

Since the development of information and communication technologies, Virtual Reality (VR) is rapidly becoming a popular application for rehabilitation. Virtual Reality (VR) can be viewed as an advanced form of human computer interface that allows the user to interact with and become immersed in a computer-generated environment in a naturalistic fashion. As the effect of immersion enables the patient to be faced with problematic situations related to his or her problem, the aim is to control these situations someday. That is why VR is often used in the treatment of phobias (for example fear of heights, fear of flying, fear of public speaking) and other anxiety disorders (for example panic disorder, post-traumatic stress disorders, generalized anxiety disorders, stress management). Furthermore, VR can help to treat eating disorders and obesity: As the perception of many patients is disturbed in real life, it can help to return to normality in virtual life. At first glance, the application of VR offers many advantages: It is safer, less embarrassing, less costly than reproducing real-world situations and it can isolate fear components more effectively than in vivo exposure, see *ibid*. However, most studies dedicated to this topic, deal with effectiveness and operability. In contrast, social and ethical aspects, which are crucial for the acceptance of technology, *inter alia*, are being neglected.

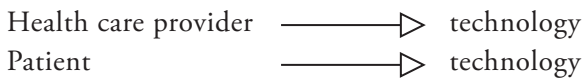
Against this backdrop, the study assesses chances and risks that could arise from the use of VR in rehabilitation with focus on social network of relationships. Since the main three actors in the use of VR in rehabilitation are (1) technology, (2) health care provider and (3) patient, standing in a triangular relationship, the study will

VIRTUAL REALITY (VR) IN REHABILITATION: AN EMPIRICAL STUDY

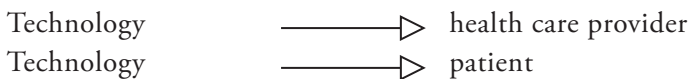
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concentrate on the following fundamental research questions:

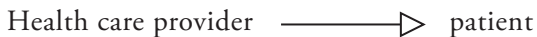
1. What are their expectations towards the use of VR in rehabilitation?



2. What effects and influences on patients and health care providers can be noticed? Are patients even more motivated by the use of game elements? And how does the health care provider's work change?



3. What constitutes the relationship between health care providers and patients? Which conclusions can be made towards the patient's adherence?



The study uses methods of qualitative empirical social research. Based on semi-structured interviews, experts – that means people who already experienced the use of VR in rehabilitation because of their activities in the mentioned field of research, for example health care providers and patients if possible – will be questioned. Each single interview will be transcribed and evaluated. The study is characterized by its explorative approach.

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