# Sanity in Ravenloft: Masque of the Red Death

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# Sanity in Ravenloft: Masque of the Red Death.
*(also appropriate for Ravenloft)*

> *Author's Note: The work is loosely based on the 1996 Netbook, <u>The Complete Guide To Sanity For Fantasy Role-Playing Games</u>, author unknown. However I felt that resource did not fit the feel of nature of mental health as it was known in the 19th Century. So I have pooled information from psychology and history texts and from other RPGs, namely* Call of Cthulhu, *to get a better feel of how insanity could be viewed in the* Masque of Red Death *game. What follows is a system to replace the Madness rules in MotRD. While it can be used in Ravenloft proper and any other AD&D setting, it works best in the Gothic Earth setting of Masque of Red Death.*
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## Disclaimer

Mental Illness affects millions of people. This work is not designed to trivialize the nature of their condition and is presented here for entertainment purposes only. This work does not claim to be a document on mental health or psychological care in the real world. It is designed only a supplement to the AD&D game. Since it is set in the late 19th Century, the knowledge, fallacies, prejudices, and incorrect conclusions from that time have been purposely preserved for this game.

## Introduction

> *"Let me entreat you, Dr. Seward, oh, let me implore you, to let me out of this house at once. Send me away how you will and where you will, send keepers with me with whips and chains, let them take me in a strait waistcoat, manacled and leg-ironed, even to gaol, but let me go out of this. You don't know what you do by keeping me here. I am speaking from the depths of my heart, of my very soul. You don't know whom you wrong, or how, and I may not tell. Woe is me! I may not tell. By all you hold sacred, by all you hold dear, by your love that is lost, by your hope that lives, for the sake of the Almighty, take me out of this and save my soul from guilt! Can't you hear me, man? Can't you understand? Will you never learn? Don't you know that I am sane and earnest now, that I am no lunatic in a mad fit, but a sane man fighting for his soul? Oh, hear me! Hear me! Let me go, let me go, let me go!"*
>
> R.M. Renfield,
> *Bram Stoker, Dracula*

Some of this work has been inspired by *The Compete Guide to Sanity For Fantasy Role-Playing Games*. While I thought that work was an excellent attempt at portraying sanity and insanity in a FRPG, it was too much for simple use and did not fit the feel of what was happening during the dawn of the 20th century. I have attempted to revise it, adding elements from the greatest horror/insanity game of all time, *Call of Cthulhu* and information from real 19th century psychology articles. I will also attempt to use, when I can and where appropriate, the actual late 19th and early 20th century terms for insanity.

I have always had a problem with the way that the various Ravenloft rulebooks have handled fear, horror and madness checks, but madness in particular. In real life and in most Gothic literature, madness is a gradual thing, usually built up over long periods of time; think of the madness as described in Poe or even Lovecraft. The Madness checks from Ravenloft and later Masque of the Red Death were an all or nothing affair, one failed roll could turn anyone into a raving lunatic. Plus the rules in *The Realms of Terror* and the *Masque of the Red Death* books mostly dealt with madness as an after effect of psionic interference. Of course millions of people suffer from mental illness without the "benefit" of being psionic.

It occurred to me then that sanity was a human attribute, much like intelligence, and it should be treated as such. Both the Dungeon Master's Guide and The Players Handbook make many references to insanity but very few rules or guidelines for play. I will attempt to fix that.

## Sanity in the Late 19$^{th}$ Century

By 1890 the field of psychology was growing fast. The field's premiere scientific journal, *Psychological Bulletin*, is due to reach its 25$^{th}$ year with subscribers on both sides of the Atlantic. William James had published *The Principles of Psychology* this decade (in 1890) and every major University has opened a psychology lab. But most important was diagnosis and treatment of various mental illnesses. What had been known as *madness*, we now know today as *insanity*. We have learned that insanity are caused by medical problems and can be treated medically. This is not the pseudo-religious working of demons, but science. This line of thinking began with Hippocrates looking for physical causes of abnormal behavior. While the myths and superstitions of the Middle Ages derailed this encouraging start, we have come back to a medical-physiological point of view.

## Sanity Attribute

The Sanity Attribute (SAN) measures the sanity of the character and the chances of that character suffering from insanity. Sanity represents mental health. Sanity is not pertinent to any class but is beneficial to all.

As with all attribute scores, roll 3d6 to get this score.

**Table 1: Sanity Attribute Scores (SAN)**

| Attribute Score | Base Sanity Points | Mind Control Adjustment | Neurosis | Psychosis | Ability Check Modifier |
|---|---|---|---|---|---|
| 1 | 5 | +5 | 100% | 100% | +5 |
| 2 | 10 | +4 | 99% | 99% | +4 |
| 3 | 15 | +3 | 98% | 90% | +4 |
| 4 | 20 | +2 | 95% | 80% | +3 |
| 5 | 25 | +1 | 90% | 65% | +3 |
| 6 | 30 | 0 | 80% | 45% | +2 |
| 7 | 35 | 0 | 60% | 20% | +2 |
| 8 | 40 | 0 | 40% | 10% | +1 |
| 9 | 45 | 0 | 20% | 2% | +1 |
| 10 | 50 | 0 | 10% | 1% | 0 |
| 11 | 55 | 0 | 5% | 0% | 0 |
| 12 | 60 | 0 | 2% | 0% | 0 |
| 13 | 65 | 0 | 1% | 0% | 0 |
| 14 | 70 | 0 | 0% | 0% | 0 |
| 15 | 75 | 0 | 0% | 0% | 0 |
| 16 | 80 | -1 | 0% | 0% | 0 |
| 17 | 85 | -2 | 0% | 0% | 0 |
| 18 | 90 | -3 | 0% | 0% | 0 |
| 19 | 95 | -4 | 0% | 0% | -1 |
| 20 | 100 | -5 | 0% | 0% | -1 |
| *21 | 100 | NA | 0% | 0% | -2 |
| *22 | 100 | NA | 0% | 0% | -3 |
| *23 | 100 | NA | 0% | 0% | -4 |
| *24 | 100 | NA | 0% | 0% | -5 |
| *25 | 100 | NA | 0% | 0% | -5 |

*Note: Score over 20 are considered divine and are not subject to human definitions of Sanity or Insanity.

## Attribute Score

This number is an index of how sane the character is. This is the number that Base Sanity Points are derived from and the point to which any lost sanity points can return. Normally this score is fixed, but anything that can alter this score (spells, curses, etc.) affects the other scores, described below, as well.
All Sanity checks use this number.

**Base Sanity Points**

This is the base Sanity points the character starts out with. Whenever a character recovers from insanity, this is what his Current Sanity Points will revert to. Base Sanity Points are equal to a character's Sanity score times five. No one can have Base Sanity over 100 or below 5, however Current Sanity Points can be raised or lowered past these endpoints.

This Base Sanity can be permanently altered under some circumstances. If the DM decides that a particular situation is so traumatic, then he may lower the points by 1 to 4 points, but never more than 5.

Examples that the DM can consider when thinking of adjusting Base Sanity Points:

**Table 2: Adjustments to Base Sanity Points**

| | |
|---|---|
| -1 | Family member was/is insane. |
| -2 | Family member is a close relative (uncle, cousin) |
| -3 | Family member is very close (father, mother, brother, sister). |
| -1 | Family member is of the same sex (cumulative with above). |
| -1 | Lived a sheltered life. |
| +1 | PC has had psychological or clerical training. |

**Current Sanity Points**

These are the Sanity Points that the PC has at that point in time. They are temporary and transient. Under normal circumstances, Current Sanity Points are equal to Base Sanity Points. Current Sanity can be loss and regained much like current hit points. The only way to regain Current Sanity is time or to have psychotherapy.

The rate of recovery is 1 point per 1-week session of psychotherapy or 1 point per 1-month session if the therapist only has the Psychology proficiency. Time alone will only cure 1 point every 3 months. During this time the PC cannot partake of any adventuring. If the treatment is interrupted for any reason then the PC will begin to loose the number of Sanity Points they just gained on a 1 point per day basis. Only complete therapy sessions are successful. A psychiatrist, a clinical psychologist or a member of the clergy can handle this with the Psychotherapy (or Psychology) proficiency. It should be noted that at the turn of the 19th century, psychiatrists and clinical psychologists are still somewhat rare. At the end of the therapy sessions (or time duration) the PC must make another Sanity check, if they succeed then the points are recovered.

In Masque of the Red Death, Psioncists and magic using Priests are very rare, however if one can be found they may use the *Psychic Surgery* Science or *Cure Insanity* Spell, respectively, to cure the inflicted person. These will cure as per the normal rules.

**Mind Control Adjustment**

The mentally disturbed are at an advantage here. The lower the character's Sanity score, the better chance they have at not being mind controlled (magically, psionically or with drugs). The sane mind sees things in organized patterns, and these are easier to manipulate. The insane do not and are thus harder to control.

**Neurosis & Psychosis**

These columns represent the chance that a person has a particular psychological disorder. Neurosis and Psychosis are dealt with below.

**Ability Check Modifier**

This modifier is added to the die roll on any other ability check (Intelligence, Wisdom or Charisma) that has to be rolled as a result of sanity. Here the less sane are disadvantaged. Often their insanity or lack of mental stability affects their other mental abilities.

**The Sanity Attribute Check**

Sanity is checked like any other attribute, i.e. with a roll of a d20. This replaces the Madness check described in the MotRD rules. An adjustment for level is then added.

Level adjustment equals the PC's level divided by 3, with fractions rounded down. This number is subtracted from the die roll. This reflects the PC's growing accustomness to the awful things they may encounter.

Remember that rolling higher numbers is worse.

**Table 3: Adjustments to Sanity Attribute Check**

| Adjusted from Roll | Situation |
|---|---|
| +3 | Direct mental contact with a non-human evil monster. |
| +2 | Direct mental contact with a evil monster or human. |
| +2 | A similar scene has horrified character in the last 24 hours. |
| +1 | A similar scene has horrified character in the past, more than 24 hours ago. |
| +1 | Character is Chaotic |
| +1 | Character has previously failed a Sanity check in a similar situation. |
| -1 | Character is Lawful |
| -Level/3 | Adjustment for level. |

The DM decides if a situation would require a Sanity Check.  The DM or the Player can roll the check. The DM can decide on any adjustments that he/she wishes to impose.

Regardless of number needed a natural rolled 20 is always considered a failure and a natural rolled 1 is always considered a success.  The DM may decide a natural 20 can be considered a "mental fumble" and subtract **double** the normal amount of Sanity Points.  Conversely a natural roll of 1 should be considered a resounding show of mental fortitude and the DM can actually **award** more Sanity to the PC. Typically half of what they would have lost.

### Failing the Sanity Check

Any failed Sanity Check results in a loss of Current Sanity Points. To determine the amount loss the PC or the DM can roll a 1d6.  This amount is subtracted from Current Sanity.

For example, our stalwart PC, Jackson, sees a ghoul feasting on the remains of human.  This could result in a fear check.  But if the human is a former associate then the DM decides that this merits a Sanity check. The PC's Sanity score is 14 (with 70 Base Sanity Points), but he rolls an 18.  The PC rolls a d6 and loses 5 points of Sanity.  He is now at 65 Current Sanity Points, but his Sanity Score is still 14 (of course his Base Sanity is still 70, but that is only a "reminder" of what his sanity used to be).

The DM can add or subtract adjustments to this point loss. These points remain lost until the PC can be cured in psychotherapy or by magic.

## Going Insane

Insanity is, under most conditions, a debilitation.  For professional adventurers, it can be a death sentence. Anyone with a Sanity Score of 13 or below (slightly above average) has a chance of having a Neurosis, or a slight mental impairment.  Many people can and do live with a little neurosis.  However they do effect how the character acts and reacts in certain situations.  A person suffering with paranoia may not be much of a problem when they are siting at home enjoying a book, but can have negative effects to an active adventurer.

Anyone with a Sanity Score below 10 (average) could suffer from a Psychosis, or a severe mental illness. Psychotics are usually a danger to themselves or to others.  Care for them can be done in a normal situation, but many require to be institutionalized.  The psychosis is all debilitating and rarely can a PC continue to adventure with a psychosis.

Anytime that a PC's Current Sanity points reach 65 or 50 then that person has a 1% chance of a neurosis or psychosis respectively.  These numbers correspond to Sanity Points of 13 and 10.  In our example above, Jackson has just lost 5 points of sanity.  This places him at 65 Current Sanity Points and 1% chance for a Neurosis. Percentile die are rolled and Jackson gets a "01", not his lucky day at all.  A another roll can be required (Rolled by the DM) to choose a Neurosis on the Isanities Table below, or the DM can choose one. A "5" is rolled and now Jackson has an Anxiety.  The DM and Player decide that the look or smell of corpses put Jackson in a state of fear.

To remove a Neurosis requires a PC to get an extra 2-5 weeks (1d4+1) of psychotherapy to remove.  To remove a Psychosis requires an extra 2-20 weeks (2d10) of psychotherapy.

A quick look at the rules above will reveal a "Mathew Effect" in Sanity. In other words the more sane you are to start with, the more likely you will stay sane and the quicker you will recover from isanities; And the less sane you are the more likely you will become insane and stay that way.  This of course reflects the real life nature of sanity.

**Insanities**

**Table 4a: Neurosis**

| Roll 2d6 | Neurosis |
|---|---|
| 2 | Paranoia |
| 3 | Obsessive Disorder |
| 4 | Hysteria |
| 5-6 | Anxiety |
| 7-8 | Depression |
| 9 | Mania |
| 11 | Phobia/Philia |
| 12 | Roll on Psychosis Table or re-roll here and ignore any 12's |

**Table 4b: Psychosis**

| Roll 1d12 | Psychosis |
|---|---|
| 1-3 | Chronic Primary Insanity |
| 4-5 | Delusions of Grandeur |
| 6-7 | Dementia Praecox |
| 8-9 | Manic Depression |
| 10-11 | Psychogenic Fugue |
| 12 | Roll Twice on the Neurosis Table, Ignore any 12's |

**Neurosis**

Neuroses are relatively minor psychological disorders that can plague characters. Some can be lived with, some with difficulty. Any character experiencing a neurosis should seek professional counseling.

Anxiety - Also known as General Anxiety Disorder. The sufferer of this disorder feels a general level of anxiety for no apparent reason. Small concerns are magnified to life and death problems. In situations similar to the one that caused the anxiety (if known) the PC suffers a failed fear check. This differs from a Phobia, which is a very specific object. Anxiety is not focused on any one thing, place or time. PC's maybe quicker to attack others and to distrust NPC's.

Depression - Also known as Melancholia, depression has been called the "common cold" of mental illnesses. Depressed individuals are listless and slow to react. They tend to be pessimistic and generally down, but not necessarily suicidal. Depressed PC's get a +1 penalty to all of their initiative roles. Plus they get a +1 penalty to their Armor Class.

Hysteria - (today known as Conversion Disorder) – The mind creates illness in the body that has no basis in medical science. There are two types of Hysteria, General (Unspecified) and Hypochondria (either maybe chosen by the DM). Sigmund Freud is currently studying hysteria in his practice in Vienna. Common aliments of General Hysteria are "Glove Paralysis", in which the subject's hands feel numb. This of course goes against medical evidence, one's hands cannot be numb without the forearms also being numb.

In Hypochondria the mind creates an illness in the body that is based on a medical condition. Common varieties of hypochondriasis are hysterical pregnancies or any number of imagined illnesses. The difference between Hypochondria and General Hysteria is that in Hypochondria, symptoms of the disease will actually be occurring. So a character with hysterical pregnancy will gain weight, experience morning sickness and even imagine feeling a baby kick.

The type of disease needs to be specified by the PC or the DM and played accordingly. Typically the PC will suffer a +1 penalty to initiative and armor class rolls or a -1 penalty to their To-hit rolls.

Mania - Manias are a compulsive action that may or may not be harmful to the person. Hypermania, or an abnormal desires for action might be fine for very active lifestyles, but Kleptomania, or a desire to steal things will sooner or later get caught.

Manias, along with phobias and philias, are detailed in Table 5.

Obsessive Disorder - The character has become obsessed with a particular object, place or person. Usually what ever caused the insanity in the first place becomes the object of obsession. A good example would be Rudolph VanRichten. He could be described as having a obsessive disorder stemming from the death of his son. In this case his neurosis has placed him among the greatest heroes in Raventloft, but he is obviously suffering from it. Other common obsessive disorders would be counting things, repeatedly checking locks or washing one's hands over and over again (Lady Macbeth syndrome).

The PC can decide what they have become obsessed about, subject to DM's approval.  The object of their obsession should be related to the reason that they failed the Sanity Check.  For example a PC might become obsessed with vampires after seeing one rise from the grave.

If the PC becomes obsessed with a monster type then they or the DM can decide what nature the obsession has taken.  In examples like VanRichten, he became obsessed with destroying vampires.  Typically these types will "attack and ask questions later", subject to a Wisdom check.  Another type will see the monster as a fascinating subject to be studied.  They are not likely to attack at all.  Typically they get a +1 penalty to their initiative versus this creature.

This of course is another good chance for creative role-playing.

Paranoia (Simple Type) - The character mistrusts most people.  He believes that grand plots and conspiracies have been set up, not necessarily against him, but all good people.  People are talking about him behind his back and maybe plotting his downfall. It is assumed that members of the adventuring party are mostly immune, but no one else is. Reaction rolls to this person are always made at -3 due to his mistrust of most people.  While he tends to keep most of this to himself, his actions will be noticed.  Paranoia differs from Anxiety in that paranoids believe they know where their problems come from.

Paranoids offer the most fun and challenge for players to roleplay.  DM's should give out experience bonuses if the player can weave his character'' paranoia into the game.

Remember there are times when the paranoid is right, especially in Gothic Earth!

Phobia / Philia - The character has an abnormal fear or attraction, respectively, to some object.  A phobia is an irrational fear of an object.  When encountering the object the PC automatically fails a fear check every time.  This can be a problem or not depending on the situation.  An adventurer living in London suffering from Herpetophobia or the fear of lizards is not likely to run into too many problems as long as they avoid the zoos.  It is a different story for the PC if he lives in the American west.

A Philia, or a fetish, is an abnormal attraction to a particular object, place of thing.  The PC will go out of their way to acquire the object, even to extremes.  To prevent a PC from doing so a wisdom check needs to be made.

Phobias, Philias and Manias are detailed in Table 5.

**Table 5: Typical Phobias, Philias and Manias**

| Prefix | Focus | Notes |
|---|---|---|
| Acro- | Heights | Acrophobia is the fear of heights. |
| Agora- | Open places | The PC has a fear of open places (Agoraphobia) |
| Ailuro- | Cats | Ailurophiliacs have a over fondness of cats. Ailurophobes hate them. |
| Andro- | Males | Androphiles prefer male company, Androphobes fear them. |
| Arachno- | Spiders | Arachnophobia is the fear of spiders. |
| Botano- | Plants | Many druids are Botanophiles. |
| Claustro- | Enclosed places | Claustrophobia is the fear of enclosed places. |
| Dora- | Fur | Doraphiles love fur and furry things. |
| Entomo- | Insects | Entomophobes loathe insects. |
| Gyno- | Females | Gynphobes fear women. |
| Hemato- | Blood | Hematomaniacs believe they are vampires. Hematophobes fear blood. |
| Herpeto- | Retiles/Lizards | Herpetophiles usually have lots of lizards around. |
| Mono- | Being alone | Monophobes can't stand being alone. |
| Necro- | Death | Necromaniacs are obsessed with death. Necrophobes fear it. |
| Ophio- | Snakes | Ophiophobes hate snakes. Ophiomaniacs are obsessed with snakes. |
| Pyro- | Fire | Pyrophiliacs love fire, Pyromaniacs are obsessed with setting fires. |
| Scoto- | Darkness | Vampires can have Scotophilia, but not Scotophobia. |
| Vestio- | Clothes | Vestiophobes hate clothing. |
| Xeno- | Foreigners | Xenophobes fear strangers or foreigners. |
| Zoo- | Animals | Zoophiliacs love animals. |

**Psychosis**

　　While neuroses are relatively minor psychological disorders, Psychosis are major mental illnesses.  Most can not be lived with.  Any character experiencing a psychosis should seek professional therapy.  They are usually a danger to others or to themselves.

Chronic Primary Insanity (Paranoid Delusions, also known as Fixed Insanity) - This affliction is a debilitating form of Simple Paranoia.  This is what most people think of when you think of a raving madman. These characters constantly act as if they have failed a fear check.  The inflicted PC acts as if everyone is out to get him and he will even hallucinate situations to correspond to his false belief system.

　　Before any encounter the DM should role a fear check for this PC, any failures act as a failed fear check, but only for that round.  The PC often develops intricate rituals to "ward off evil" or to protect themselves. Walking into a room last is a minimal example of this, often the PC will walk into a room last and repeat some bit of doggerel or spit on the floor.

　　As with Paranoia, Simple Type, this affliction should provide some grant role-playing opportunities for the player. Gothic Earth is dangerous enough, now that your former Adept rocks back and forth muttering on about how the ghouls will kill us all and over run the earth can be very unsettling!

Delusions of Grandeur - The character believes that he is someone or something of great importance.  Classical examples are psychotics that believe that they are Napoleon. Masque adventurers may believe that they are a great hunter of monsters and rush in to any dangerous situation.  A wisdom check (with penalties) would be required to prevent the character from doing this.  Other facets of this illness are the character expects to be treated and addresses as such.  For example referring to them as "my Lord" or "Emperor".  This behavior also effects any charisma based checks.  This illness is coupled with a slight paranoia.  The character believes that he is the important person in exile and he has enemies every where.

　　The player can choose the form of their delusions and DM's should grant extra experience if they act in an "appropriate" manner.

Dementia Praecox (today known as Schizophrenia) - In 1896, the German psychiatrist Emil Kraepelin grouped what were previously considered unrelated mental diseases under the term *dementia praecox*. (Later written about by Swiss psychiatrists Eugen Bleuler in 1911 and the name was changed to Schizophrenia).  Characters with this affliction suffer from vivid auditory and visual hallucinations.  Each onset, usually while the PC is stressed, is as horrifying as the first time they saw them.  Characters may attempt to run or attack these hallucinations.  Typically these hallucinations conform to a very well developed mental world.  For example, our poor PC, Jackson, has lost more sanity and he has become demented.  He hallucinates his former adventuring associates (whom he watched die) are taunting him from beyond the grave.  He sees and hears them everywhere.  He curses out loud to them, holds conversations with them and tries to attack them.

　　As well as the hallucinations, the demented PC may have sudden and violent mood swings. Requiring a wisdom check to keep from randomly attacking others.

　　As this disease progresses, demented PCs, will stop communicating with others or take even minimal care of themselves.  Many are committed to asylums where their catatonia can run unchecked.

　　NOTE: The rules presented in earlier versions of Ravenloft and Ravenloft: Masque of the Red Death refers to Schizophrenia as a sort of multiple personality disorder.  This of course is not the case in the world today, or of psychological texts of the late 19th century. This was mostly corrected in the Domains of Dread rulebook. Multiple Personality Disorder almost always results from some severe childhood abuse or trauma and was not diagnosed properly until the late 20th century.

Manic Depression (today known as Bipolar Disorder) - A far more advanced form of common depression, this illness is characterized by periods of Mania which can be accompanied by delusions and alternate periods of crippling, suicidal depression, a 50% chance for either. During the manic stages the PC is likely to loud, anxious and a little delusional.  The player will need to make a Wisdom check to prevent his character from launching off into a situation before thinking.

　　During the depressive stage the PC acts like he is suffering from Depression.  Plus once per week the PC needs to make a Sanity check.  A failed check means the PC has no desire to do anything but stay where he is.  A Wisdom check is then required at this point, a failure means that the PC has attempted suicide. Of course no player has to let his character commit suicide, in a fantasy realm something always intervenes for the heroes.  However, his

actions may be noticed and he runs the risk of being committed to a mental asylum.  When the PC can be roused to do anything it is never with any sense of urgency.  All attacks are made at -4 for this PC, as well as saving throws and proficiency checks.

Either stage will last about 2-5 weeks (1d4+1).

Psychogenic Fugue (today known as Post Traumatic Stress Disorder) - The victim experiences something so horrible that all memory of it has been erased. Any attempt to discuss the situation with the PC will result in a violent reaction from the PC.  A wisdom check needs to be made to keep the PC from physically attacking the person, even if that person is a friend.  If the wisdom check is successful a Horror check needs to be made.

This lost memory causes severe mental anguish to the PC and he acts as if he is suffering from Anxiety and Depression.

Typically physical skills and languages are not lost, but entire years of childhood for example.

## Zero Sanity Points

Any Character that reaches either zero Current (or Base) Sanity Points or their Sanity Attribute reaches zero the character has become permanently insane.  This character must be institutionalized or healed by a priest or psionisit. Until that time the PC is removed from the game play.

## Insanity vs. Chaotic Neutral

It has long been popular to view Chaotic Neutrals as insane and visa versa. Hopefully with the advent of these rules alignment can be removed from concerns regarding sanity and insanity.  True, while many insane individuals could be described as chaotic, many of the world rulers that we have considered insane were quite lawful, lawful evil, but lawful.  A good example is the God Set.  He is described as being mad or insane.  He is also Lawful Evil

## Psychotherapy Proficiency

2 slots, Intelligence, Educational Group.

Psychotherapy is the treating of the mentally ill.  Like the Psychology proficiency, Psychotherapy aids in the recovery of mental illness.  The time to recovery is in weeks, instead of months as the Psychology skill. Normally this proficiency is only available to Psychologists or Physicians. However some clergy and social workers have been able to learn it.  To take this proficiency one must already have the Psychology proficiency.

While under most circumstances there will be no game uses for this proficiency, characters will want to find someone (PC or NPC) that has this ability if they are suffering from insanity or failed horror checks.

## Psychologist Kit (a.k.a Alienist)
*For Masque of the Red Death only*

| Class: | Tradesman | Proficiencies | |
|---|---|---|---|
| **Ability Reqs:** | Int 14 | **Weapon Slots:** | 3 |
| | Wis 14 | **Additional Slot:** | 4 |
| **Prime Req:** | Intelligence | **Nonproficiency Penalty:** | -3 |
| **Hit Die:** | D6 | **Nonweapon Slots:** | 6 |
| **Attack as:** | Tradesman | **Additional Slot:** | 3 |
| **Save as:** | Tradesman | **Available Categories** | General |
| **Advances as:** | Tradesman | | Educational |
| **Exc Strength?** | No | | |
| **Spell Ability?** | No | **Bonus Proficiency:** | Psychology |
| **Exc Constitution?** | No | **Recommended:** | Psychotherapy, |
| | | | Biology, |
| | | | Mesmerism |

**Description:** Psychologists or, as the common term was in the 1890's, "Alienists" represent the changing ideas of the mind in the 19<sup>th</sup> century. They attempt to understand, described and quantify the mind. All are university educated and many have come from backgrounds of either medicine (like Dr. Freud) or philosophy (like Dr. James). It is primarily psychologists have taken over the care of the mentally ill. While many have had good intentions, most asylums have become nothing more that warehouses of the insane.

**Role-Playing:** Psychologists have chosen their field because they are interested in the powers of the mind. Some have even began to explore other areas of mental ability such Extra-Sensory Perception, Clairvoyance and Telepathy (although the term Para-Psychologist is still several years away from being coined). Psychologist can join adventures for a variety of reasons. Typically they can investigate purported claims of strange mental fortitude. Or, due to their training, act as an expert in human mental abilities.

**Special Benefits:** Psychologists, like the scholars, can perform research, however their field is narrower and only gain a +3 on any proficiency checks that might benefit from it's use. Because they access to the Psychology proficiency, the psychologist can treat those who have failed a horror or sanity (madness) check.

Because of their understanding of the mind a psychologist is harder to control or fool. They gain a +1 to all saves versus charm, hold or mental attacks. This extends to a +1 bonus to saves versus illusions.

A psychologist can also make an Intelligence check to determine the motives of person they have been observing. The DM can decide if the psychologist gets the correct information or not. This skill is ineffective on non-human monsters or undead.

**Special Hindrances:** Like the physician, a psychologist operates under a code of conduct, however it is not as strict. The psychologist will try to offer aid to anyone who seems mental disturbed. Even if such actions may not help, the psychologist feels he has to try.

In order to use his research ability, the psychologist must have access to a library. The DM needs to decide if the library is large enough to yield the necessary.

Most psychologist of the 19<sup>th</sup> century believe that science can and will explain everything rather shortly. They see organized patterns and the world moves as a clockwork machine. Thus they have problems dealing with some types of magic. Except as noted above the psychologist has -1 magical defense adjustment.

**Examples of Adventuring Psychologists:** From the 19<sup>th</sup> century there is Dr. Jack Seward from "Dracula" or Dr. Laszlo Kreizler, the hero from Caleb Carr's "The Alienist". Other examples from modern times would be Frank Black, from "Millennium", Fox Mulder (Masters in Psychology from Oxford) from the "The X-Files" or real life FBI profiler John Douglas.

**Adapting to Ravenloft:** The psychologist kit is typically not suited as a Ravenloft adventuring kit. However there can be NPC "Mentalists" or "Mesmerists" that fulfil the same niche as the 19<sup>th</sup> century psychologist. It is unlikely that any version of this kit will exist in the more typical fantasy-style D&D worlds.

**Sigmund Freud**

Physician, Neutral Good
Armor Class: 10
Movement: 12"
Level/Hit Dice: 1
Hit Points: 4
THAC0: 20
No. of Attacks: 1
Damage/Attack: 1d4
Special Attacks: None
Special Defenses: +1 save vs. Illusions
Special Vulnerabilities: -1 save vs. other magic.
Str: 7
Dex: 10
Con: 9
Int: 17
Wis: 15
Cha: 13
San: 12

As detailed in *The Gothic Earth Gazetteer*, Dr. Freud has begun a brilliant career in the burgeoning fields of the study of mental illness and psychoanalysis.

Born in 1856 in Freiberg, Austria, the young Sigmund wanted to become a lawyer, however Freud changed his mind and studied to be a doctor at the University of Vienna in 1873. While there Freud became so engrossed in the activity of the central nervous system that he spent an extra three years in medical school just to study it. Freud graduated and became a psychiatrist at the General Hospital of Vienna. It is during this time, 1880, that he begins to see Anna O, the Vienna woman who would become the most famous patient in psychological literature.

In 1884 Freud begins experiments with drugs, including cocaine. However he cures himself of the addiction. These experiments prove to him that drugs can be a very useful technique for dealing with the mentally ill. A by-product of this experimentation leads the great Sherlock Holmes to his Vienna office during what Watson later described as the "Seven Percent Solution".

Freud began to publish his work starting in 1891. He immediately began to make a name for himself in psychological and medical circles. It was also about this time that Freud made acquaintance with a one Abraham Van Helsing. The two men became fast friends sharing and debating ideas till the late hours of the night.

Since 1895, Dr. Freud had been using hypnosis to examine his patients. But during his work two things began to dawn on him. First, he was a terrible hypnotist. And secondly he discovered that what he called "free association" was a much more efficient way to get to his subject's sub-conscious mind.

### Forbidden Lore: Sigmund Freud

Most of what we remember Freud for today was only in it's infancy during the later part of the 19th century. Id, Ego and Super Ego were still years off. As was such ideas as Oedipal Complex, Psychosexual stages, Freudian Slips and the Interpretations of Dreams (work began in 1887 and published in 1900).

Freud has not, to date, encountered any of the minions of the Red Death, but they are watching him. It is believed that the rising tide of anti-Semitism in Freiburg was started with the sole purpose of stopping Freud.

Freud has been approached by many good Qabals, including Die Wächtern, to which he was personally invited by Van Helsing. But he has not joined as of yet. He maintains personal friendships with many of it's members and they often consult him on subjects of the mind and psyche.

Dungeon Master's can decide if Freud joins Die Wächtern in the future in their own campaings.

**William James**

Psychologist, Lawful Good
Armor Class: 10
Movement: 12"
Level/Hit Dice: 1
Hit Points: 5
THAC0: 20
No. of Attacks: 1
Damage/Attack: 1d4
Special Attacks: None
Special Defenses: +1 save vs. Illusions
Special Vulnerabilities: -1 save vs. other magic.
Str: 8
Dex: 10
Con: 10
Int: 18
Wis: 16
Cha: 12
San: 13

Dr. James is probably the leading authority of Psychology on either side of the Atlantic. He is the older brother of the writer Henry James (detailed in the *The Gothic Earth Gazetteer*) and shared many of his exposure to other cultures.

Born in 1842, James did not begin life looking to change the way we look at the human mind. He began his studies in chemistry and biology in hopes of becoming a doctor. However deep depression would set in and James would find himself close to suicide. Despite this James graduated from Harvard in 1869 with degree in medicine and no desire to practice it. It was during this time that James began to read the essays of philosopher Charles Renouvier, in particular his works on free will. James applied the principles he had learned and freed himself from depression, completely curing it.

His first encounters with the Red Death would have been in 1872 when he became a member of the Metaphysical Club at Harvard. Among the discussions of this club were the nature of free will and evil.
He began to teach psychology at Harvard in 1875 and starts one of the first psychology labs at Harvard, but can't continue due to low funds. He didn't get any more funding till 1885 when starts the Lawrence Hall Laboratory at Harvard. The source of his funds was unknown but it was large amount.

His most popular work, Principles of Psychology, was published in 1890. A work he began on his honeymoon in 1878. Among the subjects discussed in the book, James devotes a large amount of print to the subject of fear. Despite his growing success, James did not feel that Psychology was a science. He spent a lot of time exploring the world talking to various American and European psychologists. There is a rumor (among the Qabals) that James' work on fear came from a personal situation involving an attack by a ghoul. One such situation happened in 1898 while James was exploring the Adirondack Mountains. He was separated from the group for 13 hours. When found James was a changed man, he would not speak of what he experienced, but to his friends he seemed weaker and somewhat older.

### Forbidden Lore: William James

James not only is the leading subject on psychology, but also fear. His attempts to research this topic has brought him face to face with many of the minions of the Red Death. His encounter in the Adirondacks was with a band of ghouls that had been explorers. James failed his fear check that day and it will eventually, in 1910, result in his death. James has been approached by many good Qabals, including Die Wächtern, but he has not joined any.
As long as James does not join a Qabal, he remains one of the few pivotable people of the late 19th century. He could become Good's greatest ally or it's greatest enemy.

**References**

Brill, A. A. The anxiety neuroses. Journal of Abnormal Psychology. Vol 5, Apr-May 1910, 1911, 57-68.

Cowles, Edward. (1888). Insistent and fixed ideas. American Journal of Psychology. Vol 1(2), Feb 1888, 222-270.

Gerrish, Frederick Henry. The therapeutic value of hypnotic suggestion. Journal of Abnormal Psychology. Vol 4, Jun-Jul 1909, 1910, 99-119.

Langfeld, H. S. Suppression with negative instruction: Tests with alcohol and caffeine and on cases of dementia praecox and manic depression. Psychological Review. Vol 18(5), Nov 1911, 411-424.

Mayer, Edward E. A case illustrating so-called demon possessions. Journal of Abnormal Psychology. Vol 6, Oct-Nov 1911, 265-278.

Noyes, William. (1888). Paranoia: A study of the evolution of systematized delusions of grandeur. American Journal of Psychology. Vol 1(3), May 1888, 460-478.

Noyes, William. (1888). Paranoia: A study of the evolution of systematized delusions of grandeur. II. American Journal of Psychology. Vol 2(3), May 1889, 349-375.

Hall, G. Stanley., Sanford, G. C., & Titchener, E. B. (1895). Editorial. American Journal of Psychology. Vol 7(1), Oct 1895, 3-8.

Patrick, Mary. M. (1894). Letters to the editor. Dr. Forel, of Zurich. American Journal of Psychology. Vol 6(3), Jun 1894, 486-487.

Slaughter, J. W. (1900). Disturbances of apperception in insanity. American Journal of Psychology. Vol 11(3), Apr 1900, 303-311.

Strong, Edward K. (1913). A comparison between experimental data and clinical results in manic-depressive insanity. American Journal of Psychology. Vol 24(1), Jan 1913, 66-98.

William James (1890) The Principles of Psychology. Holt: New York