

Trauma Ward

A scenario for Fastaval 2019, by Mo Holkar.

Introduction (read this to the players)

Four men, strangers to each other, are in a hospital ward recovering from different kinds of major surgery. They play through a succession of scenes during which they gradually connect with each other and build trust, as they talk about their lives and share their thoughts and feelings.

At the end, one by one the men will leave the ward and return to the outside world.

The idea of the larp is to explore the performance (and reality) of masculinity at a point of bodily vulnerability.

It's important to note that this scenario is not about danger of death, tearful farewells, etc. The characters have had successful surgery, and they will all recover. (Of course, the characters might themselves fear that they won't recover, but the players need not.) The purpose of the hospital setting is to put the characters in a position of vulnerability, and as each coming out of a similar set of traumatic experiences -- so that they are more able to share thoughts and feelings with people who they probably would have ignored if they'd met them on the street outside. Any attempted show of strength is undercut by the characters' physical weakness and lack of control.

The players will all be in-character, and able to talk and interact, throughout, apart from scene breaks. Some scenes will focus particularly on one patient, to help develop that character's story and feelings: during these, the other characters are still present, but are expected to let the scene flow.

The player experience is intended to be that of exploring a realistic character in a realistic situation – a 'typical' man who usually has little opportunity (and perhaps little wish) to express himself, but who now has an alibi to do so. What will he say, what will he learn? How much will he trust the others? Will a hierarchy form? Will friendships develop that might persist when they get out? And so on.

Your most important takeaway is the experience of having, as a man, shared a moment of vulnerability with other men – and of having explored the permission which that gives for the growth of bonds of trust.

Note to the GM

You are given a list of scenes that should happen, but please do use your own creativity to add to or subtract from this list, in order to shape play in response to what the players are

doing. You have a bunch of NPCs to play – hospital staff, visitors, etc – who you can use to provide stimulus and input. But the most important scenes are those in which the four men are left to talk together. You need to responsively manage scenes, timing, and NPCs, so as to maximize opportunity for the players to explore their characters' interactions and the shared space that they create.

Why is it specifically about men?

Really because, as a designer and in life in general, I'm interested in the whole area of men's difficulty with communication. I've already had one look at this topic in the chamber larp *Real Men* (written together with Kevin Burns), but that was about how men may change as they mature from youth into middle age – this one is much more of a tight focus on how things are for a man in a particular moment of his life.

Acts and scenes

A note about time

Each act follows the rhythm of a day, and ends with the lights being turned out for the night. But the overall time period is a few weeks, and it should be left vague how exactly the acts map onto this period, and how much time passes between each of them. In the hospital, it's hard to keep track of time as it passes.

Scene timing

NPC scenes should last no more than a few minutes each. The early ones can be a bit longer, as you orient the players and establish the NPCs' personalities and roles, but in general the idea is to not take too much time away from the player chat scenes. These should be allowed to run as long as they remain interesting: end the chat with the arrival of the next NPC, but be sensitive. Sometimes it will be better to let the conversation play out; but sometimes it will be good to leave an interrupted question or thought hanging in the air between the men.

Ending the acts

At the end of each act, you should play a short piece of music, during which the room should be darkened (or tell the players to close their eyes, if it's not possible to alter the lighting). The designer likes to use One Dove's 'White Dove (Piano Reprise)': you should use whatever you personally favour.

1. Act 1
 - a. Patients chat – the four characters get to know each other.
 - b. T's elder daughter Sarah visits him – she tries to conceal her impatience at his refusal to ease off at work, and to avoid blaming him for the accident, but probably fails.
 - c. Dr Chakravarty does rounds – talks to each of C, S, and T individually about what was involved in their treatment, and tells them that if all goes well they should be out in a few weeks.
 - d. Patients chat.
 - e. Nurse Subroto talks to each patient, asks them if they need pain relief, says goodnight, and the act closes.
2. Act 2
 - a. Patients chat.
 - b. Dr Niculescu visits A – apologizes for him being on this ward, tells him that the surgery went well and that all the signs are good. The tumour was malignant, but it has all been removed, as far as they can tell.
 - c. S's partner Richard visits him – to try and cheer him up. He brings some flowers, but they are confiscated by the staff.
 - d. Patients chat.
 - e. Nurse Williams talks to each patient, asks them if they need pain relief, says goodnight, and the act closes.

3. Act 3
 - a. Patients chat.
 - b. Dr Helliwell (Dr Chakravarty's junior) does rounds – checks on how each of C, S, and T are feeling. May prescribe counselling, if appropriate.
 - c. Kristin, C's estranged partner, visits him – she wants him to learn from this, and to sort out his life.
 - d. Patients chat.
 - e. A's brother Franco visits him – he mostly talks about his own life and doings.
 - f. Patients chat.
 - g. Nurse de Harland talks to each patient, asks them if they need pain relief, says goodnight, and the act closes.
4. Act 4
 - a. Patients chat.
 - b. Dr Niculescu visits A, and tells him that the recovery has gone well, the tests are looking good, and that he should be able to leave shortly.
 - c. T's other daughter Penelope visits him – she does not really want to be here, but Sarah made her. It makes her feel very uncomfortable – both seeing her father so weak, and the hospital environment in general.
 - d. Patients chat.
 - e. C's colleague Brian visits him – the workplace is basically managing fine without him, but Brian has a number of trivial annoyances and questions to burden him with.
 - f. Patients chat.
 - g. Nurse Williams talks to each patient, asks them if they need pain relief, says goodnight, and the act closes.
5. Act 5
 - a. Patients chat.
 - b. S's partner Richard visits him – a little upset about an argument at work, but trying to convert it up so as not to bother S.
 - c. Dr Chakravarty does rounds – C, S, and T are basically recovering as planned, although there are always some discomforts to be expected.
 - d. A's son Calvin visits him – he is edgy and distracted, but wanting his father to realize that he is mixed up in some minor criminal troubles.
 - e. Patients chat.
 - f. Nurse Subroto talks to each patient, asks them if they need pain relief, says goodnight, and the act closes.
6. Act 6
 - a. Patients chat.
 - b. The staff have told T that he is fit to leave, and he says goodbye to the other men before Sarah arrives to collect him.
 - c. C is released, in the same way. He has to get a taxi home (unless Kristin is feeling particularly generous).
 - d. A is released in the same way, being picked up by Franco.
 - e. S is collected by Richard.
 - f. The act closes, with darkness and music as usual; even though all four men have left the ward.

When the music stops for the final time, put the lights back up (or the players open their eyes): that is the end of the larp.

Debrief

A simple debrief in a round, with each player having the opportunity to talk uninterrupted about the thoughts and feelings that the larp has brought to them: followed by general discussion, if wished.

The NPCs

Brian (C's colleague)

Moaning, confusing, demanding

Brian does basically the same job as C (accounting at a car sales business), but is slightly less senior. He fears and resents their bosses, and despises and resents the junior staff. He has something to complain about in every aspect of work. It should be apparent that C has, without Brian realizing, been supporting and protecting him: and in C's absence, Brian is now much more exposed. He is desperate for C to come back to work.

Calvin (A's son)

Criminal, disengaged, angry

Calvin does not get on with his mother Judy, who is very strict: but all the same he silently resents A for having left her. He is a runner for a small-time criminal gang, but his father believes him to be a freelance delivery driver. He makes no secret of his belief that older people, and traditional values, are obsolete.

Dr Chakravarty

Patronizing, confident, hurried

The consultant orthopaedic surgeon, who led the operations on C, S, and T. An older doctor, with a great confidence in medical expertise, and a love of explaining grisly surgical detail. Is impatient with people who doubt, or who have a lot of questions.

Dr Helliwell

Apologetic, anxious, reassuring

Dr Chakravarty's registrar (chief assistant), who often had to apologise for the boss's attitude. Cares about patients, and wants to make them as happy and comfortable as possible.

Dr Niculescu

Bluff, hearty, biological

The general surgeon who removed A's bowel section. Explains unflinchingly about the impacts, short- and long-term, on A's digestive and excretory functions.

Franco (A's brother)

Successful, pitying, pessimistic

Runs an online betting business, and spends a lot of time in his phone. He thinks of A as a pitiable failure, although he is too good a brother to say so. He also thinks that this illness is probably the beginning of the end for A: it will be downhill all the way to senility, most likely.

Kristin (C's estranged partner)

Impatient, passive-aggressive, caring

She left C because she was increasingly distressed and frustrated by his inability, or unwillingness, to share his thoughts and feelings with her. She wanted to help him with his troubles – and still would – but he stubbornly shut her out (as she sees it). It does not take much to provoke her into bitterness, which she shows via snarky passive-aggressive comments.

Nurse de Harland

Quiet, tuneful, enigmatic

Likes to sing quietly at the end of the day. If the patients ask why, or what the tune is, Nurse de Harland just smiles.

Nurse Williams

Overfamiliar, flirtatious, joky

An experienced nurse who has seen it all, and whose coping strategy is unseriousness. Treats the patients like weak and manipulable schoolfriends.

Nurse Subroto

Kindly, generous, lavatorial

A practical worker who strives to achieve comfort for the patients, mostly via the medium of bedpans and urine bottles.

Penelope (T's younger daughter)

Depressed, evasive, lesbian

Feels herself a failure compared with her sister. Her father does not know about her sexuality: she has never had a solid relationship, and a succession of girlfriends have not worked out. She is doing badly at college, because of suffering badly with depression for the last year (her father also does not know about this, although perhaps he should have picked up on the signs).

Richard (S's partner)

Cheerful, playful, romantic

An ambitious and successful young academic in a competitive field, working at the local university. He loves S very deeply, but covers it over with light-heartedness. He teases S about his age, and about a range of other things, but always kindly. It does not occur to him that S might not have told the other patients about his sexuality. (You should decide for yourself if he would agree to get married, if S suggests it.)

Sarah (T's elder daughter)

Brisk, bossy, dismissive

She thinks her father really ought to retire, or at least cut back on work: and let himself be looked after by her, as clearly she is much more practical and sensible than he is. She means well, but tends to steamroller over disagreements rather than listening to them.

A

Age: 52

In hospital for: colon resection (removal of a cancerous length of bowel).

Family situation: lives alone. Has a younger brother who is married with two teenage children. Has an adult son from an early relationship.

You were diagnosed with bowel cancer two months ago. It was because of your unhealthy diet, the doctor said. And it's true, you haven't always taken good care about what you eat – at the end of a long day, junk food and takeaways are a lot easier than steaming a bunch of vegetables! You work hard – you're a software engineer for a telecoms firm – and to be honest, you're a bit surprised something hasn't struck you down earlier. You'd have guessed it would be a stroke or a heart attack: but no, it was 'The Big C'.

Anyway, lucky you, it turned out to be operable. Now you have a few less metres of bowel than you had before. Apparently everything inside you will just settle back into place and take up the space, eventually – it's amazing. Until then it's pretty painful.

The general surgery ward was full, which is why you've been stuck onto this orthopaedic ward, with the broken limbs and so on -- rather than being with a bunch of other cancer cases. At least it's all blokes in this bay. You wouldn't feel comfortable with women seeing you this weak and pathetic.

Women! What a nightmare. You can't live with them... When you were younger you had a few serious relationships – one of them resulting in the birth of your son Calvin – but after a while you gave the idea up. It seemed like every time you decided to love someone, eventually she would stab you in the back. You got fed up of risking yourself like that. Better to stay single, and keep things under control. That's what porn is for, isn't it?

You've been successful at work – you're good at your job, although a tendency to speak your mind has kept you from being promoted to management. You have quite a bundle saved away. You used to tell yourself that you'd take early retirement once you had enough to live on – travel the world, see the sights, live a little. But here you are at 52, and it hasn't happened yet. Perhaps staying in your flat, going in to work every day, pottering about on your own little software projects at the weekends, seeing a few blokes down the pub every now and then, is all you're really capable of now.

Your brother Franco is a couple of years younger – he's very different from you. Always was. He's clever – you're clever too, but in a different way. He's the sharp kind. Knows what to say, how to act, how to keep people happy. He has a beautiful wife and two lovely children... big house in the suburbs. You're his older brother, but to be honest, he's gone way past you. He's not rude enough to make it clear that he's realized that, thank goodness.

You don't see much of your son Calvin – his mother didn't want you involved in his upbringing, for some reason. (She was a very troubled woman, you now realize. You wanted to help her, to protect her, but...) He seems like a pretty good kid, though. He's never had a proper job – he does bits of this and bits of that – but that's what it's like these days for young people, isn't it? He's always been polite and friendly towards you, and you take an interest in him: but it would be a stretch to call it a deep and loving father-son relationship.

C _____

Age: 41

In hospital for: fractured skull, two cracked vertebrae, fractured left clavicle, left arm dislocated and fractured in three places; all sustained in fall into river from high bridge
Family situation: has recently separated from his wife.

The official story is that you fell from the bridge because you were drunk, but actually, it wasn't quite like that. You were drunk, yes – dutch courage. You leant over the railing, and felt the cool air rising from the dark water below. It was exhilarating, and terrifying. Would it hurt? Even if it was only for a fraction of a second; if that was the whole remainder of your existence, wouldn't it feel like an eternity of pain? Perhaps this was a bad idea. But no... you had decided. Enough was enough.

Except, apparently, fate had other ideas. And now here you are, still alive but smashed to bits. What a cruel joke! Still, it seems like they didn't find the suicide note that you left, back at the house. So no-one knows the truth, yet.

If you had died, people would probably think that it was because of splitting up with Kristin. But no, that was more like a symptom than a cause. If you had been a more solid person to start with, you wouldn't have had to split up with her; and you wouldn't have had to go to the bridge.

Kristin and you seemed so good together, at first. You still don't really understand what went wrong. But clearly she was getting more and more unhappy. She complained that you weren't communicating with her – when really you were trying to protect her from the worst of your black moods. You realize now that it was depression: but even if you'd told her that, she wouldn't have understood what it really felt like. How could you be depressed, when you had a beautiful and loving partner, a good job (you're an accountant at a car sales business), and plenty of friends? But you feel like even your oldest friends have never really seen the real you – and they wouldn't like it, if they were to.

Since the separation, six months ago, you've been really stuck. You're pretty sure that if you couldn't make it work with Kristin, then you won't be able to with anyone else. You still love her, but also you have to admit that you kind of resent her for not sticking with you – and then you hate yourself for that. It's so fucked-up.

You tried drinking to black yourself out, but it just gives you hangovers and bad dreams. Perhaps drugs would help ease the pain, but that's never been your style. No – you were driven inexorably to a firm conclusion. The world would be better off without you, and you would be better off without all this suffering, with no prospect of it ever getting any better. So... the bridge it was.

But here you are, still alive. Now what?

S _____

Age: 37

In hospital for: double hip replacement, necessitated by early-onset osteoarthritis.

Family situation: lives with his civil partner.

You've been suffering with these hips for the last two years – more and more pain. Hospital waiting lists! At first they gave you painkillers, then steroid injections, then morphine for when it got really bad... in the end you couldn't move at all, you were in a wheelchair. Richard was amazing – so supportive. He was happy to trundle you round. He didn't mind being seen with an old cripple! (He's only 29.) But thank Christ that you've now had the operation. In just a few days – it sounds incredible – you'll be up and about on crutches. And then walking normally inside a couple of weeks. Modern surgery! Amazing.

You're missing Richard. He's been away at a conference (he's a geologist) but he should be back soon, and for sure he'll come straight here to visit. You'd knocked around with a fair number of people before you met him, three years ago: but you knew that he was the one. You met, hooked up, spent the night, moved in... met each others' families... got civil-partnered... it's been wonderful. Part of you would like to actually get married, now that's legally possible – but you aren't sure how Richard would feel about the suggestion.

It's a bit weird being stuck in a room full of just men for days on end. At work – you're a website journalist – and in your social life, it's pretty much always mixed groups of all sorts of genders and sexualities. It is kind of a socially-progressive bubble... while I'll health is the great leveller. Here in the ward you've basically got the People, with all their charms and delightful ways .

When you were younger, you sometimes felt very uncomfortable in traditional all-male groups. The macho banter and laddishness which seemed to be compulsory if you wanted to have any kind of status. Before you came out, there were homophobic jokes and the like; and still some of those after you came out, too. Well, hopefully none of these guys in here are prejudiced, otherwise this could be a grim few days.

Lying here makes you think about the future. As well as marriage – that's not so important really, it's just a label, isn't it? – part of you always wondered about having a family. You feel like you're just about ready to look after kids – you've lived a little, had a little fun (OK, a lot!), ready to settle down and start putting something back. But what would it really be like, being a father? Would you be any good at it? Your own father was pretty much absent... he earned the money that put food on the table, but he never spent time with you. He was either at work, or else reading or watching TV and not to be disturbed: like something from the 1950s. Not a terrific role-model for today's society.

Your mum was a great parent, though – still is. Perhaps you could be more like her. But, ach, maybe Richard isn't interested in this children stuff. You kind of assumed that when he agreed to the civil-partnership, that implied things about the future. But you've never actually had the conversation...

T _____

Age: 44

In hospital for: two cracked ribs and broken sternum, displaced nasal septum and other facial injuries, sustained when car crashed into roadside tree.

Family situation: widower, has two young-adult daughters.

Perhaps you had been pushing yourself too hard. Well, yes, definitely you had. It was dark, you were tired – it had been a long day at work. (You manage a builders' merchants store.) And you were driving fast – wanting to get home quick. Not speeding, but the road was empty, so you were going more or less at the speed limit. And then – right in the middle of the road, just ahead. Two eyes, staring at you. A child – maybe six or seven.

Reflexes kicked in. Maybe you swore. For sure you swerved – hauled down on the wheel. For a moment it felt like the tyres would hold to the tarmac, but no – the momentum was too great. The big car flipped and smacked straight into a horse-chestnut tree.

By then, the airbags had gone off, of course. It was like being punched in the face and chest by an ogre's fists. But you had seen it jerk and run away, safe – it wasn't a child at all, of course. It was a deer. How could it ever have been a child, out here on a dark country road in the middle of the night? Your eyes had deceived you – or your mind had. You really have been working too hard. (But why a child?)

Everyone said that you were lucky, just to come away with light injuries. But modern cars are so safe... the truth is that you would have been unlucky to have come off any worse. Still, it was quite a smash. That's one tree that won't be quite the same shape. And the car's a write-off, obviously.

You didn't tell the police about the child that you thought you'd seen. Swerving to avoid a deer is more understandable. Those animals can really damage a car.

Angela would have understood. But she's not here any more – hasn't been here for nearly eight years now. It was this same hospital that she was in. Not this ward, thank God. When you said goodbye for the last time... her face was so grey and thin. Cancer's a swine. She wasn't the perfect wife – who could be? – but she was good enough for you, and you were good enough for her, most of the time.

She didn't have to ask you to look after the girls. They were old enough to know what was happening, and how things were going to be from now on. Sarah, Penelope and you – you've been a unit. You've done everything for them, and they've given you enough love for two parents. Raising teenage girls by yourself wasn't easy, but by God you did your best; and you think you did a pretty good job, all told.

But now they're grown-ups, really. Still living at home, but Sarah's working at the bank, Penelope's nearly finished at college... you don't see so much of them, these days. Maybe soon one of them – or both of them – will want to move out – get married even. Then what will you do?