

Bedside

A nordic-style chamber larp about the end of life and the social process that surrounds it.

Duration: 4h

Players: 6-8

Introduction

In Bedside, family and friends pay visits to a dying person to sit by their hospital bed. The larp plays in weighted silences, useless gestures, conversations about trivialities, and helpless words. It is interspersed with retrospection scenes about the life of the dying person and their connections to the visitors. The players take on the roles of the visitors, the bedridden person, and their younger self that shows up in the retrospection scenes.

Although the game deals with difficult and possibly traumatic themes, it is not designed to be a therapy tool. The author has no formal training in psychology of any kind and intends it to be a work of meaningful fiction and an artistic experience to share. If you're having troubles dealing with grief or mortality, this larp might not be for you.

Preparation

Equipment

- Sound system and access to following sounds:
 - Starting song: [Is It Real by the Seatbelts](#)
 - Hospital soundscape: [Hospital Sounds Background by the Treehouse Radio](#)
 - Ending song: [Goodbye by Ramsey](#)

It is best to download the sounds in advance instead of relying on Youtube.

- Scenic light able to switch between red, blue, and white
- Printed [player handouts](#)
- A copy of this document for you – either digital or printed

Props & aids

- Chairs for all the players and the GM, plus 2 more
- A bed or a similar furniture piece that's comfortable to lay on for up to 2 hours
- White bed sheets, white duvet, big white pillow
- 10 pieces of thick red/blue thread, at least 2m in length.
- A roll of paper masking tape, and a marker to write on it.
- Small pieces of paper (Post-its or index cards), and pens for all players.

Nice to have

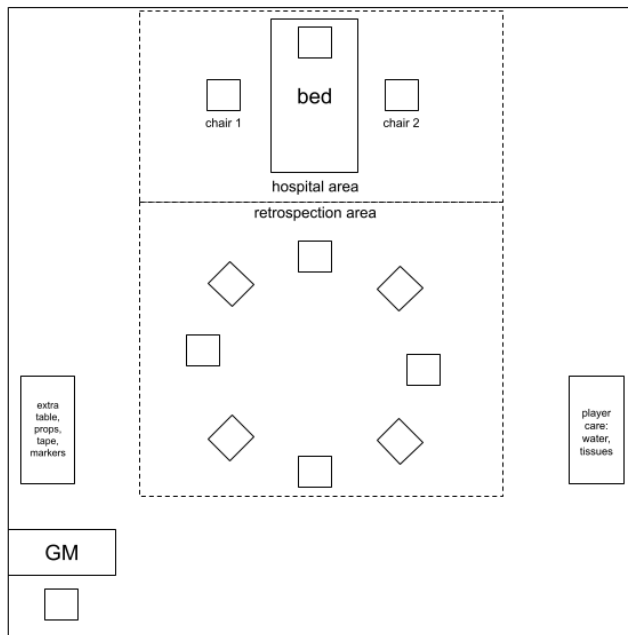
- Cups, water and hospital-appropriate snacks for the players
- An assortment of props: flowers, gifts, paper, pens, a plastic cup with a straw, etc.
- Few boxes of tissues
- Nurse outfit for the GM

Location set-up

You need one large room (at least 5x5 m). Set it up as follows:

- Move the bed to the back of the room, facing the centre. Set up the chairs on either side.
- Use the masking tape to attach the ends of the colorful threads to the wall above the bed. They should be clearly visible, one next to the other: as the game goes on, the threads will be taken down to mark the passage of time.
- Hide the remaining length of the threads behind the headboard of the bed. Don't attach them too tight - they may be pulled out in the game.
- Use a line of paper tape to separate the space into a hospital and a retrospection area.
- Set up the light to face the retrospection area in front of the bed. For now, turn it white.
- Put the additional chairs in a circle in the middle of that area, for the workshops.
- Set up the GM table in a corner: It should have the controls for the sound system and the lights, printed player handouts, and this document.
- Set up an additional table or two for players' use: water, cups, tissues, props, etc.

Ideal location set-up could look like below:



Workshops [90 min]

To run the pre-game workshops, follow this document and read aloud (or paraphrase) all text written in regular font. *The text in italics contains additional instructions.*

Welcome and introduction [3 min]

Welcome to Bedside. Please, sit in the circle and we will begin workshops.

My name is [...]. I chose to bring and run this larp here, because [...].

Please, introduce yourselves too.

If you want, you can say 1-2 sentences about why you chose to play this game.

Expectations [2 min]

Bedside is a Nordic-style game that takes 4 hours. We plan to spend 90 minutes in the initial workshops, 120 minutes on the core game, and 20 minutes on the debrief.

It deals with difficult topics: death, grief, helplessness, regret, and loss. If you are dealing with such topics in your own life, or are otherwise uncomfortable with them, please be mindful of your boundaries and feelings and steer your game to an intensity you're okay with.

The larp features asymmetrical roles: some are more intense than others.

- Most of us will portray the Bedside characters who show up at a hospital, alone or in pairs, to visit a dying person. They can be family members, friends, or other closer or further connections.
- One of us will play the Dying: They will lay in bed, speaking to the visitors, and controlling the game using certain meta-techniques.
- One of us will play the Living: it's the same person as the Dying, but in the past – when they were still on their feet. The game features multiple retrospection scenes, and the Living will feature in most of them.

As we continue the workshops, think about which roles you would like to play. We will distribute the characters a bit later.

Safety [10 min]

Themes and triggers to avoid

Now you've learned the basic premise of the game, and the themes we will play on. If you're feeling that you're actually not comfortable with them, it's okay to stand up and leave – it's brave to recognize your boundaries and preserve them.

Wait for a moment, in case someone wishes to leave. If they do, thank them and move on.

Think if there are other themes or details that you would wish to avoid. The game is very flexible and we can easily avoid triggering areas if we identify them now. Maybe some of us would prefer to avoid playing on a specific disease: cancer, stroke, dementia. Maybe we don't want to mention child mortality, miscarriages, or children overall. Maybe we would like to avoid playing on religion, or any specific religious system.

Distribute small pieces of paper and pens. Ask the players to think about topics they wish to avoid. Give them a minute to write, then collect the cards. Shuffle them, and read out the topics the group wishes to avoid. Advise everyone not to introduce them into the game.

Thank everyone for establishing boundaries.

Cut

If at any point you feel that the game is taking the wrong direction, you feel unsafe, triggered, or in some other way not okay, you can use the safeword "cut". When you hear "cut", everyone stops playing – without question. We will address the situation, try to resolve it, and possibly keep on playing, maybe rewinding the scene a bit.

Please use this safety net if you feel that anything is off: a theme you're not okay with shows up, you lose a contact lens or feel sick... anything, really.

Rule of Feet

Throughout the whole game we also apply the rule of feet: If you feel like you wish to leave, it's okay to do so. If you're playing a bedside character, the game will probably still work smoothly without you. If you're playing the Living or Dying, I, as the GM, will take your place.

Please keep this in mind: everything we do here, we do because we want to. It's okay to decide half-way through that it's too much. Maybe you're suddenly feeling sick, or tired. There's a million reasons why you could leave, and it's okay to do so, because the players are more important than the larp.

Physical boundaries

In terms of physicality, the game requires us to be okay with touching each other's hands. This is an important element of the play, and a core part of the larp.

This, and any other physical interaction, needs to be expected by the other players. Please don't touch anyone by surprise - no matter your character's intention, the other player needs to see you approach, to opt out if they want to.

Now, please close your eyes. We will establish the boundaries we have in our group. Having your eyes closed, please raise your hand if you're okay with:

After each round of raised hands, pause and remember / note if all players opted in.

- Other players touching your outer forearms. (...) Okay, lower your hands.
- Other players touching your inner forearms. (...) Okay, lower your hands again.
- Other players touching your shoulders. (...)
- Other players hugging you. (...)
- Other players stroking your hair. (...)
- Other players touching your face. (...)
- Other players shaking your shoulders gently. (....)

Now, open your eyes. As a group, we are all okay with well-communicated, expected touch on [...], [...] and [...]. We do not play on anything beyond that.

Are there any questions?

Warm-up exercises [15 min]

Let's have a few warm-up exercises to get accustomed to the form of this larp. We'll start with an exercise on holding hands.

Hand-holding sandbox [7 min]

Goal: Get comfortable and creative in the way one can hold another's hand.

Let's stand up and move the chairs aside. We will form 2 rows, facing each other.

If there is an odd number of players, join one of the rows.

- First, let's practise handshakes. Row A (*point*), approach the player in front of you and shake their hand. Then step away.
- Switch! Row B, approach the player in front of you and shake their hand. Don't speak.
- Now we're adding roleplaying: B is a new employee. A is the CEO, approaching them to shake their hands, welcoming them to the company. Still no words.

Think about how you react to the touch. Are you intimidated? Do you fake confidence?

- Several years have passed. You've been through tough times together. The employee is about to leave the company. They approach the CEO and shake hands.

How did the dynamic and the touch change? Or the look in your eyes?

- New situation. B is a kid on their first day of school. A is an older sibling, greeting the kid at school, by putting a hand on their shoulder.
- New situation. You're friends, and A is helping B in moving apartments. By the end of a day of hard work, B approaches A to thank them by putting a hand on their shoulder.

Good. Let's mix up the rows - find a new partner. We will practise holding hands a bit longer.

- A is a kid leaving home for college. B is their parent. The parent approaches their kid slowly, and takes their hand in a goodbye. Pause, holding hands, for a few seconds.

A, think, how do you react to this touch? Where do you look?

- New situation. B is about to make a drastic choice in their life. A is a good friend. A, approach your friend and reach out to hold their hand, as if to say “don’t do it”.

Notice: The roleplaying already starts in the way you approach, the way you anticipate the other person. The way you allow touch, or struggle to accept it.

- Switch. You’re at a zoo, in front of the bear habitat. A, you are a bored, tired parent. B, you are a kid, and you want to be brave, but the bears are a bit scary. As you’re both looking at them, move to your parent and reach out for their hand.
- Switch. You are two partners about to break up. A, you are the one that wants to break up. You walk up to B, to hold their hand one last time.

Thank you, that’s all. Please find a chair - they will be needed for the next workshop!

Game about silence [7 min]

Goal: Get used to uncomfortable silences. Trigger internal play.

Please find another player, and sit around the room, facing each other.

As previously, join in if needed. Prepare a stopwatch - e.g. an app on your phone.

You will be roleplaying a job interview. One of you is the interviewer: representing a big banking company. The other is a candidate, who really needs a job as their assistant. Decide who’s who.

Now, the trick: I’m controlling the pacing. Only when I tell you, can you say one sentence. For the interviewer, it will likely be a question. For the candidate, probably a response. For the rest of the time, we’re silent. Think, observe, get stressed, get judgy, gesture, but don’t talk.

- Everyone ready?
Start a stopwatch on your phone.
- Boss! First, short sentence!
Wait through 5 seconds of silence.
- Candidate: one sentence of response!
Another 6 seconds of silence.
- Boss, your response!
Keep looking at your stopwatch and pace the players for 2-3 minutes.
Give them longer and longer pauses – up to 15 seconds in the end.

Now, let’s change roles. You are high schoolers on a first date. One of you is a boy, the other is a girl. You made out awkwardly at a house party last week and you’re both embarrassed.

Decide who’s the boy and who’s the girl, and then we’ll play the same thing.

- Everyone’s ready? Okay! Girl, say something.
Wait through 5 seconds of silence.
- Boy, your turn.
As previously, use a stopwatch and play for 2-3 minutes.
The last pause should be about 15 seconds.

Choosing the Living and Dying [5 min]

Thank you for the warm-up: let's sit back in the circle now.

As I mentioned, the game is asymmetrical: the Dying and Living are different roles than the Bedside characters. They are in play more, but may have less activity or immersion.

Is there anyone who would like to play the Dying? If you choose this role, please know that you will spend the entire game in bed. We will also attach small pieces of thread to your upper body as the game goes on, symbolising tubes, cables, sensors, etc. We will calibrate about your boundaries in that regard later.

Decide, which player will take the role of the Dying.

Is there anyone who would like to play the Living? They will be essentially the same character, playing in all scenes from their past life. It's a unique role, not involved in the hospital scenes, but perhaps closer to some of us here. It may also be quite intense.

Decide, which player will take the role of the Living.

In case there's too many volunteers, remind the players: The Bedside roles are also interesting and flexible. You can play a very close or a very distant character – you control the intensity.

Now that we have the Living and the Dying, we need to decide on a few key gameplay facts with the whole group:

- Which country and city should we portray?
Discuss in the whole group. Default: USA, New York
- The Dying is terminally ill, with no hope for recovery. How old are they?
Again, open the question to everyone. Default: in their 90s.
- What is the condition they're dying from?
Default: old age.
- What is their name and gender?

Make sure that everyone is comfortable with the choices.

Handouts [15 min]

Pass the handouts and pens to all players.

Living and Dying: please step out of the circle for a moment and work on your handout together. Everyone else: please go through your handout and think about what you would like to play.

Give the players 5 minutes to go through their handout, and then ask:

Does anyone feel strongly about what connection they would like to play?

Try to brainstorm from there, defining the network of connections.

If some roles overlap, don't worry. Encourage the players to choose whatever roles they wish for – they're not exclusive.

- *Are there 2 spouses? Great! Which one was earlier? When and why did you divorce?*
- *Is there a grandchild but no children? Great! What happened to them?*
- *Is there a priest, but later you find out that the Dying the character is not religious? Great! Do they know each other? Have they turned away from faith?*

Once someone has a good idea for their character, pass a roll of tape and a marker:

If you have an idea for a name, please write it on the tape. Add the pronouns and the role, and then stick them to your clothes, like a name tag. For example: "Marcy (she/her): Wife", "Father Matthew (he/him): Priest", etc.

Living/Dying Interview [5 min]

Once the Living and Dying rejoin you, ask them to sit back in the circle once more.

Welcome back! Please, introduce your character in a few sentences.

After they do, ask if any player has questions about that character. Try to keep the conversation focused on the Living/Dying character – the network of connections will be built later.

Finally, Bedside characters: please think for a moment in silence: what's your character's opinion about them? Do you like or dislike them? How do you normally react to that person?

Bedside character interviews [25 min]

Thank you, now, let's interview all other players in a similar way. Would anyone like to say a few sentences of their character introduction?

As previously, other players can ask questions about the character. Try to keep within 3 minutes for each character: 2-3 short questions.

As before, think in silence: what's your opinion about this character? Do you have a bond? Do you like or dislike them? How do you normally react to them?

Continue in that fashion with all the characters.

Organically, the players will start discussing connections between their characters: encourage that, but cut too long conversations to ensure there's time for all characters.

In the last few minutes it may also make sense to discuss the obvious absentees: are there kids, but no spouse? Why aren't they present at the bedside?

Setting and play structure [10 min]

Pick up the remote to control the lights, or move to the GM station and talk from there.

I'm going to tell you about the play structure now. The game itself plays through 10 visits at the hospital - as many as there are threads above the bed. After each visit, one thread is removed.

Hospital Scenes

During the hospital scenes, the light is blue. (*Demonstrate*) The play revolves around the hospital bed. The Dying is always in play. Any Bedside player may choose to enter the scene at any time, as a visitor coming to the hospital.

The hospital is a quiet place: It doesn't mean that you can't raise your voices and have fiery discussions, but other characters may shush you and remind you where you are.

During the hospital scenes, any player can raise their hand to trigger a retrospection scene. It can be one of the visitors, the Dying, or even any other player not currently in the scene. When they do, the light turns red and the play pauses. (*Demonstrate*)

Retrospection scenes

The player who triggered the change describes the scene they wish to stage in a few words, e.g. "I want to play a scene from 40 years ago, from my and Emma's wedding. Dad makes a long speech which is only about him – and I hate it. I will need a few chairs, guests and dad."

Retrospection scenes can be good or bad, may involve the Dying character or not. For example, they can show the discussion to put them in hospice care, or planning a surprise party, or the kid trying to figure out how to tell some hard news to their parent.

The retrospection scenes also don't necessarily need to be about the past: they can be set in the present, plans or hopes for the future, what-if scenarios, or even hallucinations of the Dying as they slip in and out of consciousness under heavy medication.

In general, be brave with your scenes. Usually each player would trigger 1-2 of them throughout the larp. If you need more guidance and inspiration, you will find a list of ideas on the table in the corner - it looks like this (*show the Retrospection Inspirations Handout*).

When you describe the situation, I and the other players will help in setting the scene in the play area, where we're sitting now. If you need any extras, any player can opt in to play them.

The retrospection scenes normally play for 1-3 minutes. The ending is controlled by the Dying player: at the time they feel the scene should end, they say "Scene". If they have a good idea, they can add a sentence or two about what happened next, e.g. "You failed that exam." "The family business flourished afterwards." "After this fight, you didn't speak to each other for 10 years." - but it's in no way mandatory.

That is when the scene ends, and the light changes to blue again (*Demonstrate*).

Return to the Hospital

After each retrospection scene, we clear the play area and the play moves back to the Hospital. The visitors by the bedside may comment on the memories, play off the retrospection scene, keep silent, or try to change topics. New visitors may enter, others may leave.

When you're leaving, you can use the taped-off play area for scenes that happen at the Hospital corridor: Intense discussions with the other visitors, monologues, or displays of emotions that you were holding back next to the Dying.

Ending the Hospital scene

Each Hospital scene should last about 10 minutes. If they stretch too long, then I, playing a Nurse, will enter and announce that the visitation time is over.

When all the guests leave, the Nurse will take one of the threads from above the bed, and attach it to the upper body of the Dying. Those threads symbolise the passage of time and the advancing sickness, which causes tubes and cables of various machines to be more and more present in the room. As more and more threads are attached, the Dying will grow weaker, sicker and wither away. The passage of time is intentionally vague - feel free to establish it in the future scenes. Maybe it was minutes, but maybe hours or even a few days...

Dear Dying player, let's calibrate about the threads now. Where, on your upper body, are you comfortable with attaching small pieces of tape and threads? Forearms? Neck? Face? Chest?

As the player describes their boundaries, suggest that they illustrate by touching the areas they are comfortable with.

If you feel your boundaries change throughout the game, you can also cover yourself with the duvet if some areas don't feel comfortable to attach tape anymore.

When the Nurse leaves, if there are any more threads left above the bed, another Hospital scene may begin. If there are no more, the game will end with the last monologues, and the last, abstract scene led by the Living. You will receive instructions about it at an appropriate moment.

Summary

It may sound like a lot – just to repeat:

- We start at the hospital – blue light. Visitors may enter the scene.
- Raise a hand to trigger a retrospection – red light. Set the scene and play it in the centre.
- The Dying resolves it by saying "Scene". If they want, they can say what happened next.
- Back to the hospital – blue light.
- The nurse ends the visit and attaches a thread. Time passes. Sickness progresses.

Does this make sense? Do you have any questions?

Break [10 min]

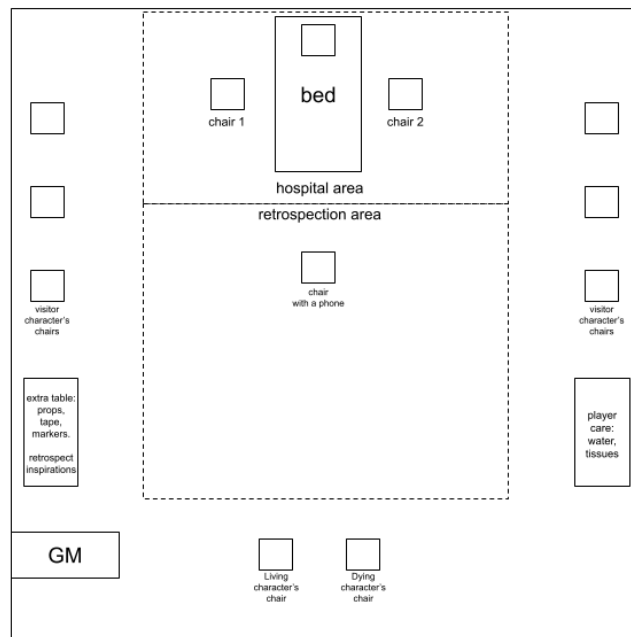
We are going to pause for a 10 minute break. Please remember to drink water and use the restroom. After that we will finish the workshops with two last exercises and then start the play. It's now [...] o'clock, so I will see you here at [...].

During the break, remember to drink water and use the restroom too.

Set up the space: Move the player chairs to the sides.

If you have more boxes of tissues, leave one or two next to the bed and in the props area. Place the Retrospection Scene Inspirations hand-out on the props table.

Put up a chair in the play area, facing away from the bed. Leave your phone on that chair.



Game run [120 min]

Welcome back: Dear Dying and Living, please sit on the two chairs facing the bed. The rest of us, please choose any chair by the walls. We will now begin the main game.

If you wish to take pictures during the game, ask the players for permission now.

Before we start the hospital visits, there will be two intro scenes to help us get in character.

Last message [5 min]

For the first, I would like all Bedside characters to narrate the last message that you sent to the Dying person, before they were hospitalised. It can be a voice message, or you can narrate as you pretend to type on the phone. For this exercise, you will already be in character.

Think for a moment in silence. Whoever would like to start, please come to the middle of the play area and pick up the phone.

As the scenes happen, turn the light red.

Hospital admission [5 min]

After everyone has narrated their messages, take the chair and the phone back to the GM area.

And then it happened. The Dying was admitted to a hospital. Dear Living player, how did this happen? Please set and play a short scene about this situation. If you need props and extras, you can ask the other players.

If the scene requires a medical personnel character, offer to play them.

Dear Dying player, you will be responsible for ending the scene: Stop it at an appropriate moment, by saying "Scene", and, if you wish, narrate what happened next.

Core play [100 min]

After the scene, make sure that the play area is empty.

Dear Dying, it's time to take your spot in the bed. We will now begin the core game. First you will hear an intro song, and a few words of introduction. After that, the first visitor may enter.

Play the intro song: "Is this Real" by the Seatbelts.

Note: The song can be cut at 1:45 if you feel it's too long.

After the song, turn the light blue and start playing the hospital soundscape.

Narrate:

Sterile, blank room at a hospital. A white ceiling above you, a bouquet of trivial flowers on a side table, the blue blue sky visible through the window. The smell of antiseptic. From the corridor you hear the typical, busy hospital life: carts, machines, beds moving from room to room, quiet conversations, phone calls... Dying, it seems, is a slow, monotonous process. Time passes minute by minute, hour by hour, day by day, interspersed with meals, doctor visits, medical procedures, and... visitors.

The play begins now, with Dying alone in the hospital bed.

Players will begin entering the Hospital area, playing and triggering retrospection scenes.

Your role as the GM:

- *Don't panic. The game will be slow and it might look like the players are struggling, especially in hospital scenes. It's okay and intentional: the characters are struggling too.*
- *Observe the play and change the light and the sound accordingly:*
 - *Turn the light red and fade out the hospital soundscape when someone triggers a retrospection.*
 - *Turn the light blue and fade in the hospital soundscape when the Dying player ends the retrospection scenes.*
- *Time the Hospital scenes, and, if they take more than 10 minutes, enter the Hospital as a Nurse, announcing the end of each visitation. Some scenes may not need that - after some time the players will get a feel for Hospital scene timing.*
- *After each Hospital scene, remove another thread from above the bed, and attach it to the Dying player's body, minding their boundaries.*

Last monologues [5 min]

After you attach the last thread, return to the GM table and narrate:

Then, they lost consciousness - never to return. They left unfinished business: words untold, gestures never made, plans cut but never forgotten. Some of you didn't manage to say goodbye to their open eyes. If you wish, you can now come, alone, for the last brief visit - and say the last few words to the unconscious Dying. Maybe they still hear you? Or maybe not? Does it matter?

As the last monologues play out, approach the Living and give them the Game End Instructions.

Game End [5 min]

When the monologues are over, change the light to red and wait for the Living player to approach the bed. Give them space to say the last few words, if they wish. Then start the ending song: "Goodbye" by Ramsay and fade out the hospital soundscape.

When the Living and Dying are finished with the scene, wait until the song is over or fade it out.

Post-game [20 min]

Break [5 min]

Turn the lights back to white.

The larp is now over - thank you very much for playing. If you want, you can stand up from the chairs, and remove the name tags. Don't leave the room yet – we will do a debrief in 5 minutes.

Consider doing something radical to the play space. For example, you can strip the bed, put the duvet, the pillow and the mattress on the floor in the middle, and use it for the Debrief.

Debrief [15 min]

Please join me on the floor in the middle of the play area. If you haven't done so, please remove the tape with your character name. We will have a short structured debrief to split from the game and the surrounding emotions.

Let's start with a simple round: what's your name, your pronouns, how do you feel, and what do you need now? If you don't feel like sharing, it's okay to skip.

I'll start: My name is [...], [pronouns], I feel [...], and at the moment I need [...].

Moderate the responses in the circle. They should be one sentence each – no more. After that, ask the following questions in a similar manner.

- What was the one moment you will remember from the game?
- Is there anything you want to take with you from this game, or your character?
- Is there anything you want to leave behind?
- What do you want to do now?

The answers to those can be a bit longer – but not too long. It's also okay to skip or go out of order.

If you took pictures, ask the players again if it's okay to share them - and in which context.

Finally, thank everyone for the game and the debrief.

Bedside - Cheat Sheet

Welcome and Introduction	<i>My name is [...] I play/run this larp because [...]</i>	00:00
Expectations	<i>Timing, topic, intro about Bedside/Dying/Living roles</i>	00:03
Safety	<i>Themes to avoid, cut, rule of feet, physical boundaries</i>	00:05
Hand-holding sandbox	<i>Two rows: handshakes, roleplay through hand touch</i>	00:15
Game about silence	<i>Sitting pairs: interview, date. GM controls the pacing.</i>	00:22
Choosing the Living and the Dying	<i>Choose 2 players, establish basic facts.</i>	00:30
Handouts	<i>Dying & Living work separately. Create name tags.</i>	00:35
Living/Dying Interview	<i>Introduction, questions from everyone, silent opinion</i>	00:50
Bedside character interviews	<i>Introductions, questions, relations, absent persons</i>	00:55
Setting and Play Structure	<i>Hospital, retrospections, adding threads (boundaries)</i>	01:20
Break	<i>Use the restroom, drink water, set up play space</i>	01:30
Last Message	<i>Spotlight scene with a phone</i>	01:40
Hospital Admission	<i>Living sets the scene, Dying ends it</i>	01:45
Core play begins	<i>Dying moves to the bed, starting song, narrated intro</i>	01:50
1. thread	<i>Nurse asks the visitors to leave, attaches a thread</i>	02:00
2. thread	<i>Nurse asks the visitors to leave, attaches a thread</i>	02:10
3. thread	<i>Nurse asks the visitors to leave, attaches a thread</i>	02:20
4. thread	<i>Nurse asks the visitors to leave, attaches a thread</i>	02:30
5. thread	<i>Nurse asks the visitors to leave, attaches a thread</i>	02:40
6. thread	<i>Nurse asks the visitors to leave, attaches a thread</i>	02:50
7. thread	<i>Nurse asks the visitors to leave, attaches a thread</i>	03:00
8. thread	<i>Nurse asks the visitors to leave, attaches a thread</i>	03:10
9. thread	<i>Nurse asks the visitors to leave, attaches a thread</i>	03:20
10. thread, final monologues	<i>Last thread, narrated instruction, solo monologues</i>	03:30
End scene	<i>Living guides the Dying away. Ending song</i>	03:35
Break	<i>Change the play area, rest, vent, feel</i>	03:40
Debrief	<i>Names, feelings, needs, moments, take/leave behind</i>	03:45
End of debrief		04:00

Final words

Acknowledgements and thanks

Many great people contributed to this larp. I would like to extend special thanks to:

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Inspirations

The most important inspirations for this game are:

- “Waiting for Flight G0901” by Simon James Perrett
- “The Group” by Katie Green and Michael Rae
- “The Homes we Build” by Katie Green
- “The Last Hour” by Rasmus Teilmann and Mads Dehlholm Holst
- “Fiasco” by Bully Pulpit Games and Jason Morningstar

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Player handouts

Print before the larp

Living/Dying: Character building handout

Leave the circle for just a moment, and follow this guide. It should take you max. 10 minutes.

Word Soup

Each of you places a finger in a random spot of the left and right frame. Those are the two main traits of your character. (feel free to try again, or add more traits, until it feels right.)

industrialist	traumatised	abused	privileged
wealthy	educated	addicted	talented
disrespected	veteran	chronic illness	
poor	absent	immigrant	minority
well-travelled	entrepreneur		
disabled	famous	beautiful	respected

lazy	competent	scatterbrained	depressed	overworked
bitter	nationalist	generous	workaholic	
parental	ambitious	practical	xenophobic	independent
blunt		emotional	social	spiritual
coward	cruel	afraid	opinionated	artistic
hedonistic	superstitious	driven	joyful	controlling
	selfless	tired	energetic	promiscuous
professional	conflict-averse	naive	closed-off	sporty
altruistic	strong	reliable	caring	nerdy

Fleshing out

Work from your traits and spend a few minutes discussing the following:

- Who are you? What was your life like?
- What was the main achievement of your life?
- What was the main regret you will think about while dying?
- What do you think will happen after your death?

You don't need to figure out everything. Once you have a few defined ideas and a general trend where you're going, go back to the circle and rejoin the group.

Bedside characters: character building handout

What is your relation to the dying?

- Parent?
- Spouse?
- Sibling?
- Cousin?
- Child?
- Grandchild?
- Friend?
- Lover?
- Coworker? (Boss? Employee?)
- Priest?
- Insurance advisor?
- Someone else entirely?

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Fleshing out

Think about the following questions:

- What is the one thing that cemented your relationship with the Dying?
- How did the relationship change over time?
- What were your unfinished plans with the Dying, something you will never get to do?
- What is your name and pronouns?

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Game ending instructions

The game is about to end. After the last goodbyes are over, the light will change. When this happens, your task is to lead one last abstract scene. You will enter the Hospital, guide the Dying out of their bed, and leave together.

Think about:

- How will you approach the bed?
- Will you say something to the Dying too?
- How will you remove the threads, tubes and cables from their body?
- Where will you leave them?
The threads are long, you can extend them far away from the bed if you wish.
- When you take Dying by the hand to help them up, what will your touch be like?
- Will you break the fourth wall, and acknowledge the Bedside characters as you pass?
Maybe even approach them?

As you play, music will start. The song is ~4 minutes long, but your scene can be shorter if you wish. In the end the bed should be empty, and both of you should leave the play area.

If anything is unclear, raise your hand and the GM will come and explain. Otherwise, look at the GM and nod when you're ready.

Retrospection Scene Inspirations

- **Past:** A car accident you were in years ago. Was the Dying in danger? Were you?
- **Past:** That one time the Dying saved your life.
- **Past:** The biggest argument you ever had.
- **Past:** Memory of another close person's death, when you didn't manage to say goodbye.
- **Past:** That one time you betrayed the Dying - and they still don't know about it.
- **Past:** A simple skill that the Dying taught you, that you will never forget.
- **Future:** Your speech at the upcoming funeral.
- **Future:** The way you will describe the Dying to your kids.
- **Future:** How you will struggle with something that the Dying always did for you.
- **Alternate Reality:** A conversation you wish you had with the Dying, but never could.
- **Alternate Reality:** Replay a previous retrospect scene, but make a different choice, that you wish you did.
- **Alternate Reality:** Something you were planning with the Dying, which you both know will never happen.