Participant Information Sheet and Consent Form

1. Statement of involvement

This study involves human participants as research subjects. Each participant will engage in a series of virtual reality (VR) sessions designed to simulate environments associated with common phobias. As research subjects, participants will provide critical data through their physiological responses, which are central to achieving the study's goals.

2. Purpose of the Research

The primary objective of this study is to observe and analyze the physiological effects of exposure to specific phobias within a virtual reality (VR) environment. We aim to assess how participants' heart rate, respiration rate, and galvanic skin response are influenced when they are presented with VR scenarios that simulate situations typically associated with common phobias. This research seeks to better understand the physiological responses to simulated phobic stimuli and may contribute to developing more effective therapeutic strategies for phobia treatment in clinical settings.

3. Duration of Participation

The expected duration of each participant's involvement in the study is approximately 50 minutes. This includes time spent in preparation, undergoing VR sessions, and filling a form before and after the experiment.

4. Description of Procedures

4.1 Initial Setup: Upon arrival, participants will be equipped with monitoring devices that measure heart rate, respiration rate, and galvanic skin response. A brief orientation will explain how to use the VR equipment.

4.2 VR Exposure: Participants will experience a VR environment that simulates various phobic stimuli. The content and duration of each VR scenario have been predetermined and will be consistent for all participants.

4.3 Monitoring: Throughout the VR sessions, physiological data will be continuously recorded. Participants may be asked to verbally describe their feelings at intervals.

4.4 Filling the form: Participants will complete a pre- and post-experiment form. This form is designed to capture their experiences, reactions, any psychological impacts noted during the experiment and biodata about the participants.

5. Experimental Procedures

The use of VR to simulate phobic stimuli and its subsequent physiological impact is considered experimental as it explores new methods of understanding and potentially treating phobias. The effects of these VR scenarios on physiological responses are not fully known, which is why this study is being conducted.

6. Voluntary Participation

Participation in this study is entirely voluntary. We respect your decision regarding participation in this study and assure you that your responses will remain confidential whether you choose to participate or not.

7. Organization

The experiment, utilizing hardware provided by Constantine Philosopher University in Nitra, is organized by its students, Bc. Gabriel Molnár, Bc. Áron Mózes.

8. Potential Risks and Discomforts

8.1 Psychological Stress: Exposure to phobic stimuli in the virtual reality environment may induce anxiety or psychological stress, especially if the scenarios resonate with personal fears. Participants will be monitored closely, and the experiment will be halted if distress levels become unacceptable.

8.2 Physical Discomfort: Wearing VR equipment for an extended period can cause physical discomfort, including dizziness, nausea, or eye strain. These symptoms are generally mild and resolve shortly after removing the VR headset.

8.3 Privacy Risk: Although all personal data will be handled with strict confidentiality and only used for research purposes, there is a minimal risk of data breach which could potentially expose personal information.

9. Potential Benefits

Participation in this study may not provide direct benefits to you. However, by contributing your data, you help advance our understanding of how physiological responses are triggered by virtual reality simulations of phobic stimuli. The insights gained from this research could potentially inform future developments in therapeutic approaches for treating phobias. These findings may lead to improved diagnostic tools or more effective treatment strategies that benefit individuals suffering from phobias. It is our hope that the knowledge obtained can contribute to better health outcomes and wellbeing through enhanced therapeutic techniques.

10. Data Protection, Confidentiality, and Privacy

10.1 Data Handling Procedures:

Data Collection: Personal data, including physiological measurements and responses to forms, will be collected solely for the purposes of this research. Data will be anonymized with unique identifiers to remove direct personal identifiers.

Data Storage: Electronic data may NOT be stored on secure, password-protected servers. Physical data, such as consent forms and paper-based responses, may NOT be kept in locked cabinets.

Data Access: May NOT only authorized members of the research team will have access to the data. Data will be used strictly for analysis related to this study and WILL be visualized and shown in the research paper.

10.2 Duration of Data Storage:

Data will be retained for UNKNOWN amount of time after the completion of the study to allow for analysis and publication of results. After this period, all personal data may NOT be securely deleted or destroyed in accordance with GDPR guidelines.

10.3 Privacy Measures:

The study may NOT adhere to the General Data Protection Regulation (GDPR).

10.4 Rights of Participants:

Participants have the right to access their personal data, request correction or deletion of their data until the end of the day on which the data is initially collected. Upon request, participants will be provided with access to the data they have contributed to the study.

11. Treatment and Compensation in Case of Injury

Please be aware that no compensation or medical treatment will be provided if you experience an injury as a result of participating in this study. Participants are responsible for obtaining medical care and covering any associated costs.

12. Contact Information

For any questions regarding the research or your rights as a research subject, or to report a concern or complaint about the study, you may contact: gaborm2000@gmail.com

13. Opportunity to Ask Questions

You are encouraged to ask questions at any time before, during, or after your participation in this study. If you have any inquiries or require further clarification about any aspect of the research, please feel free to reach out to the given contact.

14. Handling of Data and Samples Post-Research

At the conclusion of this research period, it is currently undetermined how the data or samples collected will be used or stored. Please be assured that the data will not be sold for monetary gain.

15. Use and Dissemination of Research Results

The results of this study will be analyzed to further understand the physiological responses to phobic stimuli within a virtual reality setting. Findings from this research may be published in academic journals, presented at conferences, or used in educational settings to inform and advance the field of psychological research and treatment.

While all published and presented results will be anonymized to protect your identity, the collective data may help in developing more effective treatments for phobias or improving the therapeutic use of virtual reality. Additionally, the results might contribute to broader research studies or inform future research directions in related fields.

Signature Page

This page follows the detailed Participant Information Sheet and Consent Form provided. Please review the document carefully before signing to confirm that you understand the nature of the study, the procedures involved, your rights as a participant, and the risks and benefits associated with your participation.

Confirmation:

I hereby confirm that I have read and understood the information provided in the Participant Information Sheet and Consent Form. I have had the opportunity to ask questions about the study, and all my questions have been answered satisfactorily. I understand that my participation is voluntary and that I am free to withdraw until the end of this day, without giving any reason, and without my legal rights being affected.

By signing this form, I agree to participate in the study described above.

Date: **Participant's Signature**:

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