

Are You Mentally Divergent?

Expanded insanity rules for WFRP

By Roysten Crow

Roll d100	Disorder
01 – 05	Agoraphobia
06 – 10	Alcohol Dependence
11 – 15	Anxiety
16 – 20	Catatonia
21 – 25	Delirium
26 – 30	Delusion
31 – 35	Depression
36 – 40	Drug Dependence
41 – 45	Eating Disorder
46 – 50	Epilepsy
51 – 55	Hypochondria
56 – 60	Hysteria
61 – 65	Mania
66 – 70	Manic Depression
71 – 75	Paranoid Disorder
76 – 80	Pathological Liar
85 – 85	Phobias
86 – 90	Psychopathic Disorder
91 – 00	Schizophrenia

Minor Disorders: These are personal quirks, or the initial symptoms and warning signs prior to the onset of a full blown disorder.

Secondary Insanities: A number of insanities can either become acute or develop into new disorders. If this is possible, the next time a disorder is gained, the six insanity points are deducted and the disorder either becomes acute or develops. If a disorder has reached its full conclusion and no more development or accentuation can occur, a new disorder is then rolled for.

Agoraphobia

The central feature of this most common phobia is actually of leaving ones home, especially alone. It also covers entering to a particular situation or more usually a number of related situations and especially where there are crowds involved.

In its initial stage, the situation/s provoke *fear* and panic. In acute cases agoraphobia not only involves fear of heading out from a place of familiarity, safety, and security but also of being left there alone. Situations include riding, shopping, or walking in the street.

When the disorder is first gained, roll to determine type.

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- D6 Cause*
1 – 2 Fear of going out.
3 A situation
4 – 6 D3 + 1 Situations

At first, these circumstances cause trepidation (half *cool* and *willpower*). Agoraphobia can develop and it will either become acute (*fear* tests) or instead of trepidation, the person develops *anxiety* or *depression* with regard to the situation. For typical treatments see those for *phobias*.

Alcohol Dependence

As listed in WFRP. The person will become irritable, depressed, quarrelsome, and unpredictable. They may have trouble sleeping or concentrating. Alcohol dependence frequently develops into a *paranoid disorder*. Theft and financial difficulty often accompany the disorder as satiating the need for alcohol takes precedence over all other considerations.

Amnesia

As listed in WFRP. Caused by head trauma or severe psychological distress.

Anxiety

A normal feeling that when gained as a disorder starts to occur for no reason and is excessive in view of the demands of the situation provoking it. It is unremitting and the sufferer cannot 'escape' it by thinking of or doing something else. They are continually tense, frightened, and apprehensive.

In its initial stages, the person reacts to a minor upset as a great catastrophe. They cannot forget past incidents and worry about whether they said or did the right thing, what the implications might be, and how events might turn out badly in the future because of it. The person suffers -10 *cool*, *willpower* and *fellowship*.

When placed in a stressful situation or when they become tense a *cool* test is required or they will suffer a panic attack. Symptoms of such an attack include a racing pulse, dry mouth, sweating, nausea, and diarrhoea. (additional -10 *Cl*, *Wp*, -10 all *Risk* tests, -1 all *toughness* tests).

Another *cool* test is permitted every turn to overcome the attack. If it continues for more than their *toughness* in turns, hyperventilation and dizziness will occur (-20 all *Risk* tests).

Anxiety can develop into psychosis unless treated, in which case the person experiences hallucinations, hears voices, or suffers from delusions that they are being plotted against. See *Paranoid Disorder*.

Hypnotherapy, and relaxation techniques are normal methods to treat anxiety. Abreaction may be used in acute cases.

Catatonia

As listed in WFRP. Catatonia can become acute and this will mean that the sufferer must make a *willpower* test every d6 hours or withdraw from reality for d6 hours. Even if they pass they will ramble and talk nonsense most of the time. If left untreated it can develop and lead to a near permanent comatose state.

Delirium

There are three main symptoms of delirium. A person gaining this disorder will acquire d3 of them.

Disorientation: They do not know the time, are unsure of where they are, and in rare cases may not even know who they are.

Impaired consciousness: They sometimes appear awake and alert (+5 *initiative*), but at other times they are drowsy and require a shake to attract their attention (-5 *initiative*). They quickly become incoherent in this state as they ramble about several unrelated subjects. They may speak only a few words or speak only to themselves.

Impaired Perception: They mistake animate objects as being animate, such as poles for tall people. They will see things that are not there, such as people climbing in through their window or hiding behind a chair or round a corner. These are often frightening to the person who will suffer from *fear*.

Delirium can develop into a *paranoid disorder* where the hallucinations become even more threatening. Delirium often occurs most at night.

<i>D100 roll</i>	<i>Delirium duration</i>
01 – 50	d10 Hours
51 – 80	d6 days
81 – 00	d3 weeks

Delusion

As listed in Warhammer Companion page 88 or Apocrypha Now page 102. Delusion can develop into *anxiety* and *paranoid disorder*.

Depression

The person feels isolated and lonely. The mental illness causes them to reject any attempt to comfort them. They frequently cry, and lack energy or interest (-10 *I, Int, Cl, Wp, Fel*).

This disorder leads into withdrawal when talking and moving require too much effort to even attempt. Lack of emotion, pessimism, inability to sleep, loss of appetite, and an absence of libido are other symptoms. A *willpower* test is required to perform any action.

Acute depression leads to a risk of suicide, most often when they awake in the morning. Depression can develop *alcohol dependence*, *drug dependence*, *hypochondria*, and *paranoid disorder*.

Drug Dependence

As listed in WFRP. The person will become irritable, depressed, quarrelsome, and unpredictable. They may have trouble sleeping or concentrating. Drug dependence frequently develops into a *paranoid disorder*. Theft and financial difficulty often accompany the disorder as satiating the need for drugs takes precedence over all other considerations.

Eating Disorder

There are three distinct variations involved in an eating disorder. Roll d6 when the disorder is gained to determine which type is acquired.

- 1 – 3 Anorexia
- 4 Bulimia
- 5 – 6 Compulsive

Anorexia: They believe that they are overweight and will eat very little. They dread the accumulation of fat. Anorexics suffer the penalties as in WFRP. Anorexia can develop into *Depression*, and/or *Bulimia*. Anorexics generally will not eat in front of people.

Bulimia: The binge and vomit syndrome. In most aspects, it is the same as anorexia but every 2d10 days a *Wp* test is required to avoid bingeing and then attempting to induce vomiting. This can become increasingly difficult to do and leads to physical harm and sometimes death. A *Dex* test (+10 *heal wounds*, + 30 *surgery*, minus *toughness* x 2) is required per round to succeed. Each attempt causes a *S*: 3 hit with critical hits being rolled on the sudden death table.

Bulimia can develop into severe *depression* and very often into suicidal impulses. Those suffering from Bulimia will eat in front of people and immediately after the culmination of the meal, they will seek privacy in which to purge.

Compulsive: The frequent intake of food. Stealing may be required to provide the correct amount of food. Their insatiable craving for food results in them gain d4 pounds per week. Sweet consumables are their main diet, as well as excessively large main meals. This disorder can develop into *depression* and suicidal impulses.

Epilepsy

Damage to brain cells can cause this disorder of mental function. Lack of sleep, alcohol, or flickering lights can bring about a fit. There are two types of epilepsy. When the disorder is gained, roll a d6 to determine which.

- 1 – 3 Absence
- 4 – 6 Grandmal

Absence: When a fit occurs the person stops what they are doing and they stare blankly, blink frequently, or appear to be day dreaming. Consciousness is lost for d6 rounds but balance is maintained and they may not even be aware that they have succumbed to a fit.

Grandmal: The sufferer falls down, perhaps with a cry, and begins to jerk their limbs. The fit will last d6 turns and then consciousness will be regained.

Whenever a fit occurs there is a 40% chance that it will only be a mild episode. These partial fits include involuntary twitching, pins and needles, detecting a strange smell, déjà vu, plucking at clothing, appearing confused, or the inability to speak and formulate coherent words. These fits last d10 rounds.

Hypochondria

A conviction of being ill when there is no disease or affliction present, and despite all reassurances from physicians and other knowledgeable sources. The sufferer believes they exhibit symptoms and will seek medical advice. They are only reassured for d6 days before the fear returns. Typical imagined illnesses will always be of a highly serious nature, such as Nurgle's Rot, Black Plague etc.

Hypochondria can develop into suicidal impulses as the sufferer chooses to end their life before they succumb to the ravages and horrors of their imagined affliction.

Hysteria

Hysteria can cause the symptoms generally attributed to Amnesia and Schizophrenia (split personality). When gained as a disorder, roll to determine the type of hysteria acquired.

- 1 – 2 Dissociation
- 3 – 4 Total Dissociation
- 5 – 6 Hysteria

Dissociation: The sufferer remains conscious, but remembers nothing of their past up to the moment the disorder was acquired, thus deleting the incident that prompted the disorder. The process of treatment will slowly bring back fragments that will be expanded and clarified to try to restore as much memory as possible. Total recall may or may not be possible, depending on whether the sufferer can face the traumatic memory.

Total Dissociation: The person develops a new personality over their own to protect from the recall of the event. They may also develop more than one, each expressing a different emotional state. D6 – 2 (min of 1) are acquired.

Roll the personalities up as new characters, with supposed gender, career, age, alignment and so on that they will believe themselves to be. These personalities have

their own very distinct goals, wants, interests, and motivations. These personalities will take over in stressful situations and will remain until the cause of the tension has definitely passed and not likely to return in the near future. The new personas earn EP's as individuals that they will then spend on learning the skills of their supposed career and interests. The original personality cannot access them and the removal of the assumed personality via treatment effectively erases the EP's, skills, and memories of that acquired persona.

Hysteria: The person becomes hysterical for no apparent reason, generally when stressed or tense.

Mania

In its mild form it is known as hypomania, over activity, and over excitement. The sufferer will speak rapidly, and often boast of achievements and plans. Though a ready wit is common and may make them good company at first, they will become irritated, and even hostile if contradicted or interrupted (+10 *fel* until this is done, then the bonus is removed, and a penalty of 15 *fel* is applied).

They will begin to sleep less, and lose inhibitions, then become increasingly reckless. Personal appearance may be neglected and they may start to spend money extravagantly, drink heavily, gamble, steal, and become sexually over active.

Mania can become acute, whereupon delusions of grandeur often set in. Speech becomes incomprehensible as they jump from one idea to the next. Visual hallucinations may then lead to a collapse through sheer exhaustion. The sufferer steadily loses touch with reality and suffers -25 *Fel*, and then -1 *S* every d3 months until they collapse and remain bed ridden at zero.

Manic Depression

A bout of *mania* or *depression*, with an equal chance of each. The bout will last for d100 days and then there will follow a period of normality, again of d100 days. If one type occurs four times in a row, they will suffer only that type from this point on, thereby becoming classed as manic depressive: depressed type, or mania type.

Manic depressives can develop *alcohol dependency*.

Paranoid Disorder

Feelings of constant persecution and mental distress. They may have hallucinations, hear voices that insult or threaten them, and think they are being followed or stalked. They will be wary of new situations, be exceedingly suspicious, and will rarely trust even those around them. Strangers are the most vehemently reacted against.

Acute paranoid disorder includes jealousy and the belief of unfaithfulness or treachery in those close to them. The hallucinations become more vivid and when they are attacked or persecuted by the image they will become aggressive and subject to *frenzy*, or there is an equal chance that they will become subject to *terror* and enter an apathetic state.

Pathological Liar

As listed in WFRP.

Phobias

The person will suffer anxiety if they see the phobic item, situation, or creature. Typical phobias are...

Claustrophobia: fear of enclosed spaces and/or being trapped, restrained. Acute symptoms may even cover the wearing of helms or being in crowds, and this will bring on *anxiety*. If they are truly trapped, they will enter *terror*.

Social phobias: fear of being in certain circumstances, eating in public, meeting strangers and so on. Acute symptoms will lead to *terror* in these circumstances.

Scotophobia: fear of darkness and of reduced sensory input, again, acute scotophobia leads to the suffering of *terror* in darkness and *anxiety* when a light flickers, the sun is setting, or they are otherwise in jeopardy of being plunged into darkness.

Psychopathic Disorder

This is the complete lack of moral or social conscience that can be interpreted as a change of alignment towards evil or chaos. The sufferer lacks any feeling for people they know, and act only on instinct. They take what they want as they want it, make arrangements and plans, but disregard them if they want to without warning or explanation. They are typically acting like children, in that their desires must be instantly sated and pandered to or they become angry, aggressive, belligerent, insulting, and perhaps violent.

Alcohol and/or *drug dependence* are additional problems that can develop later if it is not treated.

Schizophrenia

This covers several related illnesses. It is a steady crumbling of the divisions between reality and fantasy. Thought disorder is the key element. The sufferer will develop d2 of the following symptoms, each of which can become acute if left untreated.

<i>Roll d8</i>	<i>Symptom</i>
1 – 2	Auditory hallucinations
3 – 4	Delusion
5 – 6	Thought disorder
7 – 8	Hypochondria

Auditory hallucinations: They may believe that others know their thoughts and may hear these thoughts being spoken, even before they think of them. They may hear a voice

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describing what they are doing, commenting on their thoughts and actions often in a very critical or threatening manner. Acute cases will believe that an external force is inserting or withdrawing thoughts from their mind and will suspect those around them of being involved. This can lead to violence and self-mutilation.

Delusion: They will have unshakeable conviction that some external force is tampering with their mind and thoughts. The source is generally something like sorcery, Chaos, the suns rays and so on. Sometimes they follow bizarre lines of thought, for example that the red hat a person is wearing is a secret message for the sufferer, and was sent by some insidious organisation. They may also believe themselves to be extremely important, even to the extent of Godhood. They may believe they are being persecuted, and in acute cases, this will lead to violence and them being subject to *frenzy* as paranoid tendencies take over.

Thought disorder: Going from one subject to another, showing a strange association of ideas, the use of long words that have been made up, and stopping suddenly in mid sentence. A loss of emotion, interest, and enthusiasm are other symptoms. They will find it difficult to make even simple decisions, and sometimes their emotions will be confused, such as being upset when receiving good news. They may start to sleep a lot, and in acute cases, this can lead to a total lack of response to outside stimuli, even though they may be very perceptive of what is going on around them. In some acute cases, they will start to make offensive remarks to visitors and constantly talk to themselves.

Hypochondria: They will believe that the external forces are changing their body, either through mutation, development into a new being, or devolving into something hideous. Acute cases will succumb to suicidal tendencies to evade this fate.