

Should This Exist? Transcript – VR vs. PTSD

Title: VR vs. PTSD: Should This Exist? with Caterina Fake

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CATERINA FAKE: Hi, it's Caterina. There's some graphic content in today's show. If there are young ears nearby, and you've got headphones, now's the time to plug them in.

VETERAN: As I go around the corner, I hear like this explosion. And I go and I can't see where Jones is at, he's not there, and I'm like, "What the hell?" So I sprint over there.

FAKE: This is a soldier in Iraq – but he's not in the battlefield.

VETERAN: Why in the hell are we out here doing this? And then I start hearing some gunfire.

FAKE: And he's not recalling a scene from a bad dream. He's describing what he's seeing in virtual reality.

VETERAN: Hell, what am I going to do? So I find some place and just duck and just kind of curl up into a ball and cover my head. And seriously, I'm freaking out.

FAKE: For this Marine who has PTSD, this one horrible memory still haunts him.

CLINICIAN: You're doing great, tell me what's happening. What do you see when you go to Jones?

FAKE: With a clinician guiding at computer controls, the vet is under a VR headset, telling his story – custom-built to play back his own experience, over and over again.

VETERAN: So I get over to where he's at. And it's like just flesh, and there's blood. It was him, and I'm like, *shit*.

FAKE: This is actual therapy: Re-telling the traumatic experience in VR to help heal the original trauma.

SKIP RIZZO: But in a context where nothing really bad is happening.

FAKE: We'll meet a psychologist behind this counter-intuitive therapy.

RIZZO: One of the things you always tell a patient is that it's gonna get harder before it gets easier.

VETERAN: I was getting sick. I'd never seen anything like that before. Can we stop?

CLINICIAN: You're doing a great job. You know we need to stay with it. How long are you there before you see someone?

VETERAN: Do I have to be here that long?

CLINICIAN: Yeah, you're doing a great job, Kevin. This is what we need to do.

VETERAN: Um, I don't know but it felt like, it felt like forever.

FAKE: Dr. Skip Rizzo of USC calls it "hard medicine for a hard problem."

RIZZO: A lot of times veterans come in, and they're given a therapist who's just out of graduate school, never served in the military. "What the hell do you know? You haven't been through what I've been through." With the VR exposure, the clinician is hand in hand with the patient. And some patients have actually said, "I felt like you know what I went through now."

FAKE: More than 100,000 American veterans are diagnosed and living with PTSD. Seventeen vets commit suicide [every day](#).

Skip Rizzo has spent decades trying to convince other psychologists that virtual reality could be a powerful healing tool. And now...

RIZZO: The technology has caught up with the vision.

FAKE: But just because a technology's caught up, doesn't mean we should necessarily use it. VR therapy has incredible potential to treat PTSD. But what are the potential pitfalls? This isn't a self-help tool to buy off the shelf, and new research even questions VR's safety for the brain.

[THEME MUSIC]

FAKE: We are back.

FAKE: Ok, we are crossing Venice Boulevard.

PRODUCER: Still no tech.

FAKE: Still no tech. We're looking for the tech.

FAKE: It's a few months ago – pre-COVID, pre-stay-at-home orders – and my producer, Mary Beth, and I are driving around Los Angeles. More specifically, we're at the beach.

FAKE: Sail makers – wow, sail makers. We must be close to the ocean.

FAKE: But this isn't just any beach, it's Silicon Beach, the center of LA's tech scene. There are probably 500 tech companies in this part of Los Angeles – Snap, Hulu, SpaceX – but it doesn't look like it.

FAKE: Well if anybody's ever driven around Silicon Valley, it looks similarly uninspired. It looks very suburban. It is not renaissance Florence. Aha! USC. [Institute for Creative Technologies](#).

FAKE: So, this is Skip Rizzo's headquarters. He's director of medical virtual reality here, but he's based away from the campus in a spot that was once Howard Hughes' private airport.

FAKE: Big glassy building.

FAKE: In a way, it's fitting that Skip works off campus. He's spent a lot of his career off on his own, developing [Bravemind](#). That's Skip's name for his VR PTSD therapy. Bravemind began in the mid '90s when only a handful of people, maybe as few as 100 worldwide, had the idea to use VR for medical purposes.

RIZZO: Hello.

FAKE: Hello, I'm Caterina.

RIZZO: Good to meet you.

FAKE: Great to meet you.

RIZZO: All right. Are we ready to go?

FAKE: Before we even have a chance to sit and talk, he immediately wants me to put on a pair of VR goggles for a demo.

FAKE: Well, it's very black boxy in here.

FAKE: What Skip doesn't know is that I'm a VR skeptic – about its mainstream adoption and future potential. Even wearing the headset makes me feel a little queasy, so I'm already out of my element here.

FAKE: All right. Well, I just got the helmet on. I'm adjusting.

FAKE: And if that wasn't enough, I'm sitting in a rumbling chair that makes me feel like I'm out of our Prius rental car – and in a tank in Afghanistan.

FAKE: I can see a burning fire on the right. I can see a bunch of explosions that just happened. Bodies, animals, another explosion. Gosh.

RIZZO: Are you feeling the vibration from the platform?

FAKE: Yeah, no I feel like I'm here.

FAKE: So, Skip can choose from 14 different VR worlds in Afghanistan and in Iraq. All led by the vets who sit with a therapist before the session to pick and choose the elements that match the details of the story of where they were traumatized.

RIZZO: The user can be in any place in the vehicle. We can adjust the time of day, make it night vision.

FAKE: And each scene is layered with a selection of sounds – all customized to the vet's own story.

RIZZO: AK-47. Bullets hitting aluminum, hitting metal.

FAKE: Each session includes about a half-hour of VR exposure where they go through their trauma memory a number of times. Skip says when vets are given the option to choose between traditional therapy or VR...

RIZZO: Seventy seven percent picked the VR. There is a good data point, because now you're breaking down barriers to care. It's not just about the treatment effectiveness. It's about getting people into the treatment.

FAKE: Finally, I take the headset off. It's a tremendous relief.

FAKE: My heart's going. And I felt those explosions really as if they were happening to me.

RIZZO: At first people were thinking, "Why would you do this to someone?"

FAKE: It seems as if it could potentially be retraumatizing. I mean, just instinctively it seems as if that is the very thing that the sufferers are avoiding for a reason.

RIZZO: Well, the reason is that it activates areas in the brain responsible for fight or flight. But those stimuli or those things now pose no threat. So their civilian life becomes constricted because they're operating with a fear response that's been conditioned from their experience in a combat environment.

VETERAN: Passenger was wounded at this point. He had taken shrapnel to his right side.

RIZZO: A lot of people go through combat, and they've got bad memories. But that's different than somebody with [post-traumatic stress](#). It's a disabling condition. It limits people from interacting in everyday life, so that they are avoidant. They are emotionally numb. They are hyper-vigilant or hyper-aroused, easy to trigger.

VETERAN: I was really, really mad. I didn't want to shoot at just anything. But at the same time, I just wanted to shoot somebody.

FAKE: And with some vets, many of them women, their PTSD trauma doesn't just happen in battle.

RIZZO: We interviewed a lot of people that had gone through a sexual assault, and we found out in the military, it's not happening so much in the trenches of Afghanistan, it's happening around [Camp Pendleton](#) or [Fort Benning](#), around U.S. bases basically.

So we've built out a small town that has a bar area, alleyways, vacant lots. These kinds of everyday contexts are the places that activate these emotions.

FAKE: Sadly, there isn't any treatment out there that cures PTSD 100% of the time. But Bravemind shows serious promise. After going through Skip's immersive VR therapy, his research shows that roughly 65% of vets no longer screened positive for PTSD.

RIZZO: You start to, what we call, produce [extinction learning](#). And eventually that fight or flight area of the brain, the amygdala, tends to activate a little bit less each time, because there isn't a real consequence.

VETERAN: So I just get in this corner, I'm hearing gunfire, and it's getting closer.

FAKE: These vets in VR you're hearing come from a powerful film by the late German filmmaker [Harun Farocki](#). Farocki shot the film "[Serious Games III: Immersion](#)" with Skip Rizzo back in 2009.

Skip's been at the forefront of this work for much longer – since his first days as a therapist doing rehab.

RIZZO: This was 1995. Back in the Stone Age of Virtual reality.

FAKE: This was back in the Stone Age – yeah, it really was. Here we are. How many years later?

RIZZO: Twenty five years later.

FAKE: It's crazy.

RIZZO: The vision back in the mid-'90s, that was sound. We had horrible graphics. We had head-mounted displays that were cumbersome, heavy, uncomfortable, you know, the worst.

FAKE: It was the [Pong](#) era of VR.

RIZZO: Yeah, exactly, exactly.

FAKE: But those headsets kept improving. In 2014, Facebook bought Oculus, makers of head-mounted VR displays, for \$2 billion.

RIZZO: This is gonna change the face of gaming, and people are going to want to have virtual experiences, you know, in their homes and so forth. And a giant industry evolved out of it. So along with these technological advances, people became more intrepid in terms of the kinds of clinical applications that they wanted to try to develop.

FAKE: Every new technology has that potential. And I think we all generally agree that 90 percent of all of the media that's created for this technology is crap, and that there's 10 percent that's very valuable. Is this where the value lies in VR? Is it in this use in a medical setting?

RIZZO: Uh, I'm very biased on that. There's not even a question. Yeah. VR got jump-started by the dream of changing the face of gaming. And certainly that hasn't happened. But right now, we have all we need to make a big difference in mental health care. We have all technology – if all technology ceased tomorrow, we'd be at sufficient level of capability to make a real difference for people.

FAKE: For Skip Rizzo, after 30 years in the field, there's probably no better example of his making a difference than vet [Chris Merkle](#).

RIZZO: He's a remarkable man. He went through a number of years after he came back having a lot of difficulty reintegrating into civilian life.

FAKE: Chris Merkle waited ten years after leaving Iraq with the Marines before trying VR as therapy for his PTSD, and he still remembers that first day.

CHRIS MERKLE: And even though I know I'm sitting at the VA, I know I have a clinician right there, I know I'm sitting with a headset on, it's just like you're about to jump out the door. This crazy thing that you're scared of forever, you're about to do it. And the door is about to open. So it's really intense.

FAKE: And you've frankly been avoiding it for the past 10 years or whatever.

MERKLE: Sights, sounds, everything. And that's one of the things about virtual reality, it's not for everybody. You know, just like every other medication or type of therapy. And for me, the pros were I'm not a book reader. You know, I have to physically do it. Putting on the headset, talking through my experience, I could do that.

FAKE: That first session was 7 years ago.

RIZZO: And it actually kind of turned things around for him and started to transfer some of that energy that was all focused on being mad at the world into doing a lot of good. I

mean, he set up, he set up a damn [surf camp for disabled veterans](#). And then he said, “You know what? I'm going to get my doctorate in psychology.” I mean, the guy's a poster child for when things work right with this kind of therapy, this is what you get.

[Ad Break]

FAKE: Hi, it's Caterina, back with Dr. Skip Rizzo asking, “Should This Exist?”

It's pretty clear that VR therapy is a powerful tool for treating PTSD. Skip estimates up to 4,000 veterans have used it as therapy – and 65% are showing positive results. But even he readily admits there are ways this can go sideways.

FAKE: Where is that line drawn, beyond which “here be dragons”?

RIZZO: It's drawn where the research dictates it, if you're ethical. So this guy, [Dan Freeman from Oxford](#), did a study showing that people could take home one of these standalone headsets. This doesn't require a computer. They could take home a [fear-of-heights](#) application and have two weeks with it. And in this application, it was a virtual human that was like your guide. And they found those people did as well as people that had a clinician doing it in the office with them.

Well, what's the next one? You know, is the next thing going to be PTSD? Will it draw people away that think there's an easy fix to a mental health problem from seeking help with a live provider?

FAKE: It's clear to Skip that VR treatment works when it's guided by a caring, living human who works hands-on with the patient. He says technology can't replace that human, and Dr. Barbara Rothbaum agrees.

BARBARA ROTHBAUM: The pain in the room is so palpable that I often thought I had someone's broken heart in my hands.

FAKE: She's been working in the field of [VR therapy with vets](#) for as long as Skip Rizzo. If he's the godfather, [Barbara Rothbaum is the godmother](#).

ROTHBAUM: But also what I've seen is the resiliency of the human spirit, and sometimes I might think to myself, “Oh my gosh, how are they ever gonna get over this?” And then they do.

FAKE: Dr. Rothbaum, who is professor of psychiatry at the Emory University School of Medicine, started developing VR more than 25 years ago with patients who had fears of flying.

ROTHBAUM: So I really wanted a virtual airplane to test that.

FAKE: Yet she had signs even back then of what could happen with this technology if it was in the wrong hands, as she developed the VR with a computer scientist.

ROTHBAUM: For example, for fear of flying, about half of the people have a fear of crashing. And so when we're talking about that, he's rubbing his hands together. He says, "You know, we can crash this thing." I mean, basically, you know, we can do whatever we want in virtual reality with no consequences. But I said, "No, no, no. That's exactly what we don't want to do. That's their fear, that it crashes! And so we don't want to build something that's going to make their fear worse."

FAKE: Now, 25 years later, when the technology has advanced so much and is more widely available...

ROTHBAUM: One thing that worries me is that bad VR therapy is just bad therapy. When I train clinicians in virtual reality exposure therapy, I try to emphasize the most important thing is: Pay attention to your patient. Don't get so caught up in the technology that you're forgetting about doing good therapy and that you're not looking at your patient and seeing how he or she is responding to what you guys are doing. Like a new toy – just blowing things up, kind of willy-nilly, like all hell's breaking loose. That will not necessarily be a therapeutic exposure for a patient.

FAKE: And in the future – using it carefully in a therapeutic way – Barbara Rothbaum says the opportunities are almost endless for good. But could it also be used for evil? How would a supervillain use this?

ROTHBAUM: I mean, in some ways they're almost endless in using it in a malevolent way as well. So people could potentially use it to induce anxiety or induce depression. The very attributes of VR that allow people to feel immersed, allow it to create these brain changes, I think could potentially, it's really hard for me to imagine why someone would want to do this – but it could be used to change people's opinions. It could potentially be used to manipulate people.

FAKE: That's a pretty chilling thought. And some new research about how the brain reacts during VR also gives me pause.

MAYANK MEHTA: First and foremost, 60 percent of neurons in the hippocampus shut down in virtual reality, 60 percent.

FAKE: Dr. Mayank Mehta is a neurophysicist at UCLA who's been researching the impact of VR on the brains of rats. He noticed the neurons shutting down in a part of the brain called the hippocampus.

MEHTA Now, this is huge, because the hippocampus is that one brain region where Alzheimer's disease, epilepsy, PTSD, depression, schizophrenia, and autism, hippocampus is implicated in this giant number of diseases. And in that part of the brain, just by being in VR, 60 percent of neurons shut down. And to my knowledge, there is not a single drug which will turn off neurons by 60 percent in hippocampus. So that was an eye opener.

FAKE: Essentially powering down 60 percent of any region of the brain is a startling concept to me. Is shutting down more than half of a hippocampus a good thing or a bad thing? Let's see what the science says.

Mayank built a VR headset for rats that are more immersive than anything humans have access to. So they can teach us about VR's potential – and its pitfalls.

FAKE: How do you feel about putting people with that kind of trauma, PTSD, into a situation like you describe, into say, a military situation with bombs going off around them?

MEHTA: First of all, my heart goes out to people who suffer. So the only thing I would say is, the way to actually figure out is that good or bad is to actually do those experiments with rats and look into the brain. Because as we know, by the time we feel something cognitively, it is way too late. If VR is good for PTSD, and if so, which kind of VR? And we can't just keep exploring different possibilities with different PTSD sufferers. That's not the most optimal way. It means that the brain gets re-wired.

FAKE: If VR has the potential to rewire the brain, that's a hidden trap we may not fully understand for decades. But in the meantime, the therapeutic applications are exploding.

Some people say VR is the next big thing for mental health using therapeutic content for diagnosing and treating medical conditions from anxiety to chronic pain to Alzheimer's disease.

FAKE: Ben. It is so good to see you.

FAKE: One of those people is Benjamin Gleitzman, a longtime technologist and VR advocate with a utopian view of VR's therapeutic potential.

BENJAMIN GLEITZMAN: It is so good to see you.

FAKE: It is so good to see you. It's been a while. That's an awesome shirt, by the way.

FAKE: Benjamin's specialty is blending the worlds of technology and art. His latest VR project is an aesthetic experience named Mona.

FAKE: Just to describe it, it is literally a VR headset, but it has the eyes of Mona Lisa glued to the front, which is great, actually. It's really great.

FAKE: He's bringing the healing power of virtual reality into clinical settings – as another tool for doctors. Using VR images of butterflies or snow or beams of light with soothing music.

FAKE: What's the effect that you're going for?

GLEITZMAN: In the beginning, we thought ... we used it for oncology. So during chemotherapy treatment, can we relax people? Can we reduce anxiety? When we showed it to [doctors in urology](#), they said, "Hey, could we use this as an alternative to our pain medication?" So, yes, we're going to use this as an alternative to the narcotic. You can really go on another journey and not feel like you're watching that procedure happen to you.

FAKE: Got it. OK. We started off this episode actually interviewing a guy named Skip Rizzo, who you probably are familiar with...

GLEITZMAN: He works with PTSD.

FAKE: ... who works with PTSD. And what you're doing, I thought this is very interesting is, you're also using VR in a medical context. But somehow it's from the opposite vantage point. You're using it in order to soothe, in order to possibly distract from rather than focus on suffering.

GLEITZMAN: Yes, the power of immersion is very impressive, and I think that the headset is just one tool in the toolkit.

FAKE: Benjamin is from West Virginia, and he's taken Mona there to work with victims of opioid addiction as an alternative to taking pain medication. Because it engages attention on a deep level, it can break the cycle of pain and stress. And he also envisions some pretty incredible outcomes in a totally different kind of patient.

GLEITZMAN: Yeah. I have a friend who I went to school with, we were both at MIT, and he's now a spinal cord injury researcher and a medical doctor. And when he saw the platform, he immediately thought this could be used as a way to ... for certain types of spinal cord injuries, give you the feeling of looking down and seeing your legs move for people who've been paralyzed. Or seeing yourself on a bike or seeing some of these muscle movements and simply that feeling of presence and watching your feet move will cause the neurons to regrow and can allow you to walk again.

FAKE: This is kind of amazing. So somebody who has lost the capacity, they're potentially paralyzed.

GLEITZMAN: There's been a crushing injury, something where the spinal cord remains intact, but it has been damaged in some way, you have the ability, through a sort of mind over matter, to regrow those connections. But you often don't have the right impetus in order to cause that to happen. And you can cause this regeneration to happen through an immersive experience.

FAKE: It's hard to overstate what a breakthrough it could be if this kind of application bears out. But this is a clinical application that's still years from being market-ready. And I worry a little that news of VR's potential benefits leaves too much room for snake-oil salespeople.

Just like VR that seeks to cure PTSD, there's a question about whether VR that can heal you physically will one day be found outside of a doctor's office. And I question whether it should.

[Ad Break]

FAKE: There is an artist in the '60s that I loved whose, his name is Walter Pichler, he's a German.

FAKE: Hey, Caterina here. I'm with Skip Rizzo again, doing my best to describe to him a fantastic sculpture, called "[TV-Helmet \(Portable Living Room\)](#)."

FAKE: And he did all of these parodies of the use of technology and basically how it distances people from each other.

FAKE: Pichler's sculpture shows a man wearing a completely isolating long white, kind of submarine-looking helmet. It's from 50 years ago, before virtual reality was even a thing. But now? It feels oddly relevant.

FAKE: It always seemed to me like that was actually what VR was doing, was it was actually removing us from our connectedness. I'm a community builder. I was the co-founder of Flickr, I was like the fifth person at Etsy, these kind of humanizing technologies. And I have always been a big skeptic, like a big VR naysayer, you know. And I have yet to see, probably until today, a good use of VR. Technology is usually invented and then seeks its use.

RIZZO: Hammer looking for a nail.

FAKE: Exactly. And so, is this the one?

RIZZO: I think you can make a strong case that for all the highfalutin' blather about, you know, VR being the next best thing since sliced bread, and you're going to infiltrate our life in so many different ways. It's nothing about VR being magic. It's just another tool that we can, we can make us do our jobs better as clinicians. I really think so.

FAKE: Skip sees a bright future for VR. Not just for treating trauma after the fact, but preparing people for trauma before they experience it.

RIZZO: Maybe if we did a better job on the front end preparing people for the stress that they're gonna experience in war, we wouldn't have to do so much on the back end fixing

the problem. We want to put ourselves out of a job in the back end, and doing this stuff, by doing a better job on a front end

FAKE: So this is your vision. So if this...

RIZZO: Police, firefighters, first responders, not just service members, not just military. Helping people to learn to manage stress, particularly in these high-stress occupations. You know, we got to deal with preparing these people for day to day, you know, mind-numbing exposure to trauma. And that's why I'm in love with the use of VR simulations. That if done properly and with, you know, a well-trained clinical provider, we make a difference in people's lives.

FAKE: It wasn't until the end of my visit with Skip Rizzo that we returned to where this all started for him, where his understanding of trauma began. Where his connection to veterans began. That deep commitment goes back to some flashbulb memories from when he was just a kid.

RIZZO: I grew up in a small town in Connecticut, and we had one of the first state veteran hospitals in our small farm town. And in the morning there was this big bus that would bring the vets down from the home, drop them off in our little small center of town, and, you know, half the group would run to the liquor store. And there was these woods that had this little encampment, and they'd just go and drink. And then a bus would come back at 7.

Anyway, I met a guy, and we were little kids, you know, 7, 8 years old, pedaling our bicycle around. And we got to be friends with a guy who hung out in front of the post office. He had a transistor radio, and he used to crank on the Yankee games. World War II vet.

And then one night I'm going through town with my dad, and I see the same guy and he's passed out on the ground off to the side of the supermarket. And I go, "Dad, I know that guy. What's the matter?" I didn't know, really, what being that drunk was, you know, and he just looked at me: "Skip, that's a man that was hurt by war."

And I think this kind of stuck with me, because up to that point, we were kids, you know, watch John Wayne movies about the glory of war. And at that moment that hit me about here was, I had a relationship with a guy, Christ, probably sixty years older than me. And then to see him like that, it just... Trauma is all over the place. But with veterans, I think that they deserve our best effort. So that's, that's the positive part of this work.

FAKE: Yeah. Thank you for telling that story.

FAKE: I've always thought that that over-quoted Nietzsche quote, "What doesn't kill you, makes you stronger" is actually really unfair, because I've always thought what it really should be is, "What doesn't kill you, doesn't kill you." Right?

Because if you, as a result of going through something that almost kills you, you feel trauma. And if you are given this false sense of who you could have been, or this should make you stronger, or this should make you better...

RIZZO: It's a high bar.

FAKE: ...sometimes that's true, sometimes it's not.

RIZZO: It should be modified. It should be, "What doesn't destroy you, and if you know how to implement the right coping strategies, it may make you stronger. Maybe. But maybe you need to ask for help along the way, too."

FAKE: We just need to get that on a fortune cookie. OK, it has really been great talking to you. Thank you so much for sharing all of this with us.

RIZZO: It's been fun to talk to you. I'm glad I didn't know you were a skeptic in advance. I might have tried to do a little bit harder sell.

FAKE: Dr. Skip Rizzo, director of USC's institute for Creative Technologies – his Bravemind equipment is now in about 60 sites across the country, mostly through the Veterans Administration. And he's working with a foundation called Soldier Strong to bring his Bravemind VR to every VA in the country.

Doing this episode changed my mind about VR. I had always thought about it in terms of games, as escapism, or as a way of leaving the reality we're in and going into the virtual – after all, that's what it's called. What I realized in talking to Skip and Ben and the others was that virtual reality was a misnomer. Virtual reality seeps into reality-reality. When we re-emerge into the real world, we have changed.

VR doesn't have to alter our world, it can alter us. But in the hands of good people with good intentions, it can change us in ways that we've struggled to change without it. So now I'm a cautious fan.

Look, I don't get to decide Should This Exist? And neither does this show. Our goal is to inspire you to ask that question and the questions that grow from it.

LISTENER: Are we still talking about VR? I thought that was over.

LISTENER: Healing vets is so important. It's such a big job that we are failing at so spectacularly.

LISTENER: You cannot heal yourself. You will need the help of a trained medical professional. If we cannot ensure that, then this will do more harm than good.

LISTENER: What if people get addicted to this type of virtual reality, just like video games?

LISTENER: What are the long-term effects of being continually exposed to this stuff?

LISTENER: Look, if you've ever known a vet who has PTSD, I can't imagine you'd say no to a therapy that would help.

LISTENER: I think this type of VR therapy requires a license to drive. You must be trained X amount before you're allowed to get your hands on this technology.

LISTENER: I think that VR has tremendous potential for mental health. I think if nothing else, being able to leave this shattered world behind for a few seconds would be of great relief to many of us.

FAKE: Agree? Disagree? You might have perspectives that are completely different from what we've shared so far. We want to hear them.

To tell us the questions you're asking go to "www.ShouldThisExist.com" where you can record a message for us. And join the Should This Exist? newsletter at www.shouldthisexist.com.

I'm Caterina Fake.