM.

## Creating the Horrific Encounter

The first step for the GM is to place a horrific encounter in his adventure. The GM is well served to consider that every Horror check is like an encounter in its own right—or, at the very least, it can serve as the crowning detail of a session of play. Too-frequent Horror checks acclimate the players to the system and spoil the mood you are trying to create. One or at most two Horror checks in one session of play is acceptable; one or two Horror checks per *adventure* is even better.

It is not a necessity that you save the Horror check for the final conflict with the horrific arch-villain; indeed, a horrific encounter early in the adventure will help set the mood—particularly if the encounter goes poorly for the PCs as a result of the Horror check!



In order to use the rules for Horror checks, the GM must calculate the normal EL of the encounter ahead of time. In some cases this will be fairly straightforward: a group of ten zombies attack the PCs, for example. Other cases can get more complex: A vampire overlord captures the PCs in a trap-filled torture room and watches as his zombie minions close in for a grim feast. Despite these complexities, the underlying rule is simple: As the EL increases, it is assumed that the danger, and thus the horror, increases.

## The Horror Check

The GM can require a Horror check at any point, most generally immediately after he describes the encounter and the horror of the situation is finally revealed to the players. From there, the Horror check uses a set of rules that is essentially analogous to the Turn Undead rules:

1. The GM calls for a Horror check. (If using the *Fight or Flight!* optional rules—see sidebar—the GM should call for decisions now.)
2. Each PC makes a Horror check by rolling d20 and applying the appropriate modifiers to Table 10-1.
3. The GM rolls the Horror Threshold level for the encounter (usually 2d6 + applicable modifiers from Table 10-2 and 10-3).
4. The GM compares the result of each PC's Horror check to the appropriate Encounter Level column on Table 1 (see below).
5. If the Horror Threshold is equal to or greater than the PCs Charisma, that PC suffers the effects listed on the table.

Table 10-1: The Horror Check Roll

Check Result	Effect
1-2	long term insanity
3-4	short term insanity
5-6	cowering / temporary insanity <sup>1</sup>
7-8	panicked / frightened <sup>1</sup>
9-10	frightened / berserk <sup>1</sup>
11-14	shaken
15-19	dazed
20 or more (or natural 20)	no effect

<sup>1</sup> Use the entry before the slash if the party EL is lower than the horrific encounter EL. Use the number after the slash if the party EL is higher than the horrific encounter EL.

### Optional Rule: *Fight! or Flight?*

This optional rule can be used to add even more uncertainty to the Horror check. After the GM calls for the Horror check, each player is given a simple choice: Fight or Flight?

If the player chooses *Fight*, he elects to leave his PC in the path of danger and take his chances with the results of the Horror check. If the PC is confident of his ability to master his fear (and to roll accordingly), this is the best choice to immediately come to grips with the horrific enemy.

If the PC chooses *Flight*, he voluntarily “fails” his Horror check and is *frightened*, fleeing for a reduced duration of 1d4+1 rounds. However, at the end of this voluntary flight, the PC fully recovers his wits (and his guts) and can return to the fight without the need for any check and without any further hindrance—he does not even suffer the normal *shaken* effects.

However, to heighten the tension and add even greater uncertainty to the process, the GM should require each player to register his choice *secretly*—no player can be sure of what the other players are going to do!

Each player takes a d6 and, covering it with his hand to obscure his choice from his fellow players, chooses one facing of the die to place face up: a bold and daring 6 (or any even number) if he chooses to *Fight*, or a wee, pathetic 1 (or any odd number) if he chooses *Flight*. After all players are ready, the GM should have them reveal their choices at the same time.

Like the Horror check itself, the GM should resist overusing the *Fight or Flight!* option in order to keep it fresh and exciting. At any rate, if the players consistently make the same choice as a group, perhaps even working out a scheme ahead of time to ensure that the group acts in concert, he should abandon the use of this optional rule in order to avoid the foregone conclusion and speed gameplay.

## Horror Check Modifiers

Each PC makes a Horror check by rolling 1d20 and applying the following modifiers:

- Add the character (or party) EL.
- Subtract the encounter EL.

If the characters are higher level than the horrific threat, the effects of a Horror check, even a failed check, are lessened.

Each PC should also add a bonus to his or her check to represent will power and guts.

- Add a Will or Wisdom bonus as described below.

In a game with a moderate threat level, this Horror check modifier is equal to the character’s Wisdom bonus. However, the GM can tweak the rules to be more or less forgiving, depending on the impact that Horror should have on the campaign. Because of the possibility that one or more PCs will hesitate, panic, or cower, the higher the threat, the more likely that Horror checks will disrupt the party and derail their efforts.

☞: Each player adds his Will save modifier to all Horror checks. In this variant, high Wisdom, high level characters become more and more resistant to the effects of Horror.

☞☞: Each player adds his Wisdom modifier to all Horror checks. In this variant, high Wisdom characters (which includes most Dedicated heroes) have an advantage, but an increase in level does not make the character any more resistant to horror than normal.

☞☞☞: Players do not add any modifier to the d20 roll. In this variant, high Charisma characters tend to be the most resistant to Horror checks, due to their higher Horror Threshold. When these characters *do* fail a Horror check, the result can be devastating.

## Modifiers to the Horror Threshold

The Horror Threshold roll is always modified by the Charisma modifier (if positive) of the horrifying creature. In mixed groups of creatures, use the modifier of the creature with the highest Charisma—usually, but not always, this will be the leader of a mixed group (such as a vampire at the head of a horde of zombies).

The GM should always make a note of the total after rolling the Horror Threshold; in the event that one of the PCs succumbs to a short-term or long-term psychological disorder, the Horror Threshold not only defines the extent of the horrific event, it will define the DC required to cure the PC of any disorder.

**Table 10-2: Standard Horror Threshold Modifiers**

Condition	Modifier
First time the PCs have encountered this type of foe	+2
PCs have defeated this type of foe before	-2
PCs have defeated this specific foe before	-1
Particularly horrific scene (excessive gore, violent outburst, etc.)	+1
Personal significance (presence of a loved one, etc.)	+1

The standard Horror Threshold modifiers are applied on a case-by-case basis to each PC before comparing the adjusted total to the PC’s Charisma score.

In addition to the standard Horror Threshold modifiers, the GM may wish to add or subtract dice for certain creature types in order to reflect the prevailing philosophy of his campaign. For example, in an Archaic setting of barbaric sword-and-sorcery, the GM may decide that Aberrations are

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no more horrific than any other beast—the people of this campaign espouse a particularly pragmatic, “If it bleeds, I can kill it,” philosophy that is uncommon in more civilized ages. However, in such a primitive campaign—indeed, in any humanocentric campaign where the dead are expected to *stay* dead—Undead creatures may very well impose a +1d6 modifier. Similarly, in an apocalyptic setting, the GM may decide that Constructs and mutated Aberrations alike suffer a -1d6 penalty to all Horror Threshold rolls, as the inhabitants of such a world are well-accustomed to berserk killing machines and tentacled mutants.

The guidelines below should suit most campaigns falling into the three main settings of *Grim Tales*:

**Table 10-3: Era-specific Horror Threshold Modifiers**

<i>Creature Type</i>	<i>Archaic</i>	<i>Modern</i>	<i>Apocalyptic</i>
Aberration	-	+1d6	-1d6
Animal	- <sup>1</sup>	-	-
Construct	-	+1d6	-1d6
Dragon <sup>2</sup>	+1d6	+1d6	+1d6
Elemental	-	-	-
Fey	+1d6	-	-
Giant	-	-	-
Humanoid/ Monstrous Humanoid	-	-	-
Magical Beast	-	+1d6	+1d6 <sup>3</sup>
Ooze	+1d6	+1d6	-
Outsider <sup>4</sup>	+1d6	+1d6	+1d6
Plant	- <sup>1</sup>	-	-
Undead <sup>5</sup>	+1d6	+1d6	+1d6
Vermin <sup>6</sup>	- <sup>1</sup>	-	-1d6

1 In some prehistoric Archaic settings, dire animals, dinosaurs, carnivorous plants, and many large vermin, though commonly encountered, may carry a +1d6 modifier: such instinctive fears are not easily shaken, and in some cases primitive man is more frightened of known dangers than of the unknown.

2 Dragons are fearsome creatures in any era. The Horror check is made over and above any check for the dragon's *frightful presence*, which follow the rules as normal.

3 It is important to note the difference between mutant creatures (most of which are Aberrations) and Magical Beasts, which display some clearly magical or supernatural ability. If the viewers reasonably mistake the Magical Beast for an Aberration, do not apply this modifier.

4 Outsiders, both good and evil, are awe-inspiring in any era.

5 Undead apply a +1d6 modifier in any era.

6 Normal-sized Vermin should not normally require a Horror check of any kind, unless appearing in a swarm of significantly horrific size.

## Explanation of Horror Check Results

**No Effect:** The PC may act normally.

**Dazed:** The PC is *dazed* until the end of his first action, but may act normally thereafter.

**Shaken:** The PC is *shaken* for the duration of the encounter. A *shaken* character takes a -2 penalty on attack rolls, saving throws, skill checks, and ability checks.

**Frightened:** The PC is *frightened* for 1d6+1 rounds. A frightened character flees from the source of fear as best he can. If unable to flee, he may fight. A *frightened* character takes a -2 penalty on all attack rolls, saving throws, skill checks, and ability checks. A *frightened* character can use special abilities, including spells, to flee; indeed, he must use such means if they are the only way to escape. When the *frightened* state ends, the character can act normally, but he remains *shaken* for the duration of the encounter.

**Berserk:** The PC goes *berserk* for 1d6+1 rounds. He fights with wild ferocity, unable to tell friend from foe, using whatever weapon is in hand against the nearest foe.

If there is a target within melee reach of the *berserk* PC, he must use a full attack action against that target. (If there are two or more targets within reach, the PC may choose).

If there are no targets within reach, and the PC has a ranged weapon in hand, he may use that weapon against the nearest target.

If there are no targets within melee reach and the PC does not have a ready ranged weapon, he must move towards the nearest target, charging if possible, and using a double-move if not.

In essence, the only actions a *berserk* PC may take is an attack, a full attack, or a move. They may not perform special attack actions, draw or ready a weapon, use skills, cast spells, etc.

**Panicked:** The PC is *panicked* for 1d6+1 rounds. A *panicked* character immediately drops anything held in his hands and must flee at top speed from the source of his fear, as well as any other dangers he encounters, along a random path. He can't take any other actions. In addition, the character takes a -2 penalty on all saving throws, skill checks, and ability checks. If cornered, a *panicked* character does not fight, typically using the total defense action in combat. A *panicked* character can use special abilities, including spells, to flee; indeed, he must use such means if they are the only way to escape. When the *panicked* state ends, the character can act normally, but he remains *shaken* for the duration of the encounter.

**Cowering:** The PC *cowers* for 1d6+1 rounds. The character is frozen in fear and can take no actions. A *cowering* character takes a -2 penalty to Armor Class and loses his Dexterity bonus (if any). When the *cowering* state ends, the character can act normally, but he remains *shaken* for the duration of the encounter.

An ally may use the Aid Another action (shaking, slapping, urging, etc.) to allow a cowering character a second Horror check. He must accept the result of the second check.

**Temporary Insanity:** Until the end of the current horrific encounter, the PC suffers the effects of one of the psychological disorders below (see *Insanity* in the following section). If the character is already suffering from any form of insanity, his existing condition worsens and he suffers an immediate outburst (if applicable).

**Short Term:** The PC *cowers* for the duration of the encounter. In addition, once the encounter is over, he suffers the effects of short-term insanity (see *Insanity* in the following section).

**Long Term:** The PC *cowers* for the duration of the encounter. In addition, once the encounter is over, he suffers the effects of long-term insanity (see *Insanity* in the following section).

## Insanity

Characters who spectacularly fail a Horror check often succumb to short-term or long-term insanity. The GM should prepare himself for cries of outrage from his players; many players feel that some of the crippling disorders that follow are too harsh; many players would rather their characters die than succumb to insanity. The GM is encouraged to humor such requests. A failed Horror check is akin to any other failed saving throw, and a player who refuses to explore the roleplaying opportunities presented by an insane character is free to create a new character.



## Duration of Insanity

Depending on the Horror check, insanity is either short-term or long-term. There is leeway within these definitions, depending on the threat level of the campaign:

### Short-Term

☠ The effects of insanity last until the end of the current session of play. When the GM and the players next meet to continue the campaign, the character may make a Will save to recover fully (see Self-Recovery in the Treatment section below).

☠☠ The effects last until the end of the current adventure, at which time the character may make a Will save to recover fully. If the adventure is of epic-length, the effects last until the next natural break in the adventure.

☠☠☠ The effects last until the character gains a level, at which point he may make a Will save to recover fully. In the process of leveling up, the character is assumed to shake off the effects of the insanity.

### Long-Term

Long-term insanity is just short of permanent, lasting until the patient is cured. The character will never recover normally, but he may be able to recover through psychotherapy, surgery, or magical healing (if such is available in the campaign).

### Severity

The severity of insanity is equal to the Horror Threshold roll. The player should record the severity of any insanity in addition to its effects.

High-Charisma characters are less likely to succumb to Horror (requiring a higher Horror Threshold) but, conversely, they are more likely to suffer severe psychological disorders. In effect, their own force of personality works against them. The greater a character's force of personality, the greater the depths of insanity to which they can sink.

Even relatively mild disorders can have a high severity—those annoying but persistent peccadilloes of the charismatic elite.

#### Example:

*A character (Charisma 13) is forced to make a Horror check. The GM rolls the Horror Threshold and the result is a 16— enough to affect the character. The character fails his Horror check, and the Horror table shows that he is afflicted with a long-term insanity.*

*The GM determines the insanity and the player records it on his character sheet. He also lists the severity of the insanity: 16, equal to the Horror Threshold. When this character later tries to recover from insanity, the severity (16) will set the DC for the various treatments available.*



## Grim Tales' Horror and Insanity

### Treatment

Depending on the campaign, various forms of treatment are available. If the campaign uses the Horror rules, the GM should ensure that, no matter the flavor or setting of his campaign, some form of treatment is available.

#### Self-Recovery

Time heals all wounds, and a character with enough time to reflect and recover may make a Will save to shake off the effects of a short-term insanity. The DC for the save is equal to the severity (i.e., the Horror Threshold of the Horrific encounter that pushed him over the brink).

A character with Heal, Diplomacy, or Profession (psychotherapist, psychologist, etc.) can Aid Another with this check. The assisting character's check DC is 10, and it provides the usual +2 bonus to the afflicted character's Will save.

A character who fails this save does not recover. He may check again after the designated duration (the end of the next encounter, adventure, or after gaining a level).

A character who rolls a natural 1 on this save actually worsens his condition, and suffers the effects of Advancing Insanity (see below).

Self-recovery is not possible with long-term insanity.

#### Psychotherapy

A character with Profession (psychotherapist, psychologist, psychiatrist, etc.) can attempt to treat both short- and long-term insanity. The DC for this check is equal to 10 + severity.

A character with 5 or more ranks of Craft (alchemy) or Craft (pharmaceutical) can prescribe drugs or "herbal remedies" to accompany the therapy, and receives a +2 synergy bonus to his Profession check.

A character with 5 or more ranks of Diplomacy and/or Sense Motive receives a +2 synergy bonus to his Profession check (a total possible synergy bonus of +4 for both skills).

If the check succeeds, the afflicted character's insanity is cured (if mild) or reduced (if moderate or severe).

If the skill check fails, the afflicted character does not recover. If the skill check is a critical failure, the afflicted character's condition worsens (see below).

#### Surgery and Physical "Therapy"

Lobotomization, electro-shock therapy, experimental drugs, and even, in less advanced societies, trepanation (the drilling of holes in the skull to "let the evil spirits out")— these methods are crude and widely discredited in the real world.

Fortunately, in the world of Grim Tales there is a place for such colorful and characterful "cures."

A character with the Heal skill (and the Surgery feat) can attempt such a physical cure for insanity. The DC for this check is 15 + severity.

A character with 5 or more ranks of Craft (alchemy) or Craft (pharmaceutical) can prescribe herbs or drugs to assist the treatment, gaining a +2 synergy bonus.

- If the skill check succeeds, the afflicted character is cured of his insanity.
- If this skill check fails, the afflicted character must make a save vs. massive damage, or he begins *dying*.
- If the skill check is a critical failure, the afflicted character immediately begins *dying*. If he recovers, his mental condition also worsens (see Advancing Insanity, below).

#### Magic

If the campaign allows spellcasting, there are spells (such as *heal*) that instantly cure any and all insanity that a character may be suffering from. At the GM's discretion, insane characters may not admit that they are insane, and may be entitled to a saving throw against any magical cure.

### Advancing Insanity

As bad as insanity seems, there's always room for it to get worse.

The effects of insanity are categorized as mild, moderate, and severe. Characters suffering from insanity begin with the effects listed in the mild entry within each description.

However, each of the psychological disorders can progress, the effects worsening with each step, and each effect is generally cumulative with the step before.

There are two ways that an afflicted character's insanity can advance:

- If the character fails another Horror check while already afflicted, the GM can advance his existing condition rather than inflict a new one;
- If the character attempts to recover (either through self-recovery or treatment) and fails.

An existing condition can grow so severe that it advances to another form of insanity. In these cases, advance the condition to the mild stage of the next disorder.

### Forms of Insanity

The following psychological disorders, herein classified as insanity, are more properly known as psychological disorders. The GM should choose an appropriate disorder for the character, based on the type of horrific encounter that sent him over the edge.

**Table 10-4: Insanities**

Short Term	Long Term
<b>Anxiety Disorders</b>	
General Anxiety	Agoraphobia
Acute Stress Disorder	Obsessive-Compulsive
	Panic Disorder
	Phobias
	Post-Traumatic Stress
<b>Dissociative Disorders</b>	
Depersonalization	Dissociative Fugue
Dissociative Amnesia	
<b>Impulse Control Disorders</b>	
Addiction/Dependence	Addiction/Dependence
	Intermittent Explosive
	Kleptomania/Pyromania/ Trichotillomania
<b>Mood Disorders</b>	
Depression (mild)	Manic Depressive
	Depression (moderate or severe)
<b>Psychotic Disorders</b>	
Brief Psychotic	Delusional
	Schizophrenia
<b>Personality Disorders</b>	
Dependent	Antisocial
Histrionic	Borderline
Paranoid	Schizoid
<b>Sleep Disorders</b>	
Dyssomnia	Hypersomnia
Sleep Terrors	Insomnia
Parasomnia	Narcolepsy
	Sleepwalking
<b>Childhood Disorders</b>	
Selective Mutism	
Stuttering/Tics	

## Anxiety Disorders

This category includes a number of disorders featuring abnormal or inappropriate anxiety. An increased heart rate, tensed muscles, and an acute sense of focus are all symptoms of anxiety. They are also part of the body's natural 'fight or flight' phenomenon. While a healthy dose of anxiety is good for any hero, these symptoms become a problem when they occur without reason or when the situation does not warrant such a reaction.

### Acute Stress Disorder

This disorder is triggered by a traumatic event involving death or serious injury. The afflicted continue to re-experience the event through thoughts, dreams, or

flashbacks, and avoid situations that remind them of the initial traumatic event.

- Mild: If any effect causes the character to become shaken, he suffers the effects of fear instead; fear effects cause panic; and panic causes cowering.
- Moderate: Any encounter that includes combat forces the character to make a Horror check.
- Severe: Advance to Post-Traumatic Stress Disorder.

### Agoraphobia

Agoraphobia is the fear of being in places where escape might be difficult or help is not available. Those with agoraphobia avoid most places outside of their known and secure environment including open spaces, driving a vehicle, standing in lines, walking through crowds, and going through tunnels. Being forced to endure these situations often results in physical symptoms of distress.

- Mild: Character is shaken while in uncomfortable environments.
- Moderate: -2 penalty to all Horror checks.
- Severe: Additional -2 penalty to all Horror checks.

### General Anxiety Disorder

This disorder is marked by constant, exaggerated anxiety, though there is little or nothing to provoke it. The symptoms may be accompanied by fatigue, headaches, muscle tension and aches, trembling and irritability.

- Mild: +2 bonus to initiative, Spot, and Listen checks
- Moderate: Anytime the GM calls for a Horror check, the character must make a Will save (DC = severity) or become sickened.
- Severe: Advance to Panic Disorder.

### Obsessive-Compulsive Disorder

Those with this disorder have difficulty showing warm and tender emotions, display perfectionism and an inability to see the larger picture, and have difficulty doing things in any way but their own. Everything must be just right, and nothing can be left to chance.

- Mild: -2 penalty to initiative.
- Moderate: Double the time required for all skill checks.
- Severe: -2 penalty to all Charisma-based skill checks.

### Panic Disorder

Those afflicted with this disorder experience unexpected panic attacks, including the sudden onset of chest pain, choking sensations, and dizziness. Those experiencing a panic attack often experiences a crescendo of fear that results in a sudden exit from wherever they may be.

- Mild: Each time any player rolls a 1 on a d20 check during play, the afflicted character is shaken for 3d6 minutes.
- Moderate: As above, but the character is frightened for 1d6 rounds, and is shaken for 3d6 minutes afterwards.

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- Severe: As above, but the character is panicked for 1d6 rounds, and is shaken for 3d6 minutes afterwards.

### **Phobias (Specific)**

Traumatic events often trigger a specific phobia. Symptoms include extreme anxiety and fear associated with the object or situation of their phobia. The GM can choose from any number of real-world phobias, though a phobia associated with the initial Horror check is best. For example, a character who fails a Horror check in an encounter with a giant spider might well develop arachnophobia.

- Mild: The character is shaken in the presence of her phobia.
- Moderate: As above, but the character is affected by fear for 1d6 rounds, and is shaken for 3d6 minutes afterwards.
- Severe: As above, but the character is panicked for 1d6 rounds, and is shaken for 3d6 minutes afterwards.

### **Post Traumatic Stress Disorder**

This disorder is the result of a severe and extraordinary trauma, either environmental (a large fire, hurricane) or violent (war, murder, rape, etc.) There may be dramatic outbursts of fear or aggression, triggered by a sudden recollection and/or re-enactment of the original event.

- Mild: +2 bonus to all initiative checks.
- Moderate: At the beginning of any combat, the character must make a Will save (DC = severity) or go berserk until the end of the encounter.
- Severe: Advance to Dissociative Fugue or Psychosis.

## **Dissociative Disorders**

Dissociative disorders are a survival technique that allow individuals enduring "hopeless" circumstances to maintain some ability to function. During a traumatic experience, a person may dissociate the details of the trauma from his ongoing memory, resulting in a temporary mental escape from the trauma. Unfortunately, in some cases, this leads to a memory gap surrounding the experience.

### **Depersonalization Disorder**

Depersonalization disorder is a feeling of detachment from oneself, a sense of "looking at yourself from the outside." The afflicted observes his own physical actions or mental processes as if he were an observer, leading to a feeling that he is not in control of his own actions.

- Mild: -2 to Listen, Spot, and initiative.
- Moderate: The character may make only a single standard action or move action each round.
- Severe: Advance to Dissociative Fugue.

### **Dissociative Amnesia**

A person with dissociative amnesia is unable to remember personal information. They are aware that they have forgotten something, but do not know what it is. While

they are able to perform simple tasks, they usually are unable to perform more complex ones.

- Mild: The character receives no XP for the encounter that caused this insanity. At his discretion, the GM may award this XP after the insanity is cured.
- Moderate: The afflicted character may make skill checks only with skills that may be used untrained.
- Severe: Advance to Dissociative Fugue.

### **Dissociative Fugue**

A person in a dissociative fugue adopts a new identity. This disorder is generally caused by a severe stressor and the fugue is usually limited to a few days, but may last up to months. When the fugue ends, the person is unable to recall what occurred during this state.

- Mild: The afflicted character may make skill checks only with skills that may be used untrained.
- Moderate: As above, and the character may not add any skill ranks gained before the dissociative fugue. Until he recovers, the character may add only his base attribute modifier, plus any ranks gained by his "new identity" during the fugue. The GM may allow the character to choose new core skills for the duration of the fugue.
- Severe: As above, and the new identity develops an additional disorder of its own. If the character is cured of the dissociative fugue, he is cured of this additional disorder as well.

## **Impulse Control Disorders**

Disorders in this category include extreme difficulty in controlling impulses despite an awareness of their negative consequences.

### **General Addiction/Dependence**

(Alcohol, Drugs, Food, Gambling, Sex, etc.)

Characters with an addiction or dependence show the following signs: a tolerance for the addictive substance (needing increased amounts to achieve the same effect); withdrawal symptoms; taking larger amounts than are intended for a longer period of time than is intended; spending a great deal of time attempting to acquire the addictive substance; and finally, continuing to abuse the substance even though the person knows there are negative consequences caused by the addiction.

- Mild: The character suffers a -4 penalty to Will saving throws with regard to the addiction, and gains a +4 bonus to applicable Fortitude saves.
- Moderate: The character automatically fails Will saving throws with regard to the addictive substance.
- Severe: The continuing effects of addiction leave the character sickened until cured.

### **Intermittent Explosive Disorder**

The afflicted character suffers from episodes of violence that begin unexpectedly, with little or no provocation, and



## Impulse Control Disorders

end just as abruptly. After the violent act, however, they do display remorse and generally assume responsibility.

- **Mild:** At the beginning of any encounter, the character must make a Will save (DC = severity) or rage until the end of the encounter. At the end of the encounter, the character is fatigued.
- **Moderate:** As above, but the character goes berserk.
- **Severe:** As above, and the character gains no XP for any encounter during which he goes berserk.

### Kleptomania/Pyromania/Trichotillomania

Kleptomania is the impulse to steal objects even when they are not needed. The afflicted feel a release of tension after stealing an object. Generally, their sole goal is to relieve the mounting tension.

Pyromania, like other impulse control disorders, shows a release of tension when the person sets a fire. They cannot resist setting fires, and get gratification from watching them. They do not feel remorse or regret for the aftermath, from destruction of property to death. Unlike other impulse control disorders, they may plan their arson in advance, which also brings them pleasure.

Trichotillomania is the irresistible urge to pull one's hair. Resisting the impulse builds tension, and pulling the hair relieves the tension. The hair may be rubbed around the mouth, licked or even eaten.

- **Mild:** Each time any player rolls a 1 on a d20 during play, the character's impulse begins anew. Until the character satisfies her impulse, she suffers a cumulative -1 penalty to all skill checks, saving throws, and attack rolls. Once the impulse is satisfied, all penalties are removed.
- **Moderate:** As above, but the character can only lessen the penalty by 1 for each time the impulse is satisfied (instead of removing all penalties).
- **Severe:** As above, but the character suffers a -2 penalty each time the impulse begins. Satisfying the impulse lessens the penalty by only 1 each time. (In effect, the character must satisfy the impulse twice as often.)

## Mood Disorders

The primary symptom of these disorders is a disturbance in mood: inappropriate, exaggerated, or limited range of feelings. These feelings are extreme, such as crying, and frequently feeling depressed or suicidal; or, the opposite extreme, such as excessive energy without sleeping for days at a time, during which time the decision making ability is significantly impaired.

### Depression

In typical depressive episodes of all three varieties described below (mild, moderate, and severe), the individual usually suffers from depressed mood, loss of interest and enjoyment, reduced energy, and commensurate fatigue and diminished activity. Marked tiredness after only slight effort is common.

- **Mild:** -2 penalty to Concentration, Listen, Spot, and Sense Motive.
- **Moderate:** The character is fatigued at all times, and gains only 2/3 of the benefit of sleep (i.e., he requires 12 hours of sleep to gain the benefits of 8 hours).
- **Severe:** The character begins to feel suicidal. If the character suffers any fear effect, he goes berserk instead, focusing his attention solely on the most dangerous source of fear.

### Manic Depressive

Manic depression causes mood swings in which the afflicted character cycles from depression to mania. Depression is described above; mania is characterized by a decreased need for sleep, decreased self-control, irritability, rage, risk-taking behaviors, and in severe cases psychotic states.

- **Mild:** Each time the afflicted character rolls a 1 on a d20 check during play, his mood switches from depression to mania or vice versa. When the character is in a manic state, he receives +2 to initiative, +2 to all Charisma-based skill checks, and needs only half as much sleep as normal. When the character is depressed, he suffers the effects of mild depression (see below).
- **Moderate:** As above, but the effects are more pronounced. When the character is manic, he automatically fails any non-combat saving throw or d20 check related to Willpower. When the character is depressed, he suffers the effects of moderate depression (below).
- **Severe:** Advance to Psychosis.

## Psychotic Disorders

Psychosis involves severe delusions and hallucinations that significantly hinder a person's ability to function (for example, believing that the GM is out to get you, when there is no evidence of it). Hallucinations are false perceptions, including visual (seeing things that aren't there), auditory (hearing), olfactory (smelling), tactile (feeling sensations on your skin that aren't really there, such as the feeling of bugs crawling on you), or taste.

Of all of the insanities presented here, psychotic disorders are the most interesting and the most challenging to roleplay.

### Brief Psychotic Disorder

This psychosis has a rapid onset following a major trauma. The afflicted shows symptoms such as delusions, hallucinations, grossly disorganized or catatonic behavior, or disorganized speech.

- **Mild:** -2 penalty to Concentration, Listen, Spot, Sense Motive, and all Charisma-based checks.
- **Moderate:** Each time any player rolls a 1 on a d20 during play, the afflicted character becomes confused. This state lasts until the end of the current encounter or scene.
- **Severe:** As above, but instead of confusion, the character falls into a delusional stupor and is helpless for 1d6 hours.

## *Grim Tales'* Horror and Insanity

### **Delusional Disorder**

The afflicted character has a "non-bizzare" delusion- that is, a delusion that could actually occur. Examples are erotomania (the belief that a person of higher status is in love with you); grandiose (in which the afflicted has delusions of inflated self-worth or power); persecutory (in which the afflicted believes they are being mistreated); somatic (where the afflicted believes they have a physical problem, defect, or illness); or a mixture of any of the previous types.

- Mild: The character loses a previous allegiance and adds an allegiance appropriate to their disorder: a love interest, personal power, wealth, etc.
- Moderate: As above. Any time the character's delusion is questioned, challenged, or called into question (intentionally or otherwise), he must make a Will save (DC = severity) or go berserk.
- Severe: Advance to Schizophrenia.

### **Schizophrenia**

Schizophrenia is akin to the Delusional Disorder, but is more severe in that the delusions are more bizarre: hallucinatory voices giving a running commentary on the character's actions; persistent, inappropriate or impossible delusions, such as religious or political identity; or superhuman powers and abilities (such as being able to control the weather, or being in communication with aliens from another world). In extreme cases, catatonic behavior, mutism, and stupor may occur.



Like other forms of this insanity, the description of game effects are minimal and the burden is upon the player to roleplay the affliction in a genuine and interesting way.

- Mild: -2 penalty to Concentration, Listen, Spot, Sense Motive, and all Charisma-based checks.
- Moderate: Additional -2 penalty to Concentration, Listen, Spot, Sense Motive, and all Charisma-based checks.
- Severe: Each time any player rolls a 1 on a d20 during play, the afflicted character goes into catatonic withdrawal and is helpless for 2d6 hours.

### **Personality Disorders**

Personality Disorders include symptoms that pervade nearly all aspects of the person's life. Although the symptoms vary in intensity, the afflicted shows difficulty with the intensity, appropriateness, and range of their emotions; interpersonal skills and relationships, and impulse control.

#### **Antisocial Personality Disorder (Sociopath)**

Antisocial Personality Disorder results in what is commonly known as a Sociopath. The afflicted shows an ongoing disregard for the rights and safety of others, failure to conform to social norms and lawful behaviors, repeated lying or deceit for personal profit or pleasure, and lack of remorse for actions that hurt other people in any way.

- Mild: The character loses any allegiance to law and/or good, and gains an allegiance to self.
- Moderate: -4 penalty to Diplomacy and Gather Information checks, and a +4 bonus to Bluff (only when lying).
- Severe: As above, and if the character fails any Charisma-based skill check, he must succeed at a Will save (DC = severity) or go berserk.

#### **Borderline Personality Disorder**

This disorder is characterized by unstable personal relationships, a poor self-image, and poor impulse control. The afflicted fears abandonment and will go to any length to prevent this, including threats of suicide and self harm. When criticized by others, the afflicted is prone to outbursts of intense anger and impulsive acts.

- Mild: The character loses any allegiance to law and gains an allegiance to chaos.
- Moderate: The character suffers a -2 penalty to all Charisma-based skill checks.
- Severe: The character suffers an additional -2 penalty to all Charisma-based skill checks. If the character loses an opposed Charisma-based skill check, she goes berserk.

#### **Dependent Personality Disorder**

Those with Dependent Personality Disorder have trouble assuming responsibility for major aspects of their own lives, preferring instead to allow others to make their decisions. They show a lack of self-confidence and in some cases cannot even function independently.

## Personality Disorders

- **Mild:** During any encounter, the character is unable to take any action (other than delaying an action) until at least one ally has taken an action.
- **Moderate:** The character may succeed at a Will save (DC = severity) in order to take any action or skill check that provokes an opposed skill check.
- **Severe:** The character automatically fails any opposed skill check unless the result is a critical success.

### Histrionic Personality Disorder

Those afflicted with this disorder are always calling attention to themselves. They are lively and overly dramatic, and even minor situations can cause wild mood swings. They easily become bored and crave new, novel situations and excitement. They form relationships quickly, but the relationships are often shallow, with the afflicted demanding increasing amounts of attention.

- **Mild:** +2 bonus to Bluff, Diplomacy, and Perform checks.
- **Moderate:** The above bonus is negated, and the character suffers a -2 penalty to Bluff, Diplomacy, Perform, and Sense Motive checks.
- **Severe:** As above, and the character suffers an additional -2 penalty to Bluff, Diplomacy, Perform, and Sense Motive checks.

### Paranoid Personality Disorder

The afflicted has an ongoing, baseless suspicion and distrust of people, and develops an emotional detachment. He suspects that others are exploiting or deceiving him, that others are not loyal or trustworthy, perceives threats or attacks on his character in innocent statements by others, and bears persistent grudges.

- **Mild:** +2 bonus to Initiative, Gather Information, and Research skill checks. If the character has reason to feel wronged by someone, he gains an allegiance to revenge against that individual or group.
- **Moderate:** As above, and a -2 penalty to Diplomacy and Sense Motive checks.
- **Severe:** Additional +2 bonus to Initiative. The character loses all previous skill modifiers listed above and instead suffers a -4 penalty to Diplomacy, Gather Information, Research, and Sense Motive checks.

### Schizoid/Schizotypal Personality Disorder

A person with Schizoid Personality Disorder has minimal social and interpersonal relationships and difficulty expressing emotions. They also have exhibit magical thinking (if I think this, I can make that happen), paranoia, and other strange thoughts. They may talk to themselves, dress inappropriately, and are very sensitive to criticism.

- **Mild:** -2 penalty to Concentration, Listen, Spot, Sense Motive, and all Charisma-based checks.
- **Moderate:** Additional -2 penalty to Concentration, Listen, Spot, Sense Motive, and all Charisma-based checks, and a -1 penalty to all other Wisdom-based checks.
- **Severe:** Additional -2 penalty to Concentration, Listen,

Spot, Sense Motive, and all Charisma-based checks, and an additional -1 penalty to all other Wisdom-based checks.

## Sleep Disorders

Persons afflicted with sleep disorders have trouble sleeping, waking, and dreaming- either too much or too little in some combination. The specifics of the sleep disorder lead to the various classifications below.

### Dyssomnias

Dyssomniacs suffer from changes in the amount, restfulness, timing, and quality of sleep. There are otherwise no physical symptoms (as with Parasomnias).

- **Mild:** The character suffers a -2 penalty to all Concentration, Search, Spot, and Knowledge checks.
- **Moderate:** As above, and the character is fatigued at all times.
- **Severe:** Advance to Hypersomnia.

### Hypersomnia

This disorder is characterized by excessive sleepiness lasting for at least a month. The sufferer has long undisturbed sleep periods and difficulty waking up. They may experience "sleep drunkenness" or other disorientation upon waking. They often take long daytime naps, which do little to refresh and recharge them.

- **Mild:** The character requires an extra 4 hours of sleep per day.
- **Moderate:** As above, and the character suffers a -2 penalty to Listen, Spot, and Initiative checks for 2d6 rounds after waking.
- **Severe:** As above, and the character is confused for 2d6 rounds after waking.

### Insomnia

Insomnia is the inability to fall asleep or maintain sleep. The afflicted feels tired or irritable the next day, and may be consumed with worry before going to bed, for fear that they won't be able to sleep. During the day they may fall asleep at unexpected times.

- **Mild:** The character suffers a -2 penalty to all Concentration, Search, Spot, and Knowledge checks.
- **Moderate:** As above, and the character suffers a -2 penalty to all Bluff, Diplomacy, and Gather Information checks.
- **Severe:** Advance to Narcolepsy.

### Narcolepsy

Narcolepsy is sudden sleepiness, sometimes accompanied by loss of muscle tone (from mild to total collapse). Narcolepsy is generally the result of boredom, but can occur at any time.

- **Mild:** Each time any player rolls a 1 on a d20 during play, the afflicted character must succeed at a Will save (DC = severity) or fall into a deep sleep for 1d6 minutes. This

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does not apply during combat or encounters that include interaction with NPCs. If the player is awakened before awakening naturally, he is confused for 1d6 rounds.

- Moderate: As above, though the character may fall asleep even in the midst of interaction with others (though still not during combat). This may cause the character to fail certain skill checks (such as falling asleep in the midst of a diplomatic negotiation).
- Severe: As above, and the character may fall asleep at any time, even during combat.

### **Parasomnia**

A parasomnia is a disruptive physical act that occurs during slumber. These physical acts may disturb the sleep-stage transition. The most common are talking while asleep, starting or jerking, and disorientation upon waking.

- Mild: During each sleep period, the character must succeed at a Will save (DC = severity) or startle himself awake.
- Moderate: As above, and if the character is awakened, he is confused for 2d6 rounds.
- Severe: Advance to Sleepwalking.

### **Sleepwalking Disorder**

Sleepwalking is the act of getting out of bed and wandering around. This normally occurs during the first third part of the sleep cycle. The person is characterized by having a blank stare, is basically unresponsive to others, and will be difficult to wake. They can at times perform complex functions such as unlocking doors. The person will have no memory of the episode.

- Mild: During each sleep period, the character must succeed at a Will save (DC = severity) or begin speaking aloud for 2d6 rounds. In addition to waking those around them, the afflicted may speak things that the conscious mind would prefer to remain unspoken. If the character is awakened during this time, he is confused for 1d6 rounds.
- Moderate: As above, and the character will actually get up and walk around in a confused state for 1d6 minutes. If the character is awakened in this state, he must succeed at a Will save (DC = severity) or go berserk.
- Severe: As above, and the GM is in control of the character's words and actions during the sleepwalking episode. The character will behave in accordance to his subconscious desires, as interpreted by the GM for maximum mischief.

### **Sleep Terror Disorder**

This disorder is characterized by an abrupt awakening from sleep, usually accompanied by a scream. The person cannot be comforted by outside parties, and it must be allowed to run its course. They show signs of intense fear, such as rapid breathing, sweating, and a rapid heartbeat, and they later will have no memories of the incident.

- Mild: During each sleep period, there is a 2 in 6 chance that the character will awaken with a loud scream. The character falls back asleep almost immediately, but those sleeping near the afflicted must fail a Listen check or be awakened themselves.

- Moderate: As above. The character must succeed at a Will save (DC = severity) or be awakened by his terrors. The character will be shaken and confused for 2d6 rounds after waking.
- Severe: As above. The character is automatically awakened by his own terrors, and is shaken and confused for 2d6 rounds.

## **Special: Childhood Disorders**

The following disorders generally manifest only in children. However, in the context of a Horror check, the GM may rule that the afflicted character "regresses" to childhood and adopts one of these disorders. They are applicable as both short- and long-term disorders.

### **Selective Mutism**

Selective Mutism is a disorder in which the afflicted may talk in comfortable surroundings but refuses to talk in social situations.

- Mild: The character must succeed at a Will save (DC = severity) in order to speak in unfamiliar settings. This may have the effect of rendering may skills and talents (such as spellcasting) impossible.
- Moderate: As above. If the Will save is successful, the afflicted character manages to vocalize only with difficulty. All language-dependent skill checks suffer a -2 penalty, and spells with a verbal component have a 20% chance of failure.
- Severe: The character is rendered completely speechless in unfamiliar surroundings, with no Will save allowed.

### **Stuttering/Tics (Tourette's Syndrome)**

A tic is an involuntary, rapid, recurrent movement or vocalization. Tics tend to be irresistible but they can be suppressed for limited periods. Common motor tics include eye-blinking, neck-jerking, facial grimacing, or inappropriate gestures. Common vocal tics include throat-clearing, barking, or the use of obscenities.

- Mild: The character must succeed at a Will save (DC = severity) in order to speak in unfamiliar settings. This may have the effect of rendering may skills and talents (such as spellcasting) impossible.
- Moderate: As above. If the Will save is successful, the afflicted character manages to vocalize only with difficulty. All language-dependent skill checks suffer a -2 penalty, and spells with a verbal component have a 20% chance of failure.
- Severe: The character is rendered completely speechless in unfamiliar surroundings, with no Will save allowed.

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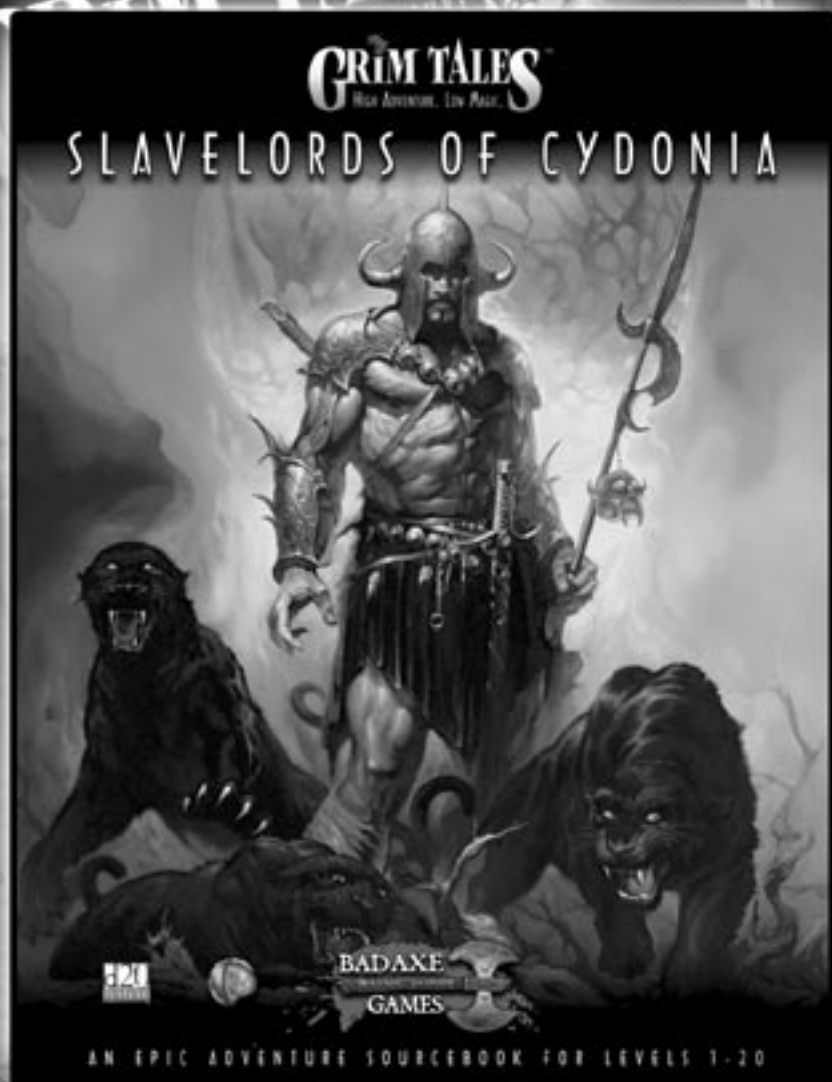


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