

Articles

Camille Baker

INTER/her

INTER/her: An immersive journey inside the female body:

Experience reflections

Camille C. Baker <https://orcid.org/0000-0003-4688-916X>

Royal College of Art, School of Communication, London, UK

Contributor details

Camille Baker is an artist-performer/researcher/curator within various art forms: immersive experiences, participatory performance and interactive art, mobile media art, tech fashion/soft circuits/DIY electronics, responsive interfaces and environments and emerging media curating. Maker of participatory performance and immersive artwork, she has developed methods to explore expressive non-verbal modes of communication, extended embodiment and presence in real and mixed reality and interactive art contexts, using XR, haptics/e-textiles, wearable devices and mobile media. She has an ongoing fascination with all things emotional, embodied, felt, sensed, the visceral, physical and relational. Her current artwork touring is *INTER/her: An Intimate Journey Inside the Female Body*; and was shortlisted for the LUMEN Prize 2021 lumenprize.com/2021-3d/interactive-shortlist. She was also a principal investigator for the University for the Creative Arts for the EU-funded 'STARTS Ecosystem' (starts.eu) April 2019–November 2021 and founder/initiator for the 'EU WEAR Sustain' project (wearsustain.eu) January

2017–April 2019. Her monograph *New Directions in Mobile Media and Performance* for Routledge, Taylor & Francis (2018), showcases exciting approaches and artist wearables, mobile phones and VR/AR, as well as her own work. She has been running a regular meet-up group with smart/e-textile artists and designers since 2014, called *e-stitches*, where participants share their practice and facilitate workshops of new techniques and innovations. She is a senior tutor of digital direction and a professor of interactive and immersive arts at the Royal College of Art in London, United Kingdom.

Contact: Royal College of Art in London, United Kingdom.

E-mail: camille.baker@rca.ac.uk

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Abstract

INTER/her is an immersive installation and virtual reality artwork highlighting (post)reproductive diseases that women over 30 frequently experience, including endometriosis, fibroids, polyps, ovarian and other cysts and growths, as well as the more serious cervical, ovarian, uterine and endometrial cancers. The artwork presents an abstract, intimate immersive journey within the inner world of women's bodies, exposing the diseases they can suffer. *INTER/her* is intended as a personal exploration, conversation starter and community builder. This article discusses the development experience, exhibition and discoveries from *INTER/her* since its inception to the present. It explores the nature, staging and significance of the piece and what is implicated for future work in this area for art, design and research. It reveals the design process, visual and narrative elements made to represent, convey and understand the emotional and bodily/sensorial experience intended for visitors, as well as the visual metaphors

representing the different organs and ailments. It covers the collaborative approach of the design team, using various technologies and the storytelling techniques used in the work during the lockdowns of the COVID-19 pandemic, from autumn 2020 to May 2021.

Keywords: women's reproductive diseases, virtual reality, haptic interaction, intimate immersive experience, interactive installation

Context

INTER/her exposes the difficulties that women face in diagnosis and treatment for the reproductive diseases they endure. It was inspired by my own experience of diagnosis and treatment for ovarian cancer in 2016–17. This condition provided the imperative to make the artwork, to give something back to other women in the same circumstance. Based on personal experience and my journey through the healthcare system, it comes from my art practice, working with haptics and bespoke, sensing, wearable technology in performance costumes, as a visceral and embodied way to communicate the experiences. It emanates from receiving inconsistent or poor information from a male-focused system, with variable medical support for women's health concerns. It is also inspired by the stories shared by friends, family, colleagues and contacts about their own gynaecological ailments and treatments, which were hidden or were kept to themselves due to perceived social stigma or resignation to this 'female burden' – until I raised the topic.

Theory in practice

At the heart of *INTER/her* are concerns of female mortality, and a survivalist instinct felt by many women, a protective urge to self-cleanse or heal the body; the physical body is positioned as a site to examine the psychologically and socially constructed and upheld societal views on womanhood and female identity. Themes implied include sense of self,

body image, loss of body parts, sexuality, confusion, pain, mortality, body betrayal, negative thinking, anger from the festering of untreated conditions, along with feelings of frustration of not being taken seriously or completely ignored, a sense of mortality instigated and manifested by the ailments and lack of reliable information in a still male-dominated medical institutions.

Figure 1: Fibroid flower for *INTER/her*, January 2021. Early interior artwork for inside the VR experience. © Sarah Büttner.

Initially, *INTER/her* used an overtly techno-feminist lens (Xenofeminism/ Cyberfeminism), but over time, and while designing the practical and aesthetic elements, with the primarily female collaborators, the academic feminist perspective fell away to become a sense of intimate, empathic, sisterhood or camaraderie, emanating from the stories themselves: ideology melted to friendship and mutual support. All the women on the team had faced the same reproductive health issues explored in the piece itself, from polyps, fibroids and endometriosis to menopause and Hormone Replacement Therapy (HRT), ongoing blood testing, biopsies, and pain due to polyps, etc., all with a personal imperative and stake in the project.

Figure 2: Visitor with 'haptic corset' inside the 'sitting womb' for the audience testing, 30 May 2021. © Camille Baker.

The focus shifted to using content from two key authors to underpin the work: Caroline Criado Perez and Natalie Angier. Perez's book *Invisible Women: Exposing Data Bias in a World Designed for Men* (2019), focuses on the unequal consideration of women's bodies globally, leading to a general lack of data about them and, thus, a lack of accommodation for them. Perez (2019: 1–25) explains that the male body is the standard

body in almost every context throughout the world, while the female body is considered the 'other', an aberration. What stood out for me was that, unless the perspective of the female body, 51 per cent of the world's population, is changed and are no longer perceived as 'other', but also becomes 'standard', with a variety of 'standard', then the medical, political and social ignorance will continue and fail women, who continue to suffer needlessly. As has been shown in recent media (McCall 2021), women's bodies have not been researched enough nor considered important enough for UK General Practitioner, medical doctors (GPs) to be required to spend more than 30 minutes, optional, study module, which explains the continual misdiagnosis that women now face, and in the twenty-first century is frankly shocking. Incidentally, my own specialist gynaecologist recently explained that GPs used to be required to have education on women's reproductive health, until requirements were revised – effectively that women's health is unimportant.

Once we understand the female body better, as well as other aspects of the female experience of pain and diseases, and the role of hormones as essential for the brain and body throughout a woman's life, we can better address other issues from a range of bodies that exist (differently abled, trans bodies, animal, etc.) and focus on preventative health, rather than the dysfunctional and wasteful myopic focus on curative, reactive, single-issue approach of the current western healthcare systems, based solely on male bodies. A better future is one where women's bodies are valued as much as men's and receive the research, education and treatment on equal basis and the implementation of preventative, holistic approaches to an interconnected body.

Natalie Angier's *WOMAN: An Intimate Geography* ([1999] 2014) was another critical, primary source for the anatomical dimension to also understand the issues of mortality, treatment, surgery, etc. Angier has a poetic and accessible way of writing about internal female body parts and bodily processes, and I discovered her book on my own bookshelf while I was between surgeries for my ovarian tumour. Her writing seemed perfect for understanding what was happening to me and other women, an ideal voice to describe the female biological processes, organs and experiences, and how they change over our lifetimes. What her accessible, playful, poetic, yet explicit and anatomically correct passages brought were vivid, clever descriptions to stimulate the imagination and educate simultaneously. All girls and women should read this book to understand their bodies better at different stages of life. Excerpts from the book were threaded into the narrative with real women voicing their experiences; it also inspired some of the imagery in the work.

Figure 3: Haptic corset with vibrating actuators in the belt, designed for *INTER/her*, March 2021. © Bushra Burge.

A sample excerpt:

The fallopian tubes, those gorgeous pink sea pens, follow the drama with their feather-duster tips. As the follicles grow, the tubes brush over the surface of the ovaries, firmly, insistently, seeking clues [...]. The tubes are extraordinarily flexible. They are like the arms of an octopus, or vacuum cleaner hoses [...] in a woman with endometriosis, for example, when one of her tubes is lashed down by a tangle of stray uterine tissues and cannot sample its seedpod. The opposite tube take up the task of monitoring and snuffling the surface of both ovaries.

(Angier [1999] 2014: 230)

Figure 4: Mapping of the Tilt Brush objects to haptics and sound triggers, January 2021.

© Camille Baker.

Experience

For *INTER/her*, the sensory and emotional experience transitions from the outside into a physical tent space and then to a virtual tent space. It features an audio soundscape by the voices of women recounting their very real experiences of disease and pain guiding the narrative. An accompanying wearable vibration belt or ‘haptic corset’ provides a visceral sensation on the lower abdomen, sides and below the ribs – generally in the location where the various diseases occur inside the body. These are triggered by the virtual objects in the VR Space representing the different reproductive conditions, amplifying the embodied and emotional aspects of the stories.

The ‘staging’ of the experience to prepare visitors for the experience is essential:

1. They are greeted and their coats and bags stowed safely so that they can focus, and if possible, they stow their phones too, although many like to take picture inside the red glow of the tent.
2. They are given a demonstration on how to use the headsets and controllers (however, many forget once inside and need to be reminded or guided).
3. They are dressed in the haptic corset, embedded with vibration motors (actuators) in order to feel different sensations while listening to the stories/voices.
4. They are invited to take their shoes off to enter the tent and to find a comfortable beanbag chair to sit on.

5. They are asked to focus and adjust their view in the headset, then I often double-check that the Wi-Fi is connected, and the experience is reset before giving them the controller to start.

The womb-shaped tent has a vulva-shaped opening (Figure 5) and can hold up to three visitors at a time on the red beanbag chairs, with the headset and haptic corset. The first story is about cervical cancer, where the vibration from the corset/belt is mapped to above the pubic bone, to indicate its location in body (Figure 2), via a slow pulsing pattern (Figure 4), to emulate the diseases as best we could metaphorically to reality.

The imagery features abstract organic objects such as flowers (Figure 1), plants and fungi, representing the diseases women can suffer and that grow and mutate in the reproductive system. As each story is told, it triggers different pulse patterns in a different location on the body. Visitors can turn around 360 degrees, but not move forward, until each story is complete, and heartbeat and breath can be heard again nudging them to move. This was done in order to keep the attention on the story, before they move on to the next one.

The sound design was inspired by the women's voices and the stories, with bespoke ambient sound effects designed for each disease and the object/organ it accompanied, supporting the main narrative path: emphasizing the message and emotion in the voices. Visitors then keep moving through the environment until they are instructed to take off the headset.

Each visitor is debriefed afterwards to ensure they are emotionally alright with what they experienced and to enable them to discuss their thoughts, reactions and to provide their feedback. Outside the tent, female health information and health support

leaflets from women's health charities are provided to inform and support visitors to reflect on their own bodies, ailments or that of their partners, daughters, sisters or mothers, to seek help if needed.

Figure 5: The vaginal tent in the Brewery Tap Project Space Gallery, Folkestone, UK, June 2021. © Camille Baker.

Methods and design process

The piece was developed in two stages pro-production and prototyping, from October 2019 to July 2020, then production and exhibition from October 2020 to June 2021. Interactive artist/designer Maf'j Alvarez and I started working together on the prototype, which enabled us to perform the fundamental, primary research and development, to create the story/narrative/script, the interaction design and other pre-production elements to record some of the stories and to create a form of rapid prototyping in virtual reality app, VRChat.

One difficulty was getting women's stories: many were interested and wanted to contribute, but when it came to arranging the recordings, they did not follow through, apart from a few. Some were collected via social media, and some were volunteered once people heard about the project. The intention was to meet contributors in person to record their stories in their own voices. However, when the pandemic hit early in 2020, a new plan was implemented: to use a combination of original voices with recorded passages taken from the Perez and Angier books, especially Angier, read by voice actors. Some of the recordings sent in had great content, but the sound quality was not good enough to use, and the stories sometimes meandered too much to be useable – understandably these women had lived through harrowing experiences and they deserved not to become merely

a sound bite if I could not do them justice. The final versions, coupled with bespoke music, sound design and sound effects to accompany each story, created a natural story arc and the spatial journey determined by the rough the anatomical positioning of them in the locations where each condition would be.

In production from October 2020 to January 2021, the interaction design process involved determining the order of the stories in the Unity 3D timeline and in the virtual space, to develop the ‘journey’ through the reproductive system and what the visitors would see and do in the virtual experience. We mapped the imagery, the stories, the sound effects, the music, vibration patterns and vibe board locations in the belt and subsequently on the body to each other to have a coherent narrative across all media and modalities (Figure 4).

Bushra Burge joined the team, from a science and fashion design background, to design the vibration belts/haptic corsets. Her interaction design was based on discussions we had had about what type and intensity of vibrations should take place, and which sensations be felt on which parts of the body, and then we mapped these to the programming of the microcontroller and the vibe boards around the belt. Burge designed housing for the electronics to enable visitors to put on and fit around many different body types: to tighten for smaller people and expand for larger ones. Once Sarah Büttner had designed assets, one of the early Tilt Brush interior images; it was used as a source for the digital prints on the faux leather and the organza, used for the corset housing. Dyed felt balls were also sewn on the back, to metaphorically represent internal growths.

Alvarez and I worked together almost every week via Zoom and other online tools, from January to April 2021, and shared files for the evolving Unity build, working

on the same project files remotely. Alvarez and I completed the last phase in person, in an incubation space in Brighton intensively, once COVID-19 restrictions started to lift, from April to June 2021. Alvarez built the scaffolding of the body environments in Blender 3D and Unity 3D, while Büttner designed the flower and plant assets in Tilt Brush, and then Alvarez enabled me to ‘decorate’ and edit all the visual assets and work on audio objects in the Unity. By the end of the project, I had completed a great deal of final touches on my own.

The tent was a bespoke inflatable tent which was the best option to represent the soft organ of the womb. Initially, realistic body organ colours, such as peach and beige seemed a correct approach, but the aesthetics of these in reality were not appealing, so I went with pinks instead (counter to my dislike of pink in fashion).

The deadline for the testing and first exhibition at UCA Farnham were delayed to the summer 2021, due to the pandemic delays and changes and moved elsewhere. This was a positive outcome as it gave us extra time to perfect the VR build and connection to the haptic corset. The UCA exhibition was moved to the end of June to Folkestone at the Brewery Tap Project Space Gallery (managed by UCA), with strict COVID-19 Risk Assessment measures in place. Access Space Network also had trouble: they were evicted from their space of fifteen years out of the blue resulting from the pandemic, and so they had to find a new space for the exhibition. Initially this delay was until July 2021 (from the original May), then it pushed again to September, when a temporary space for the installation was found.

Audience observations

The artistic aim was to start or open up the conversation on women's health concerns, to encourage sharing, to inspire camaraderie and have women themselves, instigating a change in the system, directly or indirectly, but also that they demand better treatment, education and research, starting with policy changes for better GP training and diagnosis, to pressure the government(s) to fund more medical research on reproductive health issues. The primary audience for *INTER/her* are women of all ages (including trans men), and the men who are family and friends who support them. The aim is to help women better understand their bodies, to nudge them to insist that their health providers to know more and to better diagnose them. The secondary audience are health organizations/representatives to realize that much more work needs to be done to understand and treat women, in a timelier and more holistic manner and then to do it.

Through exhibiting the piece, I have discovered – from feedback on video interviews and from the handwritten guest book and on an audience feedback survey I left out – that it is very moving emotionally for visitors. For women, it is often emotionally and physically triggering of their own experiences, or that of female peers/family, and most have had or currently have many of the conditions portrayed. Many are enraged that they or other women's very real pain is often ignored, minimized or treated in a cavalier manner to 'just get rid of it all, if you have had all your children'.

For men, it is an emotional and empathic connection to the female body that they may not (often not) know is in pain or the pain is minimized or hidden by the women in their lives. So it is a chance for men to experience something (not as painfully) that connects emotionally with the female physical experience more directly and viscerally than text or audio/visual, or voice alone could. Men who have experienced it have

reported that they were very moved, and feeling so ignorant, but now more receptive, after the experience, to the message that women need to be listened to when it comes their bodies, pain and conditions. I have witnessed more men in tears than women after the experience. Men have stated that they were more enlightened to the plight that women face, their suffering and experiences, because they were immersed inside the audio/visual representations of diseases of the body and physically alerted to the areas of pain and discomfort that women face through the corset vibrations. Most admitted that they understood their partners, daughters, sisters and mothers better after the experience and were deeply affected by the experience.

Both groups reported being emotionally affected but also felt aesthetically stimulated by the interpretive virtual spaces representing or gesturing towards the actual body parts and locations in the body. Some cried, many confided their own stories, things they likely have told few others, but the piece gave them permission to share these confidences. No one has been negative about the project. Some have said that they wanted the corset to be more painful (mostly empathic men), or others said they were not really affected by the corset – this was very few, but most said the corset really helped them to connect back to their bodies in ways that other VR does not. Most had not experienced VR before, while others said it is a very strong piece or the best use of VR they had experienced. The more people who experience it, the more impact it will have. Not one visitor has yet said, 'that was not for me' or 'didn't like this', so it is more a question how to exhibit it in more places, and whether distributing it online serves a purpose since it is best experienced as an installation.

What makes *INTER/her* unique? The connection back to the body while the evocative stories vividly enact the personal realities, through the metaphorical representations, but by embedding the sensory engagement in a different, unexpected places on the body – in contrast with more common eyes, ears and hands – visitors can make the link back to themselves and the subject matter.

The tent is clearly an essential part for the transition from the real to the virtual and back, creating a sense of intimacy, safety, support (such as visitors not feeling like they might fall or bump into the RL wall or chair, etc.). The VR journey was controlled so that visitors would not get lost in the environment or ‘walk through virtual walls’ (although a possibility, so I warn them in advance) or miss something. People often stated that the tent is very inviting and soothing, and without the VR, they could stay in there all day – almost like its own attraction.

Visitors included psychologists, sexual health educators, medical students, media or other artists, curators, and a couple health VR makers curious about my design choices, as well as the ‘general public’. Those in health and sex education have said that they felt *INTER/her*, or a version of it, should be available to young women in schools and in university campuses, to help them better understand their bodies, that all women (and trans men with uteruses) would benefit (and their make partners/sons, etc.) since many visitors have said that they felt these concerns are normally stigmatized and that women often feel quite alone in their experiences when they are going through them, so this could normalize it in society.

Outcomes and conclusion

The observations of and from the exhibitions of the work – as an artwork, a technological experience and as a feminist conversation starter on reproductive healthcare failings, and societal view of the female body – have been positive, and so it seems a good time for this.

Knowledge that is produced from it is that it connects visitors back to their bodies, which stimulates empathy more effectively than with visuals and sounds alone. What the haptic enables is a mind–body connection within VR, linking to the real physical body that helps visitors with little knowledge of their bodies understand them better and curious to know more. It also enables men to be more empathic to women’s experiences.

The curator of the Access Space Network was so moved by the work that he wrote a funding bid to fund me to do a follow-on residency to develop another affecting work, potentially on the experience of breast cancer. Several friends and colleagues have gone through horrendous experiences with breast cancer treatment. While a mostly curable and survivable condition, we often only hear about it in positively, of heroine-ism of survivors but not of the actual horrors of treatment – even the most effective treatment can wreak havoc on the body and leave women emotionally and physically scared and transformed. So this may be the next project.

However, *INTER/her* has a long journey to reach many others and to help move towards changing the conversation and hopefully policies. Moved by conversations with visitors, I have also started to develop a government petition for the UK Parliament to

discuss and mandate new policies on GP training, education for women and girls and more research (if it gets enough signatories).

This work has, and will continue to lead to, opportunities to exhibit it, and for me to develop related or new work exploring the haptic to virtual reality connection and more embodied, haptic-integrated VR storytelling and development. There is a rich future of possibilities both artistically and academically to develop critical, affecting, embodied experiences and spatialize expanded reality storytelling. I will ride the *INTER/her* journey out, as the subject matter is important not only to me personally but also for women in general, and I feel it is critical to try to shift things for women's health, their relationships to their bodies and how the medical establishment and society treats us.

In its short life, *INTER/her* has had good media success so far: *Huffington Post* [5], BBC Sheffield [4], Art the Science blog [6] in Canada, Scottish TV [1] and the *Dundee Courier* [2]. The project was shortlisted by the prestigious Art and Technology award, the Lumen Prize 2021 in the 3D/interactive Category, which brings other further opportunities. It has been part of *EVA Conference*, *Ars Electronica's* UK 'Garden' (online) 2021 Brighton Digital Festival and NEoN Festival, for the Margate Power of Women (PoW!) Festival in March 2022 and in Toronto at Ontario College of Art and Design University for the game:play lab and the University of Toronto as part of the *ArtSci Salon* at the Women's Library in April 2022.

After five physical exhibitions (shortest of one day), two conference demos and three online/virtual exhibitions, what has become clear from the visitors is that the multifaceted embodied VR experience must be experienced together with others. The experience is not complete without the vibration belt/haptic corset connecting the stories

with the physical body, and the sense of safety and emotional support would be missing without the ‘sitting womb’ tent environment, which many confess to wishing that they could spend the whole day inside.

INTER/her may gain more traction and interest as more see the documentary on the ‘Menopause’ on Channel 4, aired June 2021 (presented by Davina McCall), and with more education starting to be available in workplaces and schools on it, and with more education and openness about endometriosis starting to appear in the media as well.

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6. Truvert, Sara (2021), 'INTER/her breaks the silence on female reproductive disease & pain', **Art the Science**, 18 June, <https://artthescience.com/magazine/2021/06/18/features-inter-her-by-camille-baker/>. Accessed 22 November 2021.

Exhibitions

- *The Extended Senses Symposium and Exhibition* (2022), Stephen Lawrence Gallery, University of Greenwich, London, 8–10 September.
- *University of Toronto and University of York's ArtSci Salon* (2022), co-hosting exhibition as part of the *Technologies of Care* project, Ivey Library, New College, Toronto, Ontario, Canada, 7–28 April.
- *NEoN Digital Arts Festival* (2021), *Wired Women** theme, Overgate Shopping Centre, Dundee, 10–13 November.
- *Brighton Digital Festival* (2021), Gallery Lock In, Hove, Sussex, 3–7 November.
- *Access Space Studios* (2021), Foodhall, Sheffield, 15 September–8 October.
- *Ars Electronica 2021* (2021), UCA Artistic online presentation for the UK Garden *In the Invisible Garden*, 10 September. Accessed 4 January 2023. <https://ars.electronica.art/newdigitaldeal/en/uca-artistic-presentation/>
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- *EVA Conference*, London, Artist Demo Paper and exhibition demo, 9 July.
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