

SANITY AND INSANITY



CONTENTS

Summary of Assumptions	2
Stress	2
Stress Fright Check Table.....	3
Sanity.....	4
Sanity Fright Check Table	4
Mental Conditions	6
Mental Conditions Table	7
Learning About the Mythos	8
Identifying a Mythos Encounter	9
Cthulhu Mythos Roll Modifiers (identifying a Mythos encounter).....	9
Reading Forbidden Tomes.....	10
Casting Spells.....	10
Resisting Madness	11
Recovery.....	12
Paying off Mental Conditions – Therapy	13
Long-Term Recovery –Psychologists, Psychiatrists And Institutions.....	13
APPENDIX 1. Stress Check table	16
APPENDIX 2. Sanity Check table	17
APPENDIX 3. Mental Conditions	19

SUMMARY OF ASSUMPTIONS

The usual *Chaosium* SAN roll will be split into two separate types of test: Stress and Sanity. Stress covers checks made for 'everyday' horror or shocks, whereas Sanity covers checks derived from known Mythos sources. The GURPS Fright Check table will not be used as it stands, but will instead become two different tables to cater for the new Stress and Sanity tests. As noted below, a PC must begin to learn about Cthulhu Mythos before realizing that a particular encounter is Mythos based.

Disadvantages gained as a result of failed Fright Checks are termed Mental Conditions rather than Mental Disadvantages as they may actually be Physical Disadvantages under GURPS as written.

The GURPS powers that allow characters to resist or ignore Fright Checks usually only work for Stress. A version of Fearlessness that works against Mythos-based Sanity Checks is bought with the 'Cosmic' modifier and has costs +50%. It is not usually suitable for PCs but may rarely be allowed with a 20-pt Unusual Background.

Players may reduce or remove a character's Mental Conditions with or without the expenditure of character points. Spending points for therapy is faster and requires no financial outlay, long-term treatment takes longer and requires a character to spend money.

STRESS

Fright Checks in *GURPS: Jazz Age Mythos* are split into two tiers, according to the source of the fright or shock that engenders the Fright Check. The two checks are *Stress* and *Sanity*.

Stress can be seen as the mental damage equivalent of Fatigue damage in that it is usually debilitating only in the short-term and rarely has lasting consequences. Nonetheless, failing a Stress Fright Check (or simply 'Stress Check') can have significant implications for a character in a given situation. Freezing, fainting or becoming temporarily catatonic can be fatal if confronting a horde of ghouls, for example.

Stress Checks are called for when a PC is confronted by an encounter which is disturbing or frightening but can be rationalized as 'conventional' horror. This most obviously includes situations such as viewing scenes of death, being tortured and so on, but less obviously includes encounters with 'standard' mythological and horror creatures such as ghosts, werewolves or animated skeletons. As a rough guide, if the Cthulhu Mythos need not to exist for the encounter to happen then the test is a Stress Check rather than a Sanity Check.

Encounters with creatures of the Mythos can be more dangerous if the viewer understands the implications of what he sees. If the viewer doesn't know anything of the Mythos then only a Stress Check is required (at the usual SAN penalty). Once the character begins to investigate and learn of the Mythos, however, the true implications of the creatures' existence makes them even more terrifying and such encounters escalate from Stress Checks to become Sanity Checks. The specific mechanics of learning 'more than man was meant to know' are detailed below.



GURPS: JAZZ AGE MYTHOS

Note that neither modified Fright Check table is exactly the same as the one published in the official GURPS books. In addition, the Stress Check is deliberately truncated and less severe compared with both the GURPS Fright Check and the Sanity Check tables. This is because non-Mythos encounters are generally assumed to be less mind-blowingly terrifying than those concerning the Mythos, and consequently unlikely to have such extreme long-term consequences. Only when the true horror of the Mythos becomes known is long-term psychological damage a real risk.

STRESS FRIGHT CHECK TABLE	
Roll	Effect
4, 5	Stunned for one second, then recover automatically.
6, 7	Stunned for one second. Every second after that, roll vs. unmodified Will to snap out of it.
8, 9	Stunned for one second. Every second after that, roll vs. Will, plus whatever bonuses or penalties you had on your original roll, to snap out of it.
10	Stunned for 1d seconds. Every second after that, roll vs. modified Will, as above, to snap out of it.
11	Stunned for 2d seconds. Every second after that, roll vs. modified Will, as above, to snap out of it.
12	Lose your lunch (revulsion), soil your underwear (fear) or burst into tears (awe). You are additionally Incapacitated for (20 – HT) seconds, and then automatically recover; see Incapacitating Conditions (p. 428). Depending on the circumstances, this may be merely inconvenient, or humiliating.
13	Lose your lunch (revulsion), soil your underwear (fear) or burst into tears (awe). You are additionally incapacitated for (25 – HT) seconds, and then roll vs. HT each second to recover; see Incapacitating Conditions (p. 428). Depending on the circumstances, this may be merely inconvenient, or humiliating.
14, 15	Run away blindly for 1d seconds, losing that many FP, and take 1d seconds of stunning as per 10.
16	Run away blindly for 1d seconds, losing that many FP, and take 1d seconds of stunning as per 14,15. Additionally you scream or otherwise cry out loudly and very audibly during that time.
17	Faint for 1d minutes, then roll vs. HT each minute to recover.
18	Faint as above, and roll vs. HT immediately. On a failed roll, take 1 HP of injury as you collapse.
19	Severe faint, lasting for 2d minutes. Roll vs. HT each minute to recover. Take 1 HP of injury.
20	Faint bordering on shock, lasting for 4d minutes. Also, lose 1d FP.
21	Panic. You run around screaming, sit down and cry, or do something else equally pointless for 1d minutes. At the end of that time, roll vs. unmodified Will once per minute to snap out of it.
22	Faint bordering on shock, lasting for 4d minutes. Also, lose 1d FP as 20. You remain catatonic (in shock) after this period and then may be revived by someone else in physical contact. If not, you remain catatonic for an additional 1d hours.
23	Faint bordering on shock, lasting for 4d minutes. Also, lose 1d FP as 20. You remain catatonic (in shock) after this period and then may be revived by someone else making a First Aid, Physician or Psychology roll. If not revived, you remain catatonic for an additional 1d hours.
24	For 1d days you are a gibbering idiot, incapable of performing even self-preserving actions. You require full-time physical care even to feed yourself.
25	As 24, above, but the time period is 1d weeks.
26+	As 24 above, but after 1d weeks a successful Psychology roll is required for recovery.

SANITY

Fright Checks in *GURPS: Jazz Age Mythos* are split into two tiers, according to the source of the fright or shock that engenders the Fright Check. The two checks are *Stress* and *Sanity*.

Sanity is a measure of mental fortitude, psychological health based on an established world view and preconceptions. Failing a Sanity Check can have serious permanent repercussions as it represents a significant disruption of those preconceptions. In extreme cases, the brain or body may shut down entirely.

Sanity Checks are required when PCs encounter the Mythos, whether this be through unwisely reading books or knowingly facing creatures of the Mythos. Casting a spell does not dictate a Sanity Check in *GURPS: Jazz Age Mythos*, but has its own downside, as detailed below.

Note that the modified Fright Check tables are not exactly the same as those published in the official GURPS books. The Sanity Check table offers higher level penalties for failure than the Stress Check table as it assumes that the more terrible Mythos encounters will result in more serious long-term psychological damage. It should be noted that the effects of the Sanity Check table have the potential for taking a PC out of the game in a single roll, sometimes permanently.

SANITY FRIGHT CHECK TABLE	
Roll	Effect
4, 5	Stunned for one second, then recover automatically.
6, 7	Stunned for 1d seconds. Every second after that, roll vs. unmodified Will to snap out of it.
8, 9	Stunned for 1d seconds. Every second after that, roll vs. Will, plus whatever bonuses or penalties you had on your original roll, to snap out of it.
10	Scream loudly or make some other incoherent noise, plus Stunned for 1d seconds. Every second after that, roll vs. modified Will, as above, to snap out of it.
11	Scream loudly or make some other incoherent noise, plus Stunned for 2d seconds. Every second after that, roll vs. modified Will, as above, to snap out of it.
12	Flee panicked for 20-HT seconds, and lose 1d FP.
13	Flee panicked for 20-HT seconds, and lose 1d FP. In addition, acquire a new mental quirk (see Quirks, p. 162). This is the only way to acquire more than five quirks.
14, 15	Lose 1d FP, and take 1d seconds of stunning as per 10.
16	Scream loudly or make some other incoherent noise, plus Stunned for 1d seconds. Every second after that, roll vs. modified Will, as above, to snap out of it. Also acquire a new quirk, as per 13.
17	Faint for 1d minutes, then roll vs. HT each minute to recover.
18	Faint as above, and roll vs. HT immediately. On a failed roll, take 1 HP of injury as you collapse.
19	Severe faint, lasting for 2d minutes. Roll vs. HT each minute to recover. Take 1 HP of injury.
20	Faint bordering on shock, lasting for 4d minutes. Also, lose 1d FP.
21	Panic. You run around screaming, sit down and cry, or do something else equally pointless and inappropriate for 1d minutes. At the end of that time, roll vs. unmodified Will once per minute to snap out of it. Unless physically prevented, you will distract a nearby ally (random or most appropriate, as best fits the situation), giving them a -1 penalty for all rolls during this panic.
22-23	Acquire or reinforce 5 points of a Mental Condition (see below).
24-25	Acquire or reinforce 10 points of a Mental Condition (see below).
26-27	Acquire or reinforce 15 points of a Mental Condition (see below)
28	Acquire or reinforce 15 points of a Mental Condition (see below), and additionally immediately act as though you have failed any self-control roll for this Mental Condition (i.e. it is triggered or becomes active, if appropriate).

29	Faint for 1d minutes, as per 18, and acquire a new 5-point Mental Condition (as 22-23).
30	Faint for 1d minutes, as per 18, and acquire a new 10-point Mental Condition (as 24-25).
31	Light coma. You fall unconscious, rolling vs. HT every 30 minutes to recover. For 6 hours after you come to, all skill rolls and attribute checks are at -2.
32	Coma. As above, but you are unconscious for 1d hours. Then roll vs. HT. If the roll fails, remain in a coma for another 1d hours, and so on.
33	Catatonia. Stare blankly into space for 1d days. Then roll vs. HT. On a failed roll, remain catatonic for another 1d days, and so on. If you have no medical care, lose 1 HP the first day, 2 the second, and so on. If you survive and awaken, all skill rolls and attribute checks are at -2 for as many days as the catatonia lasted.
34	Seizure. You lose control of your body and fall to the ground in a fit lasting 1d minutes and costing 1d FP. Also, roll vs. HT. On a failure, take 1d of injury. On a critical failure, you also lose 1 HT permanently. G
35	Stricken. You fall to the ground, taking 2d of injury in the form of a mild heart attack or stroke.
36	Total or suicidal panic. You are out of control; you might do anything (the GM rolls 3d: the higher the roll, the more useless your reaction). For instance, you might jump off a cliff to avoid the monster. If you survive your first reaction, roll vs. Will to come out of the panic. If you fail, the GM rolls for another panic reaction, and so on!
37	Fall into Light Coma as 28. Also acquire or reinforce 5 points of a Mental Condition.
38	Fall into Light Coma as 28. Also acquire or reinforce 10 points of a Mental Condition.
39	Fall into Coma as per 32. Also acquire or reinforce 10 points of a Mental Condition.
40	Fall into Coma as per 32. Also acquire or reinforce 15 points of a Mental Condition.
41	Fall Catatonic as per 33. Also acquire or reinforce 15 points of a Mental Condition.
42	Total panic as per 36. Also acquire or reinforce 15 points of a Mental Condition.
43	As 41, above, but victim also suffers an immediate heart attack or stroke inflicting 3d6 damage.
44+	As 43, above, but victim also loses 1 point of IQ permanently. This automatically reduces all IQ-based skills, including magic spells, by 1.



MENTAL CONDITIONS

If a failed Fright Check calls for the acquisition or reinforcement of a Mental Condition, use the following list as a guide. Other conditions may be used if both player and GM are comfortable that it is appropriate.

Acquiring a Mental Condition means just that, the player must add a new Disadvantage to the character but does not receive additional character points. The player is expected to play the new Disadvantage as normal. Note that some of the Mental Conditions noted below are strictly classed as Physical Disadvantages in GURPS. For these purposes, however, they can be considered Mental Disadvantages as their cause is assumed to be psychological or neurological in nature.

The points value of the acquired Mental Condition should be calculated in the usual way (frequency, seriousness, self-control roll, etc.), and matched as closely as possible to the level stated in the table (5, 10 or 15 points), but without exceeding that level. The character only acquires the condition at the value calculated for the Disadvantage, not necessarily the full level required from the table. A character failing a Fright Check might therefore be required to take a 5-point Mental Condition but actually be allocated one only worth 3 points (a 5-point Addiction with a 14- self-control roll, for example). Consider this a 'welcome to insanity' first-timer bonus. Note that, although some of the Disadvantages listed do not usually have self-control rolls in GURPS (being Physical Disadvantages, for example), for these purposes they will usually have one as they are assumed to be psychological in origin.

If a PC already has a Disadvantage that both they and the GM believe is appropriate to the situation requiring the Fright Check being rolled, then this can be reinforced by the stated number of points (or nearest fit, see below) rather than acquiring a completely new Mental Condition. In many cases this might simply be increasing the self-control roll or frequency of occurrence, but it might also reflect a more dangerous or significant version of the same condition (i.e. an addict moving from smoking marijuana to smoking opium, or a schizophrenic's voices becoming even more demanding and frightening).



Reinforcing an existing Mental Condition uses the same concept as acquiring a new condition, adding points up to, but no more than, the points stated by the check result to an existing condition. This will likely increase the severity of the condition or reduce the control roll. If no logical reinforcement can be made by the points to be taken, a new condition should be selected instead.

For example: if a character suffering the 25-point *Hysterical Mutism (Cannot Speak)* with a 15- self-control roll (for $25 \times 0.5 = 14$ points) is called upon to reinforce it by another 15 points, he will decrease the condition's self-control roll to 12- ($\times 0$ cost) and thus add 14 points, disregarding the 1 point left over.

MENTAL CONDITIONS TABLE			
Condition	Base Points	Description	Equivalent GURPS Disadvantage and Page Number
Alcoholism	15 or 20	Note that Prohibition lasts from 1920-1933 in the USA, but was not as tightly regulated as many believe, especially for individuals (as opposed to crime gangs).	<i>Alcoholism, p. 122</i>
Amnesia	10 or 25	This might be a blessing in disguise but is not fine-tuned enough to block out exactly what you want to forget. A forgotten episode might also remove any conditions brought about by Fright Checks during that episode (which will return in full once the Amnesia is cured).	<i>Amnesia, p. 123</i>
Bipolar	20	Shifting moods from manic to depressive, either one of which is seriously disruptive.	<i>Manic-Depressive, p. 143</i>
Catatonia	100 (capped)	A tricky one and a potential PC-retirer. The character is, to all intents and purposes, inanimate and possibly insensate. This might be okay in an institution but is not good when fleeing a bunch of angry cultists or driving a car. Note that the points are capped because after a certain level (immobile, mute, blind etc.), there is little real additional disadvantage.	N/A.
Compulsion	5/10/15	This could cover any one of a number of compulsive disorders, including several with their own separate GURPS entry.	<i>Compulsive Behavior, p. 128</i>
Delusions	5/10/15	'Everything will be fine.' 'You need to roll 15 or less, you can't fail'....	<i>Delusions, p. 130</i>
Depression	15	More than 'feeling low', this can be a seriously debilitating lack of self-esteem.	<i>Chronic Depression, p.126</i>
Drug addiction	5 to 40	Some strong drugs were legal during the 'Jazz Age'. It's worth checking online.	<i>Addiction, p. 122</i>
Hallucinations	15	Not the best fit for the condition (feel free to suggest a better one). This represents the frequent distraction of 'seeing/hearing things that aren't there'. Hallucinations might affect any or all of the senses.	<i>Absent-Mindedness, p. 122</i>
Hysterical blindness	15 or 25	Triggered by stress, this could be deadly. Might last 1d minutes (15pts), or 1d hours (25pts). Will only recover if removed from stressful situation.	<i>Blindness, p. 124</i>
Hysterical mutism	15 or 25	Triggered by stress. Might last 1d minutes (cost x0.5), or 1d hours. Will only recover if removed from stressful situation.	<i>Cannot Speak, p.125</i>
Hysterical paralysis	15	Not just in combat, this should be applied to any situation where the character is feeling stressed (possibly including therapy).	<i>Combat Paralysis, p.127</i>
Hysterical seizures	30	Not epilepsy as such, but the effects are much the same for game purposes. Triggered by stressful situations.	<i>Epilepsy, p. 136</i>

GURPS: JAZZ AGE MYTHOS

Infantilism	10/15/20	Not quite as written in the equivalent GURPS Disadvantage but close enough. Rather than an animal, the character acts like an infant.	<i>Stress Atavism, p. 156</i>
Insomnia	10 or 15	The effects of lack of sleep are detailed in p.426 of the GURPS rulebook.	<i>Insomnia, p. 140</i>
Mania	5/10/15	Any one of several mania obsessions, including some which have their own separate GURPS entry.	Any of the –mania Disadvantages.
Multiple Personality Disorder	15	MPD can be extremely disruptive and frightening, especially in the early manifestations. GMs are advised to think carefully before allowing players to create meta-useful personalities.	<i>Split Personality, p. 156</i>).
Nervous tremors	15/35/55	This can be anything from a nervous tic to a full-blown state of permanent trembling and wild movements. It also covers ‘Tourette’s Syndrome’, but the blurting out of inappropriate words is not always part of the condition (although I bet many PCs will develop it).	<i>Neurological Disorder, p. 144</i>
Paranoia	10	Yup, they really are out to get you.	<i>Paranoia, p. 148</i>
Phobia	5/10/15	Any one of a number of phobias. Note that phobias can be a hatred of as well as simple fear of.	<i>Phobia, p. 148</i>
Post Traumatic Stress Disorder (PTSD)	5 to 20	This is often accompanied by another disorder. If experiencing a flashback, it counts as a stressful situation for the purposes of triggering other conditions.	<i>Flashbacks, p. 136</i>
Predatory psychopathy	15 or 30	This is a fascination with planning and causing pain and possibly death at the expense of others. This is the classic novel and TV psychopathic killer.	<i>Sadism, p. 152, possibly with Odious Personal Habit (Murderer), p. 22</i>
Schizophrenia	5/10/15	<u>Not</u> multiple personalities. This is hearing an inner voice (or voices) which <i>usually</i> transmits negative thoughts.	<i>Phantom Voices, p. 148</i> and might also have other disorders.
Sociopathy	5	Covers a range of anti-social disorders. This could easily also be covered by other Disadvantages such as Odious Personal Habits, Clueless, or similar.	<i>Callous, p. 125</i>
Violent psychopathy	10	This is a lack of concern both for social niceties and the safety and feelings of other people. Perceived threats or sources of frustration are tackled with violence.	<i>Bad Temper, p. 124</i>

LEARNING ABOUT THE MYTHOS

One fundamental theme in games surrounding the Cthulhu Mythos is that characters insist on investigating, chasing and encountering Horrific Creatures, and reading Forbidden Tomes. The convention in such cases is that knowledge is a dangerous thing, and such pursuers after knowledge have their beloved delusions of normality brutally stripped from their eyes and see the world and humanity as it is; a mere incidental plaything for the gods and races of the Mythos.

GURPS: JAZZ AGE MYTHOS

SKILL; HIDDEN LORE: CTHULHU MYTHOS. M/VH, NO DEFAULT.

Buying increases to the *Hidden Lore: Cthulhu Mythos* skill is done by paying points as normal. However, the skill may only be learnt and points may only be spent if, during the session, the character knowingly encounters the Mythos (maximum 1 point may be spent/bought) or has access to external aids, normally Mythos books (any number of points may be spent, up to the maximum available from that particular source).

A 1-point spend following a known Mythos encounter allows a potential immediate increase in skill as the character gains an unwelcome insight into the nature of the Mythos.

Learning by means of external aids takes 400 hours per character point being spent, or 200 hours if the character somehow finds a teacher (as per GURPS B292). As usual, an absolute maximum of 12 hours per day is permitted for study.

IDENTIFYING A MYTHOS ENCOUNTER

GURPS: Jazz Age Mythos models the increasing mental fragility associated with learning forbidden knowledge in two ways. The first is down to the split between the two types of Fright Check. A Fright Check caused by a Mythos encounter will normally call for a Sanity Check rather than a Stress Check. However, if an observer knows nothing of the Mythos they will still roll on the Stress Check because they are able to rationalize the encounter as, if horrific, then at least somehow understandable. As a character is more able to identify encounters as being associated with the Mythos, the implications of what they see become even more mind-numbingly terrible.

If a character learns that an encounter was with the Mythos, whether through existing knowledge (i.e. someone makes a *Cthulhu Mythos* roll) or from later information or supposition, they may spend one of their experience points for that session on the skill; *Hidden Lore: Cthulhu Mythos* (M/VH, no default).



The mechanics for realizing that an encounter is Mythos-based are: firstly the encounter must, in the opinion of the GM, indeed be Mythos based (except as noted for a Critical Failure, below). Secondly, the characters involved should roll on their *Hidden Lore: Cthulhu Mythos* skill, with modifiers as below:

Cthulhu Mythos roll Modifiers	
Encounter with	Modifier
Outer God	+2
Great Old One	+2
Great One	+1
Elder God	+1
Servitor Race	+0
Independent Race	-1

Most players may wish to actually fail this identification roll, but it is worth noting that no actions designed to act against specific Mythos creatures will work unless they are first identified as being part of the Mythos. This includes summoning and dismissing.

Where an encounter is not with a creature directly but with a phenomenon associated with it, the same modifiers apply as above. For example, should a party be unfortunate enough to find themselves in Dhole tunnels and the GM requires a Fright Check upon realization that the vast caverns are made by creatures, a *Cthulhu Mythos* roll would be made at -1 (for an Independent Race) to realize that the tunnels are the result of Mythos monsters (possibly even specifically identifying them as Dholes). In cases where the phenomenon is Mythos-based but the origin is not obvious, a character should just make a straight roll with no modifiers (apart from situation modifiers applied by the GM). Note that this roll is entirely separate from a standard *Cthulhu Mythos* roll to identify a creature once it is known to be part of the Mythos. Modifiers to this roll are listed below in the 'Conversion From Chaosium Call of Cthulhu' section.

A Critical Failure for a *Cthulhu Mythos* roll to identify an encounter as Mythos-based for the purposes of Fright Checks will give contrary information. If the character is aware that the Mythos exists then a Critical Failure will suggest that a non-Mythos encounter is actually Mythos-based (and use the appropriate Sanity Fright Check table). Conversely, it will suggest that a Mythos encounter is more mundane – possibly the only time a player might be hoping for a Critical Failure on a roll.

READING FORBIDDEN TOMES



The second method to flirt with the dangers of learning about the Mythos is by reading books or otherwise acquiring knowledge. Apart from potential increases to the *Cthulhu Mythos* skill itself, the content of such books can be sanity-blasting.

The maximum in character points that may be learned from each book (or similar source) is equivalent to the book's published d% bonus for

Cthulhu Mythos (as published by *Chaosium* sources) divided by ten, rounded to the nearest 0.5. Therefore an Atlantean copy of the Book of Eibon (+16% *Cthulhu Mythos*) would allow a character to learn 1.5 character points-worth of *Hidden Lore: Cthulhu Mythos*. All points from different sources are cumulative, so a character reading a book teaching 1.5 points, followed by a book teaching 1.0 points, can buy a total of 2 character points of skill, with 0.5 point to add to the points from any other sources. Learning these 2 character points worth of the skill would require $2 \times 400 = 800$ hours of self-taught study (or roughly 3 months).

All this learning comes at a cost. No penalty is charged for actually learning or increasing the skill as this has implications of its own, but upon reading the book a reader must make a Sanity Check with a penalty of half the book's published maximum SAN penalty (rounded to nearest). The aforementioned Atlantean version of the Book of Eibon, for example, has a published $1d8/2d8$ SAN penalty. The $2d8$ gives a maximum possible roll of 16 and $16/2=8$, so a GURPS character must make a Sanity Check at -8.

Finally, although learning spells does not attract a sanity cost, casting spells can be dangerously addictive, as detailed below.

COMPULSION: MAGIC.

The character is fascinated with magic and increasingly sees it as the answer to all life's little problems. Unless a self-control roll is made, he will cast spells whenever and wherever those spells might be helpful. For a given value of helpful, of course. Ultimately, the character becomes addicted to using and researching magic in increasingly inappropriate situations and ignores any human cost or the likely reactions of those around him.

5-point: Magic is dangerous but sometimes, when properly controlled, it is the only way to solve a problem. You will need a self-control roll to avoid researching potentially dangerous sources that might hold further spells or secrets of magic. More time and money than is really sensible will be spent trying to gather and research magic.

10-point: Properly mastered, magic has the potential to significantly improve the world but it is only for the knowledgeable few. Using magic sets you apart from and above those who cannot, or will not, grasp its potential. You will jealously demand to be the first to read new tomes that might be sources of magic. All spare money and resources will be devoted to researching the magical arts.

15-point: Magic can do anything if the mortal human mind can just master it. Magical knowledge must be learned from any source, no matter how dangerous or immoral. Opponents just don't understand or are jealous, perhaps they want your power? Mundane mortal issues of morality and ethics don't apply to someone who can wield true magic. Any sacrifice, even the literal sacrificing of lesser humans (i.e. everyone else) is occasionally justified if the potential gain is significant enough. Money and resources for magical research will be acquired by whatever means it takes. Feel the POWER!

CASTING SPELLS

Spells are M/VH as normal for GURPS and are learnt from books or, more rarely, a teacher. The Advantage of *Magery* benefits learning and casting spells as normal, but will normally require the character to have at least a 10-pt *Unusual Background* in addition to the cost of the *Magery* Advantage.

Chaosium Call of Cthulhu (CoC) spells do not translate well to GURPS Magic, and thus they require more GM input than normal. Luckily CoC spells tend to be rare and unique. Each spell should have an effect as close as possible to those described in the original *Chaosium* sources, including the time taken to cast, materials required and so on. Most will count as Rituals. See the *Grimoire* for more details.

The *Chaosium* SAN loss for casting spells doesn't translate well for GURPS, as I don't believe it is appropriate to call for a Fright Check each time a character casts a spell. Instead, a character casting spells in *GURPS: Jazz Age Mythos* slowly becomes drunk with the power that magic provides. This is a *Compulsion* with the usual self-control number modifiers, detailed in the box above. Accumulating points in this Compulsion happens each and every time that the character casts a spell or knowingly participates in a magical ritual. The exact number of points accumulated depends on the SAN penalty for the spell as published in *Chaosium* Call of Cthulhu sources. A spell's maximum SAN penalty should be divided by 5 (round up, minimum 1 point) to find the number of points that each casting contributes to *Compulsion: Magic*. As the points in the Compulsion increase, the player must choose whether to increase the level of the Compulsion or to reduce the self-control number. Points accumulated may be 'bought off' as normal, but only following appropriate in-game therapy or other addiction-support-style action lasting at least a week per point being bought off.

Note that, although looking very much like an Addiction, the game mechanics make Compulsion a better fit.

RESISTING MADNESS

Being a game primarily about mental stability, players are encouraged to give their characters' Will save some thought. However, the mind-blasting terror of the Mythos laughs at the usual defences against Fright Checks, as noted below. As usual under GURPS rules, the Will save can be raised to maximum of 20 and reduced to a minimum of 4 from all sources.

In addition to simply buying additional IQ, the usual methods of altering the Fright Check save are:

- Buying or selling Will (± 5 pts/ ± 1 Will).
- Fearlessness or Fearfulness (± 2 pts/ ± 1 to Fright Checks).
- Combat Reflexes (15pts for +2 to Fright Checks).
- Unfazeable (25pts gives Immunity to Fright Checks). Note that the cost is increased to reflect the horror-based character of the game. This Advantage should be rationed and rare.

However. *There is no easy way for players to buy resistance to Fright Checks known to be caused by the Mythos. Therefore, all the above routes to improve Fright Check saves only work against Stress Checks and not to Sanity Checks. Reduced Fright Check saves apply to all Fright Checks, including Sanity Checks, as normal.*

Should a player be convinced that this or her character should somehow have protection against Mythos-based sanity loss (i.e. Sanity Checks), and the GM agrees with the concept presented (possibly through pizza-based bribery), then the character must take a 20pt *Unusual Background* (which might also allow *Magery* to be bought) and may then be allowed access to *Fearlessness-Cosmic* at 3pts/level (i.e. +50% cost). The maximum Will save against Sanity Checks in this game is 16. This should be extremely rare and, if allowed at all, it is recommended that only one such favoured PC be allowed per group in a campaign. How such unearthly mental defences are present is up to the player and GM, but the character is certainly not a 'normal' human being.



Note the 'Rule of 14' on B360 which states that no *modified* Will save may be 14 or greater for the purpose of a Fright Check. This still allows success on a modified 13 or less (83.8%) and characters with higher Will saves are able to counter some of the situational Fright Check penalties.

RECOVERY

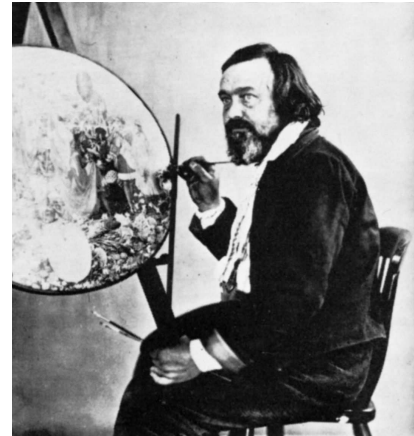
So, your character is now insane, having accumulated so many points in Mental Conditions that he or she is unplayable. Welcome to the world of the Cthulhu Mythos. However, being a fan of long-term character development and not of disposable heroes, this game allows for psychological recovery and the removal of Disadvantages accumulated through play. Note that the term Mental Conditions is used here, as opposed to Mental Disadvantages, because some of the Mental Conditions listed on the modified Fright Check tables above are Physical under strict GURPS rules. A player has two routes to reduce a character's Mental Condition burden: paying off character points or long-term psychological recovery. Each Mental Condition must be dealt with separately, a player cannot claim to be receiving treatment for two or more conditions simultaneously. Should a player wish, however, a different condition may be treated in successive time periods rather than continuing with treatment of the same one.

GURPS: JAZZ AGE MYTHOS

PAYING OFF MENTAL CONDITIONS - THERAPY

Paying character points off against a Mental Condition involves paying the points and some role-playing to demonstrate how the character's mental well-being is re-stabilized. This should take at least a week of in-game play per character point to be 'cured'. Any stressful situations during that time negate the cure (although no points need be spent for a 'failed' week). The possibilities are up to the player and GM, but some suggestions as to how exactly this is done are:

- At least daily visits to a competent therapist (i.e. *Psychology* or possibly *Esoteric Medicine* 12- or better) for treatment.
- Spend a week at a retreat (i.e. a respected physician-run institution or an appropriate spiritual or religious retreat).
- Spend a relaxing holiday with loving friends or family.
- Spend regular time with a priest of a religion you feel a strong spiritual connection to.
- Occupational therapy such as an enjoyable hobby project or creating works of art (a classic Lovecraftian theme). Requires some investment in a suitable creative skill and the end result may likely have disturbing underlying elements.
- Meditation or praying. Requires at least an hour per day and *Meditation* skill at 12- or better.



If the GM allows, players whose characters are not the patient but are somehow involved in such therapy may donate character points to the character being helped, but only for the purposes of reducing a given Mental Condition. Such a contribution along with a particularly entertaining description of how the PC is involved, may attract a small in-game bonus from the GM.

A player may also use a week to substitute a different condition if the one the character is burdened with is, in the opinion of the player and GM, too disruptive for that character's concept and makes them less interesting to play. Such conditions as Alcoholism, Addiction, Religious Mania and so on are good examples of voluntary substitutes. As always, the GM has the final say. This substitution takes a week but requires no point spend unless the player wishes to also buy down the points invested in the condition.

LONG-TERM RECOVERY - PSYCHOLOGISTS, PSYCHIATRISTS AND INSTITUTIONS



Long-term recovery requires professional care and possibly institutionalisation. Unlike with buying off the condition (above), no character points are required, although they may be spent in addition to and alongside the long-term recovery at a maximum rate of 1/month to speed things up if required. Each point thus invested cures an additional point from the condition per month.

A character must receive treatment from a respectable therapist for at least one game month per character point that is intended to be 'cured'. Psychiatrists usually treat patients within an institution, psychologists may work out of a private office. Whether in an institution or office is unimportant but the treatment sessions must be regular, take several hours and be held at least twice per week. They must be conducted in a relaxed atmosphere (i.e. not whilst travelling or

GURPS: JAZZ AGE MYTHOS

adventuring). Any month where a Fright Check is required from the character (failed or not) does not count against the time period of the cure, and any new points towards Mental Conditions acquired during this time mean an additional 1d months before the curative process may begin again on that condition.

Psychiatrists are medical doctors (physicians) who specialise in the mental workings of the mind (as opposed to neurologists who concentrate on the physical working of the brain and central nervous system). Psychiatry as a medical specialism had developed considerably during the 1800s and the Jazz Age psychiatrist may prescribe drugs or a variety of (usually unpleasant) treatments such as ice baths and electric shocks designed to shock the brain into returning the mind to its normal function. Although lobotomies were not common until the later 1930s, for many centuries prior to this a variety of psychiatrists had experimented with psychosurgery (brain surgery for treating mental conditions) to treat particularly severe conditions. The results were mixed but usually negative or only marginally effective, but at least by our time period there are anaesthetics and clinical sterilisation as standard.



Unlike psychiatrists, **psychologists** are not physicians and cannot prescribe drugs or surgical treatments. Psychologists look to explore a patient's experiences and mental processes, with psychology being defined during the period as, 'the study of individuals, by observation or experimentation, with the intention of promoting change'. Psychologists may work closely with psychiatrists and their work overlaps considerably during the period.

Psychoanalysis in the 1920s period was in its infancy and overlaps with both psychiatry and psychology; a psychoanalyst or psychotherapist is no more than someone who uses psychoanalysis for therapy. Theories of psychoanalysis generally assume that a patient's mental disorders stem from a previous experience, often from childhood and often sexual, which creates unconscious drivers and suppressed emotions which manifest as the disorder in question. The key to psychoanalysis is therefore getting the patient to address, accept and overcome this psychological trauma. A psychoanalyst of the Jazz Age may follow one, some or none of the several competing psychoanalytical philosophies promoted by the likes of Freud, Jung,



Schultz-Hencke, and Fromm-Reichmann (one of the rare female psychiatrists of the period). It is worth noting that not every psychiatrist or psychologist in the 1920s accepts psychoanalysis and psychotherapy as legitimate treatment. The Freudian and neo-Freudian basic premise of sexual repression goes a long way to explain why many therapists of the time rejected psychoanalysis.

The **mental institution** of the Jazz Age was in a period of change. The preceding century had seen enlightened legislation recognise patients that were suffering mental illness required medical treatment and the building of genuinely therapeutic hospitals, but towards the end of the century, overwhelmed institutions once more degenerated into custodial establishments little different from prisons. The mental institutions during the

GURPS: JAZZ AGE MYTHOS

1920s ranged from Victorian-style almost-prisons to comfortable modern therapeutic environments with caring and forward-thinking staff. For campaign purposes, an 'institution' might also include remote temples or other such healing retreats if the GM allows. Such places make ideal game locations, of course, especially when a PC is institutionalised there. It is up to the GM to determine whether an institution is a respectable sanatorium or simply a 'loony-bin'. Hopefully the other player characters, as well as the character's friends and family, will first check out anywhere they intend to send a character requiring help. Prices vary according to resources, external funding and even how fashionable a place is. If an inmate has nobody paying the bills and there is nowhere else to send them then their future may be bleak. Unaccompanied amnesiacs beware.

A character may voluntarily leave an institution or treatment at any time (assuming they are not legally committed), with any remaining points in Mental Conditions remaining at the level they are at the time of departure. Treatment may recommence at any future point, but a month of cure is lost due to the disruption in the treatment regime (i.e. a character must spend an additional month in treatment when they return). Any new Fright Checks or new points in Mental Conditions after release hinder future treatment as above.

Long-term treatment might be 'free' (i.e. no character points need be spent) but it is not a complete solution. Any Mental Condition being treated by this long-term process can only be cured to the point where it has a 15- self-control roll, i.e. almost completely under control but not entirely gone. If a player wants to rid their character of the condition completely, character points must be spent as above to remove the last vestigial traces.

INSTITUTION PRICES

The lowest prices for what might be considered humane treatment start at about \$10 per week. This includes basic food and secure containment, plus perhaps a very occasional visit by an inexperienced or disinterested doctor.

The most basic care at an institution that actually seeks to cure patients (rather than just contain them) costs around \$20/week, with institutions offering better conditions and more progressive facilities charging around \$40/week.

Those institutions aimed at the rich are always more expensive (and discrete and exclusive), charging anything from \$60/week and upwards. The medical care may not be any better, but accommodation can reach almost to luxury hotel standards (and prices will reflect this).



APPENDIX 1

STRESS FRIGHT CHECK TABLE	
Roll	Effect
4, 5	Stunned for one second, then recover automatically.
6, 7	Stunned for one second. Every second after that, roll vs. unmodified Will to snap out of it.
8, 9	Stunned for one second. Every second after that, roll vs. Will, plus whatever bonuses or penalties you had on your original roll, to snap out of it.
10	Stunned for 1d seconds. Every second after that, roll vs. modified Will, as above, to snap out of it.
11	Stunned for 2d seconds. Every second after that, roll vs. modified Will, as above, to snap out of it.
12	Lose your lunch (revulsion), soil your underwear (fear) or burst into tears (awe). You are additionally Incapacitated for (20 – HT) seconds, and then automatically recover; see Incapacitating Conditions (p. 428). Depending on the circumstances, this may be merely inconvenient, or humiliating.
13	Lose your lunch (revulsion), soil your underwear (fear) or burst into tears (awe). You are additionally incapacitated for (25 – HT) seconds, and then roll vs. HT each second to recover; see Incapacitating Conditions (p. 428). Depending on the circumstances, this may be merely inconvenient, or humiliating.
14, 15	Run away blindly for 1d seconds, losing that many FP, and take 1d seconds of stunning as per 10.
16	Run away blindly for 1d seconds, losing that many FP, and take 1d seconds of stunning as per 14,15. Additionally you scream or otherwise cry out loudly and very audibly during that time.
17	Faint for 1d minutes, then roll vs. HT each minute to recover.
18	Faint as above, and roll vs. HT immediately. On a failed roll, take 1 HP of injury as you collapse.
19	Severe faint, lasting for 2d minutes. Roll vs. HT each minute to recover. Take 1 HP of injury.
20	Faint bordering on shock, lasting for 4d minutes. Also, lose 1d FP.
21	Panic. You run around screaming, sit down and cry, or do something else equally pointless for 1d minutes. At the end of that time, roll vs. unmodified Will once per minute to snap out of it.
22	Faint bordering on shock, lasting for 4d minutes. Also, lose 1d FP as 20. You remain catatonic (in shock) after this period and then may be revived by someone else in physical contact. If not, you remain catatonic for an additional 1d hours.
23	Faint bordering on shock, lasting for 4d minutes. Also, lose 1d FP as 20. You remain catatonic (in shock) after this period and then may be revived by someone else making a First Aid, Physician or Psychology roll. If not revived, you remain catatonic for an additional 1d hours.
24	For 1d days you are a gibbering idiot, incapable of performing even self-preserving actions. You require full-time physical care even to feed yourself.
25	As 24, above, but the time period is 1d weeks.
26+	As 24 above, but after 1d weeks a successful Psychology roll is required for recovery.

APPENDIX E

SANITY FRIGHT CHECK TABLE	
Roll	Effect
4, 5	Stunned for one second, then recover automatically.
6, 7	Stunned for 1d seconds. Every second after that, roll vs. unmodified Will to snap out of it.
8, 9	Stunned for 1d seconds. Every second after that, roll vs. Will, plus whatever bonuses or penalties you had on your original roll, to snap out of it.
10	Scream loudly or make some other incoherent noise, plus Stunned for 1d seconds. Every second after that, roll vs. modified Will, as above, to snap out of it.
11	Scream loudly or make some other incoherent noise, plus Stunned for 2d seconds. Every second after that, roll vs. modified Will, as above, to snap out of it.
12	Flee panicked for 20-HT seconds, and lose 1d FP.
13	Flee panicked for 20-HT seconds, and lose 1d FP. In addition, acquire a new mental quirk (see Quirks, p. 162). This is the only way to acquire more than five quirks.
14, 15	Lose 1d FP, and take 1d seconds of stunning as per 10.
16	Scream loudly or make some other incoherent noise, plus Stunned for 1d seconds. Every second after that, roll vs. modified Will, as above, to snap out of it. Also acquire a new quirk, as per 13.
17	Faint for 1d minutes, then roll vs. HT each minute to recover.
18	Faint as above, and roll vs. HT immediately. On a failed roll, take 1 HP of injury as you collapse.
19	Severe faint, lasting for 2d minutes. Roll vs. HT each minute to recover. Take 1 HP of injury.
20	Faint bordering on shock, lasting for 4d minutes. Also, lose 1d FP.
21	Panic. You run around screaming, sit down and cry, or do something else equally pointless and inappropriate for 1d minutes. At the end of that time, roll vs. unmodified Will once per minute to snap out of it. Unless physically prevented, you will distract a nearby ally (random or most appropriate, as best fits the situation), giving them a -1 penalty for all rolls during this panic.
22-23	Acquire or reinforce 5 points of a Mental Condition (see below).
24-25	Acquire or reinforce 10 points of a Mental Condition (see below).
26-27	Acquire or reinforce 15 points of a Mental Condition (see below)
28	Acquire or reinforce 15 points of a Mental Condition (see below), and additionally immediately act as though you have failed any self-control roll for this Mental Condition (i.e. it is triggered or becomes active, if appropriate).
29	Faint for 1d minutes, as per 18, and acquire a new 5-point Mental Condition (as 22-23).
30	Faint for 1d minutes, as per 18, and acquire a new 10-point Mental Condition (as 24-25).
31	Light coma. You fall unconscious, rolling vs. HT every 30 minutes to recover. For 6 hours after you come to, all skill rolls and attribute checks are at -2.
32	Coma. As above, but you are unconscious for 1d hours. Then roll vs. HT. If the roll fails, remain in a coma for another 1d hours, and so on.
33	Catatonia. Stare blankly into space for 1d days. Then roll vs. HT. On a failed roll, remain catatonic for another 1d days, and so on. If you have no medical care, lose 1 HP the first day, 2 the second, and so on. If you survive and awaken, all skill rolls and attribute checks are at -2 for as many days as the catatonia lasted.
34	Seizure. You lose control of your body and fall to the ground in a fit lasting 1d minutes and costing 1d FP. Also, roll vs. HT. On a failure, take 1d of injury. On a critical failure, you also lose 1 HT permanently. G
35	Stricken. You fall to the ground, taking 2d of injury in the form of a mild heart attack or stroke.
36	Total or suicidal panic. You are out of control; you might do anything (the GM rolls 3d: the higher the roll, the more useless your reaction). For instance, you might jump off a cliff to avoid the monster. If you survive your first reaction, roll vs. Will to come out of the panic. If you fail, the GM rolls for another panic reaction, and so on!
37	Fall into Light Coma as 28. Also acquire or reinforce 5 points of a Mental Condition.

38	Fall into Light Coma as 28. Also acquire or reinforce 10 points of a Mental Condition.
39	Fall into Coma as per 32. Also acquire or reinforce 10 points of a Mental Condition.
40	Fall into Coma as per 32. Also acquire or reinforce 15 points of a Mental Condition.
41	Fall Catatonic as per 33. Also acquire or reinforce 15 points of a Mental Condition.
42	Total panic as per 36. Also acquire or reinforce 15 points of a Mental Condition.
43	As 41, above, but victim also suffers an immediate heart attack or stroke inflicting 3d6 damage.
44+	As 43, above, but victim also loses 1 point of IQ permanently. This automatically reduces all IQ-based skills, including magic spells, by 1.

APPENDIX 3

MENTAL CONDITIONS TABLE

Condition	Base Points	Description	Equivalent GURPS Disadvantage and Page Number
Alcoholism	15 or 20	Note that Prohibition lasts from 1920-1933 in the USA, but was not as tightly regulated as many believe, especially for individuals (as opposed to crime gangs).	<i>Alcoholism, p. 122</i>
Amnesia	10 or 25	This might be a blessing in disguise but is not fine-tuned enough to block out exactly what you want to forget. A forgotten episode might also remove any conditions brought about by Fright Checks during that episode (which will return in full once the Amnesia is cured).	<i>Amnesia, p. 123</i>
Bipolar	20	Shifting moods from manic to depressive, either one of which is seriously disruptive.	<i>Manic-Depressive, p. 143</i>
Catatonia	100 (capped)	A tricky one and a potential PC-retirer. The character is, to all intents and purposes, inanimate and possibly insensate. This might be okay in an institution but is not good when fleeing a bunch of angry cultists or driving a car. Note that the points are capped because after a certain level (immobile, mute, blind etc.), there is little real additional disadvantage.	N/A.
Compulsion	5/10/15	This could cover any one of a number of compulsive disorders, including several with their own separate GURPS entry.	<i>Compulsive Behavior, p. 128</i>
Delusions	5/10/15	'Everything will be fine.' 'You need to roll 15 or less, you can't fail'....	<i>Delusions, p. 130</i>
Depression	15	More than 'feeling low', this can be a seriously debilitating lack of self-esteem.	<i>Chronic Depression, p.126</i>
Drug addiction	5 to 40	Some strong drugs were legal during the 'Jazz Age'. It's worth checking online.	<i>Addiction, p. 122</i>
Hallucinations	15	Not the best fit for the condition (feel free to suggest a better one). This represents the frequent distraction of 'seeing/hearing things that aren't there'. Hallucinations might affect any or all of the senses.	<i>Absent-Mindedness, p. 122</i>
Hysterical blindness	15 or 25	Triggered by stress, this could be deadly. Might last 1d minutes (15pts), or 1d hours (25pts). Will only recover if removed from stressful situation.	<i>Blindness, p. 124</i>
Hysterical mutism	15 or 25	Triggered by stress. Might last 1d minutes (cost x0.5), or 1d hours. Will only recover if removed from stressful situation.	<i>Cannot Speak, p.125</i>

GURPS: JAZZ AGE MYTHOS

Hysterical paralysis	15	Not just in combat, this should be applied to any situation where the character is feeling stressed (possibly including therapy).	<i>Combat Paralysis, p.127</i>
Hysterical seizures	30	Not epilepsy as such, but the effects are much the same for game purposes. Triggered by stressful situations.	<i>Epilepsy, p. 136</i>
Infantilism	10/15/20	Not quite as written in the equivalent GURPS Disadvantage but close enough. Rather than an animal, the character acts like an infant.	<i>Stress Atavism, p. 156</i>
Insomnia	10 or 15	The effects of lack of sleep are detailed in p.426 of the GURPS rulebook.	<i>Insomnia, p. 140</i>
Mania	5/10/15	Any one of several mania obsessions, including some which have their own separate GURPS entry.	Any of the – mania Disadvantages.
Multiple Personality Disorder	15	MPD can be extremely disruptive and frightening, especially in the early manifestations. GMs are advised to think carefully before allowing players to create meta-useful personalities.	<i>Split Personality, p. 156).</i>
Nervous tremors	15/35/55	This can be anything from a nervous tic to a full-blown state of permanent trembling and wild movements. It also covers 'Tourette's Syndrome', but the blurting out of inappropriate words is not always part of the condition (although I bet many PCs will develop it).	<i>Neurological Disorder, p. 144</i>
Paranoia	10	Yup, they really are out to get you.	<i>Paranoia, p. 148</i>
Phobia	5/10/15	Any one of a number of phobias. Note that phobias can be a hatred of as well as simple fear of.	<i>Phobia, p. 148</i>
Post Traumatic Stress Disorder (PTSD)	5 to 20	This is often accompanied by another disorder. If experiencing a flashback, it counts as a stressful situation for the purposes of triggering other conditions.	<i>Flashbacks, p. 136</i>
Predatory psychopathy	15 or 30	This is a fascination with planning and causing pain and possibly death at the expense of others. This is the classic novel and TV psychopathic killer.	<i>Sadism, p. 152, possibly with Odious Personal Habit (Murderer), p. 22</i>
Schizophrenia	5/10/15	<u>Not</u> multiple personalities. This is hearing an inner voice (or voices) which <i>usually</i> transmits negative thoughts.	<i>Phantom Voices, p. 148</i> and might also have other disorders.
Sociopathy	5	Covers a range of anti-social disorders. This could easily also be covered by other Disadvantages such as Odious Personal Habits, Clueless, or similar.	<i>Callous, p. 125</i>
Violent psychopathy	10	This is a lack of concern both for social niceties and the safety and feelings of other people. Perceived threats or sources of frustration are tackled with violence.	<i>Bad Temper, p. 124</i>