The Waiting Room:

How private and public space shape women's sexual health.

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Abstract:

Sex and sexual health for women are taboo subjects in many parts of the world. Many women do not have rights over their bodies or are uncomfortable and afraid to ask for help, for fear of judgement or shame. Private and public space dictate these discussions. They divide our lives, both socially and physically. Public, social pressures can mold and shape what it wants to protect or hide: The private and sexual. The boundary between is socially constructed and then manifested physically. This boundary becomes a threshold and its own space: the waiting room. The waiting room is a dynamic space for expression of ideologies, where public and private meet in tension. This research project looked at the Wellington Family Planning clinic as a metaphor and a case study exploration. In the waiting room as physical space, the project investigates how it was formed socially, then physically, with the history of public and private spaces and their connotations as gendered spaces. It explores the body as both public and private space and the transparency or opaqueness of the boundaries between. It examines the the clinic as a whole, from journey to waiting room and past to the examination room. The research ultimately proposes the waiting room as a site of transgression and can be expanded. However the clinic itself cannot be changed until the public space changes its views. Protection of privacy was found to be one of the most important services that a clinic can provide. Privacy and openness must work together to create a space that is neither female or male, but accepting for all. Education is the main route going forward. Ways of educating are through expanding the waiting room in its educational role, mobilizing the waiting room in the community and out to the world, online. By breaking down the boundaries that exist between public and private we can work towards more accepting views of sexual health outside of private space and into the public.

“Space is not mearly an expression of ideology [ ]. Space is central to the operation and reproduction of an ideology as well as the acts of transgression and resistance that may change and potentially overthrow that ideology.”

- B. Gorkariksel, 2007.

Forward: No one will know

As I sit in the waiting room,
My stomach jumps up and down
Thoughts whizz around my head:
Why does it hurt?
Why do I feel crazy?
How will I explain?
Will they understand?
Can they even help?
My mouth is dry
I force myself to sit still,
Wanting to rock back and forth.

Before I walked into the building
I was fine.
The people
Outside knew nothing,
They would rather not know.
I must hide myself,
until I can get inside.
Stepping up the stairs into the building,
My heart started thumping,
Staring at that door.

There is an unspoken knowing in the room.
People just want to be left alone.
We must sit in
silence
Not looking at each other.

Trepidation is all I feel.

I want to run away.
Run into the doctor's room and get it over with.
No one will know what happens there
Its quiet
A smiling face who you'll never see again
And that small table
It is safe, but also painful.

No one will know.

Introduction:

I started this project out of a deep anger for how women are not given rights and control over their bodies and reproduction (Mathur, 2008). I sought to understand how spatial design and architecture have been involved in the creation of this ideology and how it is enforced. The social and physical constructions of private and public are integral to how we approach sexual health, both for protection and in how we perceive sexual health spaces. I framed my research from my own experience, so this project is based from a woman's experience specifically. My project looks at the site of the Wellington Family Planning Clinic. The clinic has been shaped by both the rules of society outside it and the private examination rooms inside, with the waiting room as the threshold inbetween. Starting with the space outside the clinic, I will look to how public and private space have been constructed around gender, looking at clothing as creation of space and women's bodies as a public and private space. I will then investigate the boundaries between public and private in the experience of visiting the Wellington Family Planning Clinic waiting room. Finally I will examine how boundaries can be used or changed to remove stigma and open discussion around sexual health for all, not just women.

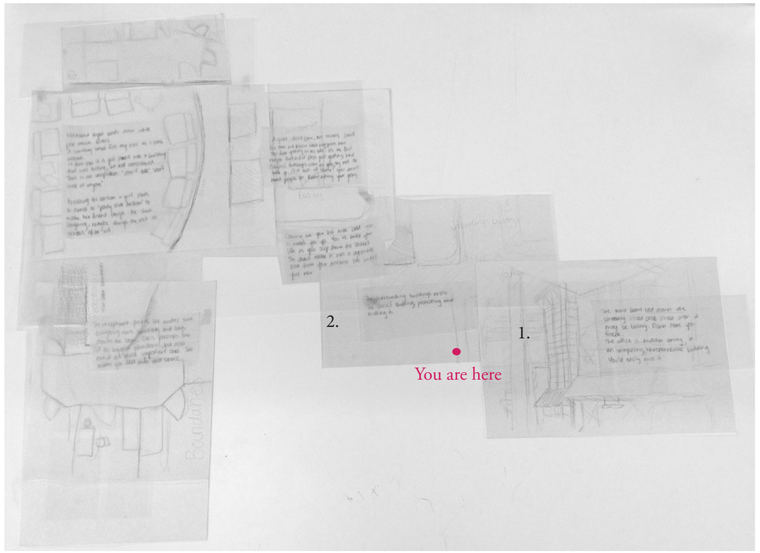


Figure 1. Bulkley, E. (2017). *Experience plan of the Wellington Family Planning Clinic*. [Hand drawing].

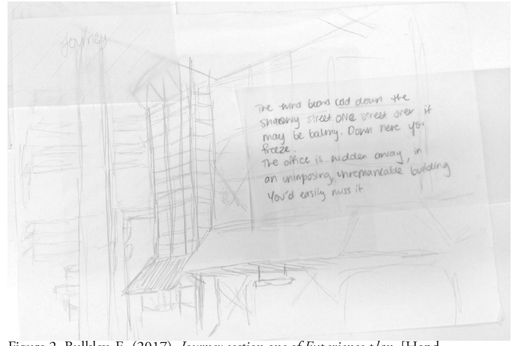


Figure 2. Bulkley, E. (2017). *Journey section one of Experience plan.* [Hand Drawing].

1. *The wind blows cold down the shadowy street.*
   One street over it may be balmy.
   Down here you freeze.

   The clinic is hidden away, in an unremarkable building.
   You could easily miss it.

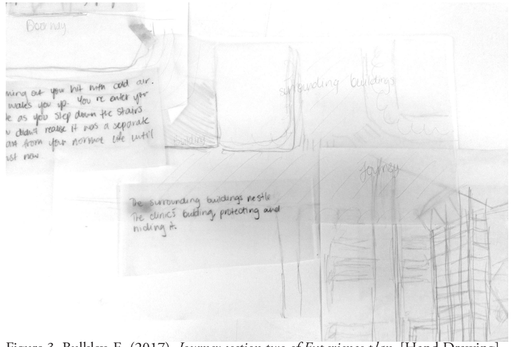


Figure 3. Bulkley, E. (2017). *Journey section two of Experience plan.* [Hand Drawing].

2. *The surrounding buildings nestle the clinic's building, protecting and hiding it*

Public and private converge: Shaping the clinic

What is the body if not a private space? What is society if not the public?

Public is to private, the contrast of black and white (Ardener, 1993). We would not know what it is to be clothed, without being naked. They are separated therefore by their opposites: Public spaces tend to be outside, involve large amounts of people and are open to everyone. Private spaces are generally inside and for small groups of people or one person. You have more control over a private space, while public space is controlled or not controlled by all (Fenster, 2007).

According to Betsky (1995) public and private space have historically been gendered spaces: The public, male and the private, female. Women were of the interior, both for protection and status. Women as entertainers and housewives were symbols of wealth for a family (Betsky, 1995). Men built the buildings we live in and shaped the world around us (Betsky, 1995), but interiors were kept apart. Women were able to create spaces for themselves that were of safety and protection, where it was implied that you could be yourself, with privacy and without judgment (Geel, 2016).
This ethos was taken on by sexual health clinics.

I sought out female and male spaces within Wellington.
The hair salon is a very private, female space, one of sharing and expression. From my own experiences you are encouraged to be at ease and forget your outside troubles. It is a place of feminine community were you are supported by those around you.
The outside of a building is impenetrable. A sports bar could be considered a male space but all you have to do is look down the street and you are surrounded by male space.

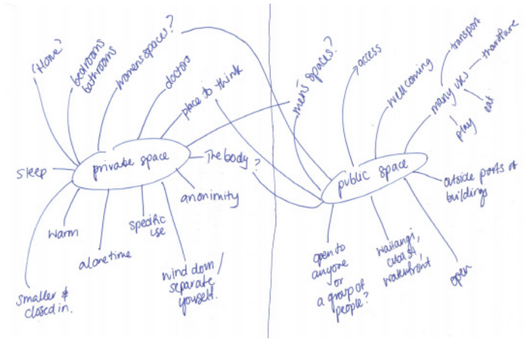


Figure 4. Bulkley. E. (2017). *What are public and private space?* [Hand drawn diagram].

Figure 5. Bulkley. E. (2017). *Loxy's Hair Studio on Tory street.* [Photograph].

Figure 6. Bulkley. E. (2017). *Looking down Wallace Street.* [Photograph].

The protection of privacy within private space is a closely held value of family planning and of the women's health movement (Golden, 2014). For example the US Supreme Court case, Roe vs Wade, made abortion legal and argued for women's "right to privacy" (Golden, 2014). This protection of private space kept women protected, from stigma and further abuse. However I would argue that the way that clinics are hidden away teaches women that they are doing something wrong.

This is where public and private space converge, shaping each other (Ardener, 1993). The "intensely private nature" (Golden, 2014) of sexual health issues makes the public want to protect it, but also hide it. Due to this society takes a huge role in stigmatizing women's sexual activity (Mathur, 2008). We are taught to be subject to men, that our pleasure doesn't matter and we have no voice (Mathur, 2008). Privacy is a tool to take back the control that we are not allowed by society, telling society to get out of our private space (Golden, 2014). This makes visitors to the clinic feel safe, knowing their privacy will remain intact (Golden, 2014). However it shows an entrenched idea that we are doing something wrong by having to hide our choices.

I do not want to remove privacy from the clinic. Having control and choice over your health is another important value to family planning (Golden, 2014). Some of the women who go to family planning are sexual assault victims and are coming to the clinic to regain their control. Society tells them that what has been done to them is their fault (Mathur, 2008): they wore 'too short a skirt' or were 'too flirty'. Their bodies, the most private space we have, have just been invaded and violated. Inside the clinic they can control their environment, removing stigma, to heal and rebuild their private space.

Figure 7. Bulkley. E. (2017). *Family Planning building on Victoria Street* [Photograph].

1. *The surrounding buildings nestle the clinic's building, protecting and hiding it*

   The office is hidden away, in an unremarkable building. You could easily miss it.

Everyone who enters a clinic is taking control of their private space. When you enter a clinic you are overcoming multiple social and physical barriers: We are told not to discuss our bodies, not to be sexually active, 'be ashamed'. By entering the clinic you are performing an act of bravery and rebellion. You are doing something for yourself not for society, the opposite of what women are supposed to do (Mathur, 2008).
You are being selfish, but are performing an act of self-care to improve your life.

Is the body a truly private space?

For women, how we are treated at all times is centred around the body (Geel,2016). Women's bodies are considered public space and even property in some countries (Mathur, 2008). Women's bodies are representations of the symbols and values of their community. The ways that women are dressed show what society expects of us and how we view ourselves (Mathur, 2008).

Clothing can organise how a space is used, creating different atmospheres and situations (Fenster, 2007). In Saudi Arabia there is a debate about whether men and women should be allowed to "mix" in public space (Geel, 2016). In Geel's Study (2016) she found that some women were pro women-only spaces as they did not have to wear their abayas and niqabs (the body and face coverings used in Saudi Arabia) so they felt they had more freedom. For them clothing is a social code and protection (Geel, 2016). In orthodox parts of Jerusalem non-orthodox women are being asked to dress very modestly when walking through conservative sections of the city (Fenster, 2007). According to Geel (2016) women's empowerment is tied to their participation in public space and clothing facilitates our ability to move through and participate in it.

Within clothing we can live outside of built structures in our own personal structures. We can also use them to claim our own space, taking control of our image. However we are still wrapped in a societal constructions of what we should be (Geel, 2016).

The body is a "site of cultural consumption".
- R. Longhurst (1997)

Figure 8. Bulkley. E. (2017). *Clothing defining space* [Collage].

Figure 9. Bulkley. E. (2017). *Space clothing gives me* [Set of Photographs].

With less clothes you are left with just
my body,
vulnerable and exposed.

The wholly black outfit covers me
but you can still see my body easily.
there is no space created other than that of

My body.

With layers I have more room underneath the fabric
I feel more confident, I don't feel as
Exposed.

I could move within it
without people knowing.

While conducting my experiment I investigated the different spaces that different outfits afforded me and how each made me feel. In my slip I felt incredibly vulnerable and on show. As I added layers I felt much more confident and comfortable. Clothing has its original use in protection from the elements, but we have been taught over time and through experience that we should stay covered for social protection as well (Fenster, 2007). We are blamed for rape or for sexual harassment based on how we dress, rather than blaming some men's inability to control themselves (Mathur, 2008). So who does clothing really benefit? Women for lack of stigma or men for not being tempted?

It frustrates me that I feel uncomfortable to show my body.
I should be able to feel proud of my body without fear.

Figure 10. Bulkley. E. (2017). *Space of Gendered Outfits* [Set of Photographs].

I looked at how gendered outfits can change the space we are afforded. Putting on a traditionally male shirt creates a more masculine shape. However on my body the shirt will never be able to cover and change my shape completely. You are forced to be more in the public eye as the female shape busts through from underneath.
The maxi skirt outfit is stereotypically feminine. It's more organic and allows for much more movement.

Looking at the two outfits it is interesting to see how the male/public restrains and allows for less movement while the female/private gives you more freedom to move. This is the opposite of how women and men are supposed to perform in society. Women even though we are restrained in many social ways we are allowed to be much more free in others (Betsky, 1995). Men are held back by conventions of what it means to be a man: don't show your feelings and be strong physically (Betsky, 1995). Women are allowed to be much more: we can be emotional and changeable (Betsky, 1995), even though we must stay modest and restrained. We are allowed in many ways to let our emotions take over (Betsky, 1995). We are looked down on for this behaviour and called weak, but there is a power in this as we are much more in touch with who are and we do not lock down parts of ourselves (Betsky, 1995).

Bodily weakness has been something that is debated by feminist theorists. In Western society both men and women's minds are considered to be separate from our bodies. This is a very Western idea. In contrast, in Maori culture women are considered both mind and body (August, 2005). To be viewed the same as men, women in western cultures have had to rise above their bodies, to prove they can do as well as men (Mathur, 2008).

Figure 11. Bulkley. E. (2017). *Clothing as buildings?* [Set of Photographs].

Buildings are the next step out from clothing in protection and expression for the body. They are built representations of how we see ourselves and what we want to show to the world.

I drew shapes from the outfits I wore. I labeled the different outfits with architectural names, like tent and skyscraper, thinking about the gendered aspects of those words as well. The tuxedo shirt had a very masculine feel, like a skyscraper or tower, a building exerting power and forbearance. The most feminine outfits had words like installation and tent. These boundaries that we are creating around our bodies give us a power and confidence to be more than what we are.

To be a building forces itself into being,
something that pushes forward what it wants,
not weak like a body.

The boundaries of the building are generated from how society wants a service to be seen.When it comes to structures for the body the boundaries become more complex showing our own complex views of that service.

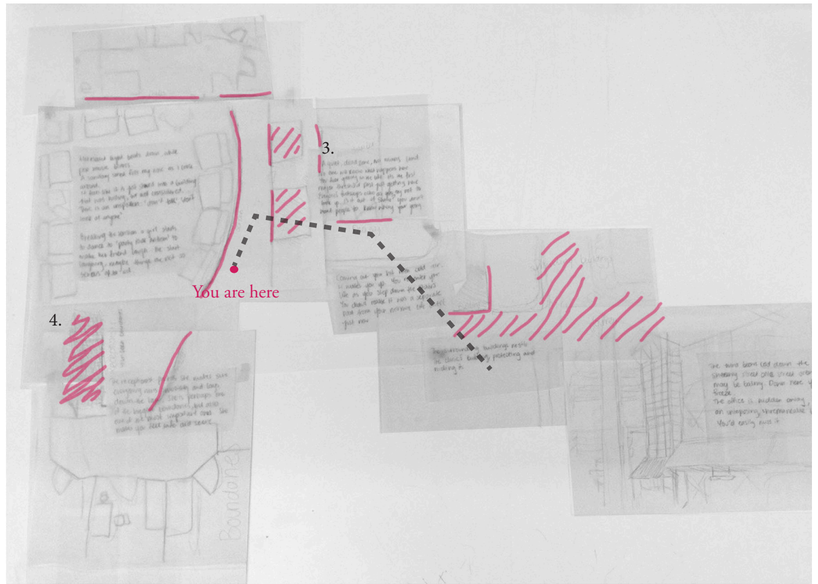


Figure 12. Bulkley, E. (2017). *Experience plan of Family Planning with boundaries.* [Hand drawing].

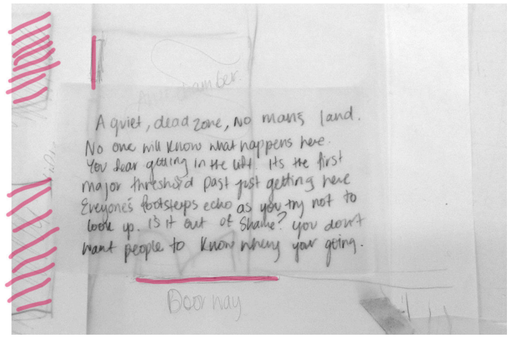


Figure 13. Bulkley, E. (2017). *Boundary of the nowhere space.* [Hand drawing].

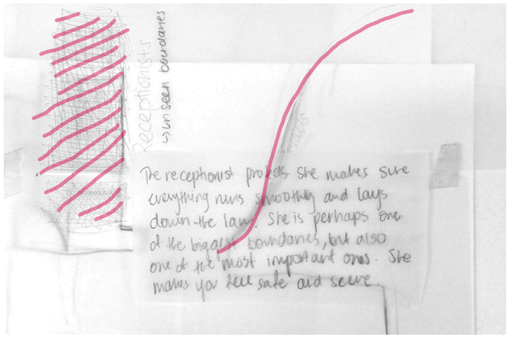


Figure 14. Bulkley, E. (2017). *Receptionist as boundary* [Hand drawing].

3. *A quiet, dead zone,*
A no man's land.
No one will know what happens here.
You fear
Getting in the lift.
It's the first major threshold
past just getting here.
Everyone's footsteps
Echo
As you try not to look up.
Is it out of shame?

You don't want people to
know where you are going.

4. *The receptionist protects,*
She makes sure everything runs smoothly and
lays down the law.
She is perhaps the biggest boundary,
but also one of the most important ones.
She makes you feel
safe and secure.

Doorways and Barriers

What is a boundary? Is it permeable? Is it solid? What about a boundary that divides things that are not solid, like social spaces? What is the skin that holds these two apart and how does it shape them both?

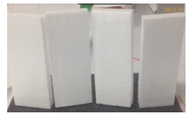
Boundaries can be both permeable and solid (Golden,2014). In society and in clothing, boundaries become thresholds, they can be traversed or taken off. In more personal settings transparency leads to mystery and that can create a tension around a reveal (Fenster, 2007). In clothing this is an interesting concept as in more conservative groups women generally wear covering clothing and the little you can see through the covering clothing is highly sexualised (Fenster, 2007). In Western cultures with the rise of internet porn and the wide use of sex in advertising, nothing is secret anymore and every part of the female body is sexualised (Fisher & Hutchinson, 2017).

Figure 15. Bulkley, E. (2017). *Transperency tests* [Set of photographs].

Figure 16. Bulkley, E. (2017). *I put myself on show* [Set of photographs].

This was my most uncomfortable making. My room looks right onto the street and I was very aware of people walking by and seeing me. The glass creates a barrier between you and the street, but it barely exists. Wearing little made me feel like there was someone waiting for me to take it off.

Figure 17. Bulkley, E. (2017). *Lift area at Family Planning* [Photograph].



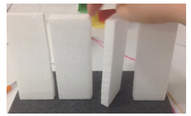


Figure 18. Bulkley, E. (2017). *Door way tests* [Set of photographs].

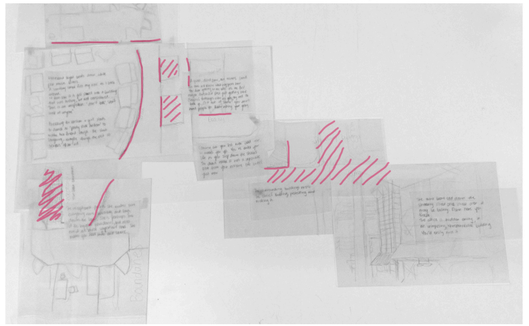


Figure 19. Bulkley, E. (2017). *Experience plan of Family Planning with boundaries.* [Hand drawing].

I started by looking at doors and partitions. Doors are the main way that solid, physical barriers are traversed. Opening the door, welcomes you into a space or gives you permission to enter. This can be private space becoming more public or opening up the envelope of private space around another person.

To avoid the tension of reveal sexual health clinics use solid boundaries to keep people out (Golden, 2014). This is a physical manifestation of privacy as protection. This can be the facade of the building or the walls between the waiting room and examination rooms. This sets up a system of trust: you know that only one person can hear what you're revealing.

There are many different thresholds and barriers to overcome when entering the clinic. The first is the journey to get there which includes all of the pressures put on you by public space. The next is just entering the building. This is where we move into the structure of the clinic. There are anti-chambers like the room in front of the lift on the left. These barrier spaces add more protection. They make you feel uncomfortable with their lack of decoration. They are pure function and do not welcome you in. They almost challenge you to get out if your cause is not important enough.

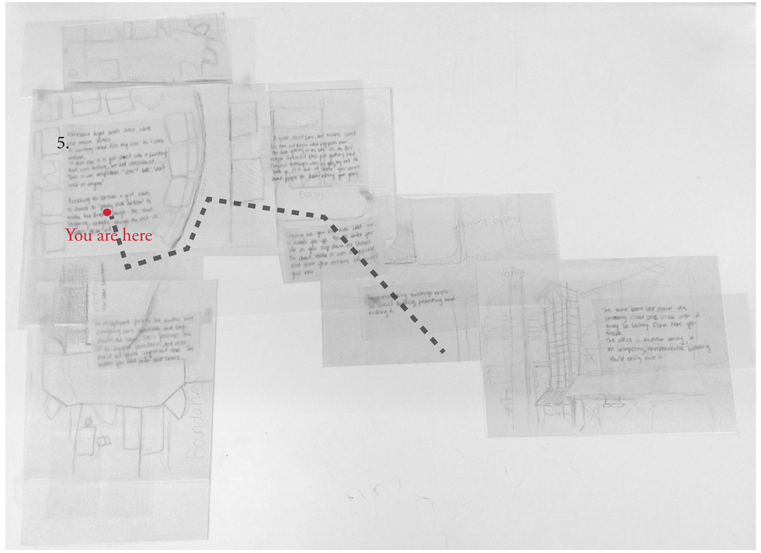


Figure 20. Bulkley, E. (2017). *Experience plan of the Wellington Family Planning Clinic*. [Hand drawing].

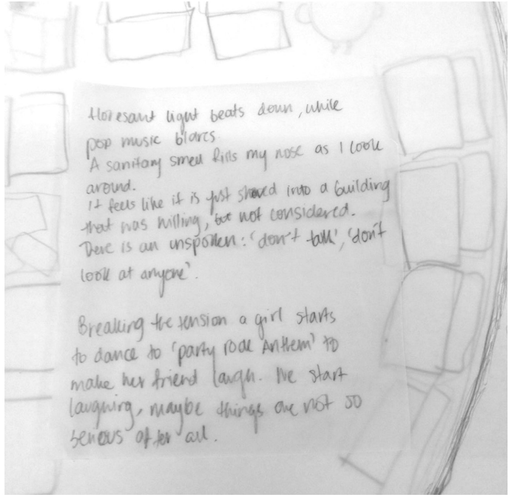


Figure 21. Bulkley, E. (2017). *Experience the family planning waiting room*. [Hand drawing].

5. *Fluorescent light beats down,*
while pop music blares.
A sanitary smell fills my nose, as i look around.
It feels like it is just
shoved into a building
That was willing, but not considered.
There is an unspoken
"Don't talk,
don't look at anyone."

Breaking down the tension
a girl starts to
dance
to "party Rock Anthem"
To make her friend laugh.
We start laughing

Maybe things are not so serious after all

The waiting room: a threshold

The waiting room is the threshold between private and public space. It is shaped by both, but its primary function is to protect the patients and private spaces. There needs to be something that can take you from one space to another: If we went straight through a door into the examination room there would be no protection between the outside world and the interior of the clinic.

The waiting room is a fraught and uncomfortable space (Tanner, 2002), a dead zone. You are kept at the mercy of time and of others (Tanner, 2002). You feel that you cannot move or speak to anyone else. You are more fully grounded in your body than you are at any other time due to your lack of movement or distraction (Tanner, 2002).

The waiting room challenges ideas we have about our bodies, specifically if it is "normal or abnormal" (Tanner, 2002). This is a major theme in sexual health. If you look up anything to do with sex online the immediate question that arises is "Am I normal if...." We are taught that anything outside the norm is unnatural and wrong, but the norm is never explained (Fisher & Hutchinson, 2017).

I did this drawing on the right after reading Tanner's Bodies in waiting: representations of medical waiting room in contemporary American fiction (2002). I was enthralled with the feelings of loneliness and subjugation that were expressed in the pieces I read. I did the drawing to try and show how these people and I have felt in waiting rooms: alone with nothing to do but watch your own shadow.

"Time is supposed to function like a door or a hall through which we pass, unaware, in waiting, the door jams and the hall

- S. Hedge, 2016.

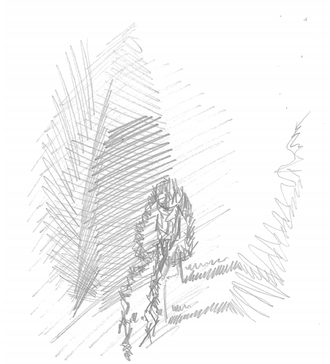


Figure 22. Bulkley, E. (2017). *Alone in the waiting room*. [Hand drawing].

Even though the waiting room is a room of bodies, the lack of interaction makes it a room of objects. In Hedge's (2016) case study of waiting rooms from the 1960s, she discusses the waiting room when no one is in it, calling it a "still life". You can feel the presence of people that inhabit and use it by the objects that facilitate them, but they are absent. However, I would argue that when people are within the space they become part of that still life. You are trapped in the "slow and thick" (Hedge, 2016) time within the waiting room. Frozen in amber until you are ordered to move on.

The Wellington Family Planning clinic waiting room, is populated by black chairs that overtake the space. There is almost too little room for the chairs. Also in the waiting room there is literature about STIs, pamphlets on different contraception, posters talking about consent and a TV that has bits of trivia about sexual health. With these informative pieces of decor you are being inducted into the discursive field of family planning (Tanner, 2002). You are learning what they are and by continuing on your journey you are agreeing to their institutional rules.

All of this is happening while your identity changes from "person to patient" (Tanner, 2002) and "self to object" (Tanner, 2002). Even though I posit the clinic as a private space you are entering an institutional space that will assign you your role and have you follow its rules. Here the waiting room becomes a threshold of induction preparing you for what is to come (Tanner, 2002).

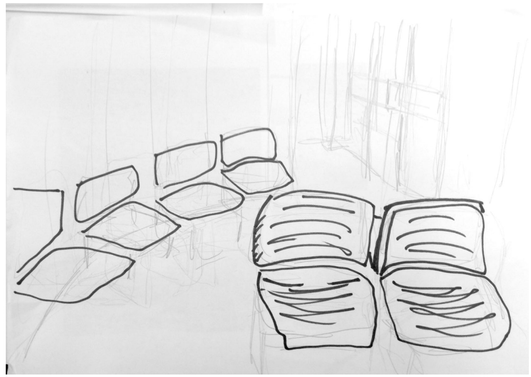


Figure 23. Bulkley, E. (2017). *The waiting room of chairs*. [Hand drawing]

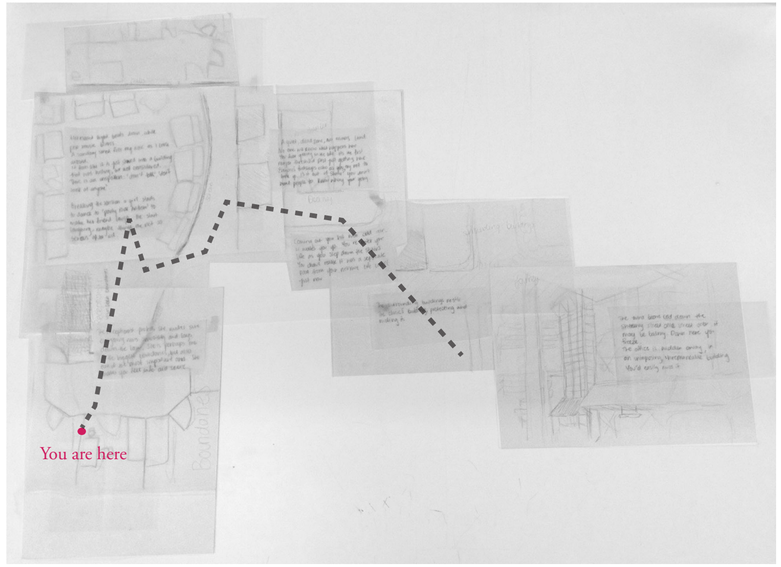


Figure 24. Bulkley, E. (2017). *Experience plan of the Wellington Family Planning Clinic*. [Hand drawing].

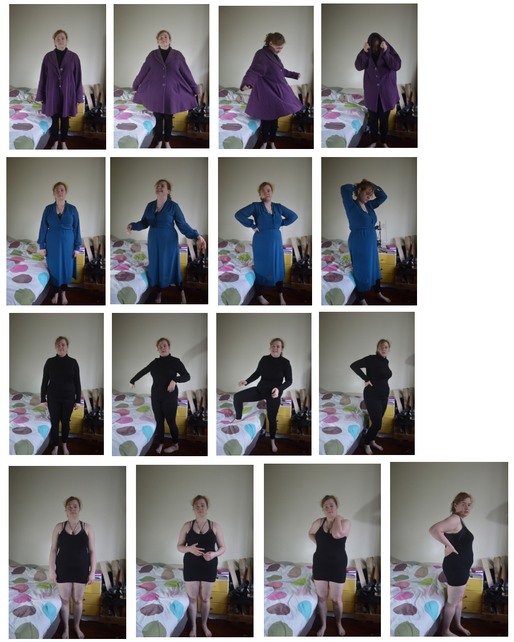


Figure 25. Bulkley, E. (2017). *Undressing myself* [Set of photographs].

You are left with just

my body,

Past the waiting room

Past the waiting room and inside the examination room.
It is the goal you have been waiting for so long.
You can finally get some help
Here you can divulge all your most intimate secrets

There is also pain.
Tools go inside you and open you up.
You are an object to be studied and fixed.

The pain is worth it though.
You know your are going to get better

You are hurried through.
There are so many people who need help not just you.

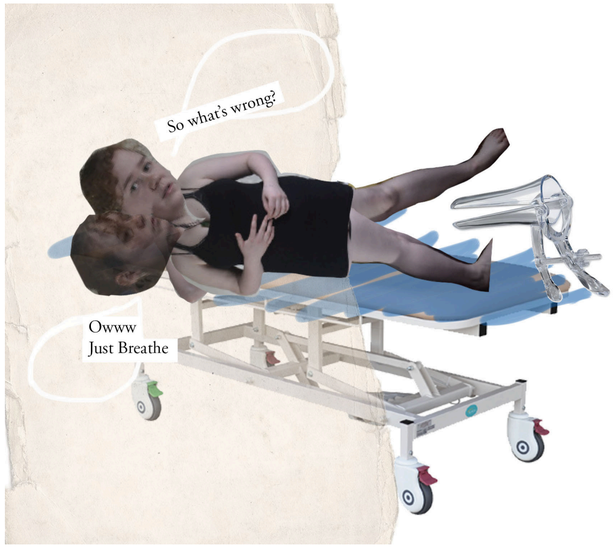


Figure 26. Bulkley, E. (2017). *The examination room*[Collage].

If I'm going to argue that we need to be more open about sexual health issues, I need to be open about what goes on in the private space of the examination room. This is the last section of the clinic and to be honest it is a bit of mystery. My research has focused on the waiting room and the social areas around the examination room and why they are shaped the way they are. My understanding of the examination room has come mostly from my own experience.

With this section, I wanted to be open and share my experience, because that is what I am asking people to do.

I have had some extremely uncomfortable times on the examination table. I try to be honest about my experiences with the caveat that everything turned out okay in the end. The collage to the left shows how it feels being in there. You are deconstructed. All barriers are removed, including clothing. Your vagina, which you have been taught to keep totally to yourself is opened up. It is uncomfortable.

Research suggests that we make it more uncomfortable with fear (Sipilä et al., 2017). We tell eachother that its uncomfortable and weird. What if we normalised it and said it was totally normal and fine would it even be painful?

Figure 27. Bulkley, E. (2017). *Objects of the examination room* [Collage].

The room itself is sparse and small. It is dark, with the windows frosted so you know you no one can see you from the other buildings. Like the waiting room the room is filled with affective objects, a still life waiting to come to work on the body. The light at the end of the table, the table, where you are lifted up on a pedestal, all the information on the walls.

The doctor or nurse is an important presence. They are kind but there is a definite feeling that I better have a real problem because they have a lot of people to help.

It is as small a prison cell but you finally feel at ease. All of the jitters that have been going to through your body can finally calm down.

It is all going to be fixed soon.

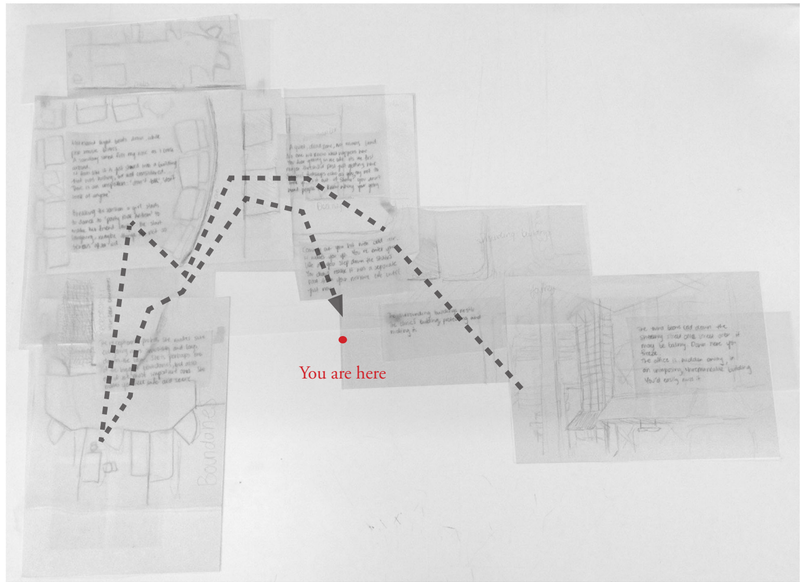


Figure 28. Bulkley, E. (2017). *Experience plan of the Wellington Family Planning Clinic*. [Hand drawing].

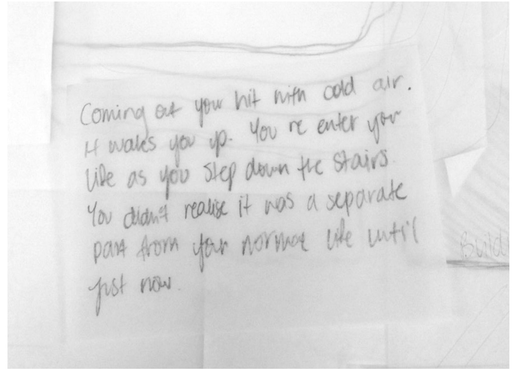


Figure 29. Bulkley, E. (2017). *Waking up*. [Hand drawing].

Coming out you are
hit with cold air.
It wakes you up
You re-enter your life as you step down the stairs
You didn't realise it was a separate part from your normal life

Until just now.

Breaking down the boundary

In my research, I have looked at how public and private space has created the spaces we use for our sexual health. The body has been used to play out agendas for what women should be, pertaining to their bodies. Wanting to protect sex and stigmatize it at the same time, has led to it being hidden, with people scared to go to a clinic or ask for help. Within the waiting room, the boundaries of the outside world are still strong: you cannot talk to other people and you can barely look up. The waiting is a release. You can finally discuss your issues without judgment or fear, but once you leave you are shut down again by the box of public space and soceity.

The main goal of my research and my project has been to see if there is a way to remove stigma towards people seeking help with sexual health issues. The solution I have found is to break down the boundaries between public and private space that are constructed around it. Here are three strategies to look at going forward:

Expand

I have found in my research that the clinic cannot be changed in its structural journey: Exterior, waiting room, interior. People trust it in how it works. They know their bodies and privacy will be protected. What needs to change is how public space treats the private space, that the clinic houses.

By expanding I mean expanding the approachability of the waiting room and clinic. We should be encouraging people to ask for help and make it easier to traverse the boundaries. Orenstein (2017) in her TED talk argues for wider discussion of sex, normalising sexual activity to reduce shame and increase sexual communication and pleasure. This can start within the waiting room itself. Put the waiting room onto the street and make it more approachable for people to go there. Don't hide it away and tell people to hide their problems. Within that approach, how do we keep it private, while still approachable? This is an interesting design challenge to look into going forward.

We need to expand the waiting room to include men, as well as women. From the beginning of my research men and women have been separated by their connotations in terms of public and private. We may not like it, but men control public space. This gives them control over the way that we view things from a public perspective, which can then shape the private. There is a great divide in how girls and boys are taught about sex and consent (Orenstein, 2017). Education can bridge the gap between us. This can start within the waiting room by welcoming men and renaming the clinic a sexual health clinic not a women's health clinic. How will they know they are welcome? We need to go out past the waiting room's walls. This is where mobilize comes in.

Mobilize

According to Geel (2016) women's empowerment is tied to their "participation in public space". By taking a private issue such as sexual health into public space we are opening up the conversation to both women and men. Golden (2016) posits the idea that going out into the community and providing education can help people to feel more comfortable about what family planning does. This can be done with education. There are examples of this happening. In the New Zealand school system ages 11-14 are taught about their bodies in health classes but after that there is not much else that is instutionalised.

An idea for how to do this outside of the school system is to create a mobile 'waiting room' with information and educators running it. This could be a pop up education centre that goes to places where sex education is greatly needed. This would mean that the information is more available. Having a face to face interaction can open the door to a potential customer wanting to find out more.

But how do you find out more? You have to go beyond.....

Beyond….

Language and communication are very important for making social and physical space. It constructs barriers and can also destroy them. Online, language can build communities and help people find help and resources. There are already many different examples of working on sexual stigma online. A favourite of mine is the podcast *Guys We Fucked*. It created and run by two women and their goal is to make talking about sex accepted. There are also things like the Slut Walk that Amber Rose organized via thte internet to destigmatize women's sexual activity.

These ideas and Mobilise interest me, because I could change the physical space of the clinic, but it won't address the wider problem. By going into the online space you are in a waiting room between public and private space, where there is no gendered space and it all flows together, public and private. This is the space we need to create outside of the internet a space that is accepting of all things, open to all, where the boundary is so large it no longer exists.

We are in the Waiting room for the next phase of development of sexual education and acceptance. Understanding where we have come from and the situation that we are living in now helps us respect the boundaries that are created. Only with respect for those boundaries can we move forward and change them or break them down.

“We can imagine a world, in which interior and exterior flow together, structure dissolves into surface and comfort and abstractions are intertwined.”

- A. Betsky, 1995.

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Illustrations:

Figure 1. Bulkley, E. (2017). *Experience plan of the Wellington Family Planning Clinic.* [Hand drawing].

Figure 2. Bulkley, E. (2017). *Journey section one of Experience plan.* [Hand Drawing].

Figure 3. Bulkley, E. (2017). *Journey section two of Experience plan.* [Hand Drawing].

Figure 4. Bulkley. E. (2017). *What are public and private space?* [Hand drawn diagram].

Figure 5. Bulkley. E. (2017). *Loxy's Hair Studio on Tory street.* [Photograph].

Figure 6. Bulkley. E. (2017). *Looking down Wallace Street.* [Photograph].

Figure 7. Bulkley. E. (2017). *Family Planning building on Victoria Street* [Photograph].

Figure 8. Bulkley. E. (2017). *Clothing defining space* [Collage].

Figure 9. Bulkley. E. (2017). *Space clothing gives me* [Set of Photographs].

Figure 10. Bulkley. E. (2017). *Space of Gendered Outfits* [Set of Photographs].

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Figure 12. Bulkley, E. (2017). *Experience plan of Family Planning with boundaries.* [Hand drawing].

Figure 13. Bulkley, E. (2017). *Boundary of the nowhere space.* [Hand drawing].

Figure 14. Bulkley, E. (2017). *Receptionist as boundary* [Hand drawing].

Figure 15. Bulkley, E. (2017). *Transperency tests* [Set of photographs].

Figure 16. Bulkley, E. (2017). *I put myself on show* [Set of photographs].

Figure 17. Bulkley, E. (2017). *Lift area at Family Planning* [Photograph].

Figure 18. Bulkley, E. (2017). *Door way tests* [Set of photographs].

Figure 19. Bulkley, E. (2017). *Experience plan of Family Planning with boundaries.* [Hand drawing].

Figure 20. Bulkley, E. (2017). *Experience plan of the Wellington Family Planning Clinic.* [Hand drawing].

Figure 21. Bulkley, E. (2017). *Experience the family planning waiting room.* [Hand drawing].

Figure 22. Bulkley, E. (2017). *Alone in the waiting room.* [Hand drawing]

Figure 23. Bulkley, E. (2017). *The waiting room of chairs.* [Hand drawing]

Figure 24. Bulkley, E. (2017). *Experience plan of the Wellington Family Planning Clinic.* [Hand drawing].

Figure 25. Bulkley, E. (2017). *Undressing myself* [Set of photographs].

Figure 26. Bulkley, E. (2017). *The examination room*[Collage].

Figure 27. Bulkley, E. (2017). *Objects of the examination room* [Collage].

Figure 29. Bulkley, E. (2017). *Waking up*. [Hand drawing].