

# **Counseling in Virtual Reality and Into the Metaverse: A Framework for Reflection, Conversation, and Future Scholarship**

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## **Abstract**

Given the success of Virtual Reality (VR) in the gaming community and strides in mental health, both VR and the Metaverse provide limitless opportunities and possibilities in the field of counseling. This article aims to provide important definitions, an overview of the use of VR in clinical counseling, clinical supervision, counselor education and its potential emergence into the Metaverse. Implications are presented in hopes of prompting conversation on how we may accept technological and cultural shifts and remain true to our counseling roots. Specifically, how to maximize the potential benefits with counseling specific rationale and address the limitations and potential dangers to clients.

*Keywords:* Virtual Reality, Metaverse, Counseling, Supervision, Counselor education

COVID-19 represents one of the biggest and swiftest cultural shifts to ever impact mental health. Counselors were forced to reinvent, reimagine, and calibrate their services to continue meeting the needs of their clients (Abraham et al., 2021). With the need for mental health services increasing when in-person resources become limited (Boydston et al., 2021), many mental professionals found themselves immersed in a technological vacuum they did not choose. In an effort to remove boundaries and connect our clients with the services they need, counselors, other mental health professionals, and much of the rest of the world were catapulted into virtual spaces and began working on telemental health platforms (Mishkind, et al., 2021).

It is within this cultural phenomenon that we are presented with the opportunity to reflect on a deeper and more impactful conversation. Could these experiences born out of necessity provide us with a platform for

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further technological advances? More specifically, can we utilize Virtual Reality (VR), extend into the Metaverse, and empower users to connect and humanize these virtual spaces? As technology becomes more prevalent in our everyday life, counselors need to initiate difficult conversations. Focusing on what we know about VR and the Metaverse, what are the potential advantages and boundaries, and can and should this information be utilized to optimize human performance and development. This article defines VR and the Metaverse, presents a discussion reviewing the existing literature of VR and the Metaverse in the field of counseling, provides implications through a humanistic lens for counseling extension into the Metaverse, and encourages future discussions and scholarship.

### **Virtual Reality**

Virtual reality (VR) was conceived in the 1960's and has been expanding and evolving ever since. With recent advancements in modern computing, three-dimensional graphics (3D), and body tracking software (Rizzo et al., 2021), it has gained recent popularity amongst the general public. VR refers to an entirely digital space that is accessed through a headset that uses visual technology, cameras, and controllers that have motion tracking to fully immerse individuals in this space. Otherwise described, VR is an alternative world that is composed of computer-generated images which can be manipulated using goggles and gloves (Greenbaum, 1992, as cited in Steuer, 1993). Contributing to this feeling of immersion, the individual utilizes an avatar and controls where they go. An avatar, meaning alter ego (Park & Kim, 2022), is a visual representation of the user that acts “as if” in VR and is used to interact with other users in this 3D virtual space (Duan et al., 2021). Avatars give users the opportunity to create and completely control how they will self-represent and seem to be limited solely by their imaginations.

VR is applicable across a wide range of disciplines including psychology, computer science, games studies, and architecture (Pimentel et al., 2021) and has interest in scientific communities and society in general (Paino-Ambrosio & Rodriguez-Fidalgo, 2019). Virtual reality has also been called the “next big thing for mental health” (Martin, 2019), alluding to the many potential benefits for growth and development with some adamant fans calling it the “ultimate empathy machine” (Martingano et al., 2021, p.1). It is in our increasingly digital world that the use of VR represents an opportunity to foster connections that positively impact well-being (Pimentel et al., 2021). By “immersing” participants into the shoes of another person, VR increases their ability to see things from another's perspective and gain understanding. VR provides an opportunity for therapeutic interventions to create environments for growth, development, and improvement in counseling practice, education and supervision.

A term that is commonly used interchangeably with VR is augmented reality (AR). Although related and somewhat similar, AR involves putting digital objects in the real world and does not require headsets. Some examples are Pokemon Go and Amazon's “Try in my space feature.” There are different kinds of VR, but for the purposes of this article, VR is the completely immersive experience that entails the use of a headset and controllers as previously defined.

### **Virtual Reality and the Metaverse**

Although not a new concept, movies and TV shows like Ready Player One (Spielberg, 2018), Wreck-it Ralph (Moore, 2012), and Westworld (Joy & Nolan, 2016-current) have familiarized contemporary society with some ideals of the Metaverse. There is no one company that owns the technology, and we could be

years away from the fantastical imaginings of these Hollywood depictions. The Metaverse becomes difficult to define as it has changed over the years. Connolley et al. (2011) defines the metaverse as a continuous, online, constantly-updated world. For the purpose of this article, the Metaverse is an online space where people can interact, socialize, play, and work as avatars. A more philosophical definition leaves room for imagination and innovation and would encompass how we will interact with technology and where these advances will lead us in years to come. Users in the Metaverse are intended to not only view the internet but exist within it through the use of VR headsets, laptop computers, and other smart devices. Many deeply immersive gaming experiences and online communities have been developed in the past and continue to flourish. Some commonly-known 3D spaces in the metaverse include Second Life, Roblox, and Decentraland and are predicated on the creation of environments and interactions of avatars. Although not all Metaverse platforms have VR capabilities, such as Second Life, many have integrated the ability to also connect to the platform via headset like in Roblox and Decentraland.

It is important to note that the Metaverse is not VR, and VR is not the Metaverse. They are separate concepts but represent a confluence of related entities. The Metaverse provides VR with the best possible platform to be enjoyed. If the metaverse was the pool, then VR would be the floatie that you could use in the pool. The floatie (VR) could undoubtedly increase your ability to enjoy the pool (Metaverse), but remove the floatie (VR) and the pool (Metaverse) would still exist and you could still swim. Further distinction between these concepts is that VR could be enjoyed without accessories but may require a headset and controllers, while the Metaverse is a digital space that some refer to as a generic term that represents all of the technological advances and cultural developments we as a society will experience and are already experiencing. Mental health professionals need to start appreciating how its use will impact our society and work with clients. Counselors may already be witnessing the ramifications of social media, widespread usage of smartphones and smart devices, artificial intelligence, voice recognition software, and the emergence of digital natives (Prensky, 2001) which is an entire generation growing up with familiarity with the internet. Furthermore, according to a November 2021 survey conducted by Morning Consult, at least half of millennials and Gen Zers say that they are interested in the Metaverse (Teale, 2022). With teens and children being the major demographic target of marketing campaigns supporting the Metaverse, recent opinions may project that 50% of the younger generation may be listening. This addresses concerns surrounding the specificity of who will most benefit from VR in therapy and challenge its applicability to a wide range of individuals. As the collective opinion and attitude towards technology in mental health shifts and evolves, counselors interested in incorporating VR into practice may find themselves applying this work to a good sized portion of the population.

### **Virtual Reality in Counseling Practice**

Although integrating VR and the Metaverse into counseling may seem futuristic, these concepts and therapeutic modalities have been the subject of research for the past few decades. Early studies supported the dystopian vantage point of the impending doom that VR would bring to our society. Research has focused on the dangers and potential pitfalls of internet addiction (Lam et al., 2009), internet gaming addictions (Giordano, 2021), the inability to connect and receive support (Ahmed, 2020), and the damaging effects that violent video games could have on children (Shoshani & Krauskopf, 2021). There is also research supporting the promising and helpful benefits of VR. Historically, the primary therapeutic use for VR has been exposure therapy due to its ability to create high-level, sensory experiences and engagement platforms. VR therapy is effective in treating fear of heights (Hodges et al, 1995), fear of flying (Rothbaum

et al., 2006), and PTSD (Rothbaum et al., 1999; Rothbaum et al., 2001; Difede et al., 2006). These initial uses of VR paved the way for integrations with other evidence-based practices for the treatment of various mental health issues including eating disorders (Brown et al., 2020; Riva et al., 2021) and substance use disorders (Bordnick & Washburn, 2019; Skeva et al., 2021). There are implications for the use of role play for social skills interventions (Didehbani et al., 2016), processing trauma (Difede et al., 2006), and exploring grief and loss (Pizzoli et al., 2021).

Virtual reality has also been successfully implemented to improve empathy (Martingano et al., 2021) and increase understanding of complex societal issues (Markowitz et al., 2018). Other endeavors are exploring applications for art therapy (Han, 2021), the effects of VR and emotion (Markowitz & Bialenson, in press), familiarizing mental health treatment (Han & Oh, 2021), and creating spaces for the differently abled (Rodríguez et al., 2022). VR and the Metaverse can also catalyze prosocial behavior in clients and increase emotional and cognitive empathy when intentional opportunities are provided (Cohen et al., 2021; Thériault et al., 2021; Jansz et al., 2010). Furthermore, VR may also present a unique opportunity to connect with younger generations. Digital natives (Prensky, 2001), may be increasingly open, or even prefer, to use technology for self-expression. van Rijn and colleagues (2018) conducted a qualitative study to explore middle and high school students' experiences with an avatar-based counseling intervention. Results of the study revealed that the use of VR helped students connect, share their inner world with their counselors, and gain insight. Overall, it can be concluded that VR has been effectively used in treatment of several mental health issues in clinical and school-based settings.

### **Virtual Reality in Supervision**

Online and telesupervision has been prevalent in recent years and may provide implications for VR in supervision. VR has yet to make a significant impact in the realm of counselor supervision as more robust and empirical studies are needed (Woo et al., 2020). Springer and colleagues' (2020) study revealed the supervisees who did not prefer supervision in VR had comparable difficulties to therapists who were new to online work and experienced uncomfortability with technology. The most common challenges and barriers included issues with interpreting verbal and nonverbal behavior, inconsistencies and technological difficulties, and limitations to spontaneity (Springer et al., 2020).

VR has been used to deliver and enhance supervision in clinical mental health, school, rehabilitation, and substance use counseling in individual, triadic, and group formats (Renfro-Michel & Rousmaniere, 2016). Additionally, evidence supports that clients, supervisees, and supervisors have all benefited from the use of technology in supervision (Rousmaniere, 2014). In a meta-analysis of the available research, Woo et al. (2020) explored the effects of distance clinical supervision in comparison with traditional face-to-face supervision. Evidence suggested that there are no significant differences in the supervisee's perception of the quality of supervision based on the format.

### **Virtual Reality in Counselor Education**

Counseling is considered a creative process (Gladding, 2008), so it should come as no surprise that counselor education should also be creative, especially when conveying, introducing, and practicing complex concepts (Bell, 2018). It is considered by some that creativity is "imperative" to counselor education (Wells & Dickens, 2020, p.192), and VR can be used as a creative intervention to enhance the

education of counselors. There are many implications for the continued use of VR in counselor education, but most contemporary efforts of VR in the classroom have been focused on medical training programs applicable, but not specific, to counselor education (Wilkinson & Bazile, 2019). A resurgence of interest in VR has culminated because of increased access to high-speed internet and head mounted displays, as well as the “power of modern computing, three-dimensional (3D) graphics, body tracking and novel 3D user interfaces, gaming/ narrative principles, big data analytics, and artificial intelligence” (Rizzo et al., 2021 p. 213). Accessing VR through a traditional desktop or various head mounted displays have both shown to be effective in enhancing counselor education (Rogers et al., 2022). However, research suggests that students prefer a head-mounted display (HMD; Rogers et al., 2022) and the use of the HMDs increased empathy development (Cole, 2022). Individuals not only perceive the use of HMDs as more realistic, but find the experience more psychologically rich (Cummings & Bailenson, 2016; Markowitz & Bailenson, in press). Moreover, HMDs contribute to how effective and capable users feel when operating within the virtual space (Diemer et al., 2015; Lee & Kim, 2014).

Regardless of which VR medium is used, engaging students through platforms like the Metaverse can enhance the learning experience when used appropriately and humanistically. For example, VR can be particularly helpful when utilizing role plays as a way to demonstrate the integration of knowledge and skill within the counseling identity (CACREP, 2016). VR may also alleviate the deficits inherent in the incorporation of role plays in the traditional classroom setting, including the difficulty that students can experience in emulating and maintaining realistic, clinical situations in the moment (Wilkinson & Bazile, 2019). Students agreed that conducting role plays in VR would be a valuable addition to their program (Rogers et al., 2022), and another study concluded that counseling students found their VR experiences more realistic and authentic (Wilkinson & Bazile, 2019).

### **Metaverse Research**

As early as 2007, researchers were investigating the possibilities of counselor education and practice in the then-popular, virtual world called Second Life (McGhee et al., 2012). Second Life was explored and utilized as entertainment, a community building platform, and an educative tool with implications for training, support, and counseling (Jencius, 2009). Multi-user virtual environments like Second Life have been used to treat social anxiety (Yuen et al., 2013), promote patient engagement (Weiner et al., 2016), and offer grief support (Lubas & De Leo, 2014). Second Life’s popularity eventually waned – potentially attributable to the user’s frustrations with loading speeds and the technological ability of fellow participants (Delmonico et al., 2000). However, the environment of Second Life eliminated geographical barriers and social anxiety, fostered active learning and rapport between instructor and student, and engaged both introverts and kinesthetic learners (McGhee et al., 2012). Users also found that the creation of avatars and the interactive environment were significantly less restrictive than the traditional classroom (McGhee et al., 2012).

### **Considerations and Limitations for the Use of VR and expansion into the Metaverse in the Field of Counseling**

It is always the responsibility of researchers and practitioners to question whether where we are going as a profession mirrors and anticipates what clients will need and remains inline with our professional identity. The relationship between VR and the Metaverse is relevant and raises questions surrounding whether or not what we know about VR can be translated and applied to the Metaverse. Several recommendations

related to counseling practice, supervision, and counselor education can be made based on the available research of the use of VR in the counseling field. When exploring ground-breaking topics gaining notoriety and popularity but not adequately researched, it is important that counselors remember they are ethically bound to use practices grounded in theory (ACA, 2014) and that excitement for a new approach should not cloud good judgment. The acknowledgment of scope of competency could be particularly precarious as it still remains difficult to acquire adequate training in technological advances (Goodyear & Rousmaniere, 2019). In regards to research design, VR could act as the stimulus and measurement tool, simultaneously providing the internal validity of conducting research in natural settings and the external validity of conducting research in the lab or other controlled setting (Martingano & Persky, 2021).

Leaning into the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economics and Clinical Health Act (HITECH), and Section H, “Distance Counseling, Technology, and Social Media” in the American Counseling Association (ACA) 2014 Code of Ethics, can provide helpful guidance in establishing best practices. Priority should be given to alleviating any potential “reasonably anticipated threat” (HIPAA, 2013, p. 1028), although there continues to be some gray area in how these guidelines should be administered (Wilkinson & Reinhardt, 2015). Many beneficial experiences from telehealth can be translated into virtual counseling and counselor presence in the Metaverse, even though issues surrounding confidentiality, protocols for emergency situations, and counselor credentialing still remain a concern (Blumer et al., 2014).

Another concern is the technological savvy and sophistication that is required to not only operate but navigate VR and related Metaverse applications. There is also little to no collaboration and transcendence between the available platforms. This requires users to create new user names, avatars, and log-ins on each platform. A general understanding of this technology, stress tolerance, and patience are required from users as developers race to stitch imagination to reality. To many users, the metaverse does not look or feel very “real” just yet, and the most difficult challenge remains the ability to maintain the human component in the overall experience. Given all these tech specific challenges, the Metaverse can be difficult for people to use.

The most glaring limitations continue to be the expense of accessing and utilizing VR and the heavy headsets which are not inclusive to all populations. Specifically, the price of hardware for VR remains a barrier for many individuals, with prices ranging from \$300-\$1500 (Pimentel et al., 2021). Access to the Metaverse and online VR is reliant on dependable internet, Wi-Fi, and devices like an HMD, computer, smartphone, or smartwatch. In addition to the overall cost, some of the hardware and software designs are problematic for those who are differently abled or have other medical conditions. Significant problem-solving and brainstorming of solutions is required for counselors to break down barriers, increase inclusivity, and promote the best possible experience for all users.

One major downside to online VR and VR in the Metaverse remains to be the inability of platforms to keep its users safe. The risk of online harassment remains a very real and frequent occurrence. A Pew research study found that 41% of U.S. adults have experienced online harassment and 25% stated that this harassment was severe (Pew Research Survey, 2021). With more and more specific narratives emerging about the nature and extent of reported harassment, it is important to elaborate on what constitutes online harassment. Six distinct behaviors have been outlined in this Pew Survey they are as follows: offensive name-calling, purposeful embarrassment, stalking, physical threats, harassment over a sustained period of

time, and sexual harassment (Pew Research Survey, 2021). This is specifically alarming to mental health professionals as further exploration is made to analyze the effects of online harassment on the individual involved. The level of immersion may make it more difficult for victims of harassment to distinguish reality and may result in repetitive and psychological trauma. Recent research posits that harassment and abuse in virtual spaces can lead to mental health issues and concerns, and offers more damaging consequences than non virtual experiences (Freeman et al., 2022). If individuals are not able to feel safe and protected in a virtual space, mental health professionals face a very significant barrier to providing a safe and therapeutic environment in which counseling can be effective.

### **Recommendations and Implications for Clinical Counseling**

Based on the existing research, VR has been effective in the treatment of many mental and emotional disorders including anxiety, depression, substance use disorders, and eating disorders. VR has substantially contributed to the assessment, understanding, and treatment of these disorders (Freeman et al., 2017). While the effectiveness of VR in mental health is promising, it is necessary and recommended for practitioners to use an interdisciplinary approach to better assess, understand, and treat their clients. Providers should combine knowledge and concepts from different fields like computer graphics, social and cognitive psychology, healthcare, and multimedia development (Riva et al., 2021). When applicable, practitioners should be open to adapting their mental health interventions to be used in VR environments in order to meet the unique needs of their clients and analyze who would benefit from its application.

VR creates opportunities to emulate clients' daily life experiences in virtual settings which helps counseling practitioners to better assess ecological factors and conceptualize the causes of mental health issues by uncovering environmental characteristics of the issues in the virtual settings (Freeman et al., 2017). Clients could explore and practice the skills and techniques that they learn in their counseling sessions. In fact, evidence supports that when individuals feel immersed enough in a virtual world, even truncated experiences can improve social behavior by increasing awareness, promoting altruistic behavior, and reducing racial bias (Shiriam et al., 2017). Additionally, personalized, tailored, and participatory virtual environments based on the personal experiences of clients increases the effectiveness of treatment outcomes from VR based interventions (Valmaggia et al., 2016). VR is a highly customizable tool that can meet the unique needs of clients according to their presenting concerns and treatment goals. Specific environments can be manipulated to induce relaxation (Meijnders et al., 2006; Pizzoli et al., 2019; Riva et al., 2007; Riches et al., 2021) and reduce boredom (Yeo et al., 2020), providing a uniquely crafted counseling experience for clients that could be more deeply explored.

In order for research to focus on humanizing these virtual spaces and remain cognizant of the continued disparity between counseling practice and the available research (Sultan, 2020), a highly-intentional strategy should be administered. It will take thoughtful pragmatism and a desire to bring humanism to virtual reality. There are definite implications for trauma, substance use disorders, anxiety disorders, applications with children and adolescents, as well as school-based counseling. Research should focus on alleviating and identifying any psychopathologies that might be exacerbated by the extended and compulsive use of virtual reality.



### **Recommendations and Implications for Clinical Supervision**

The current research findings have implications and provide hope for the efficacious execution of virtual supervision. Utilizing VR in supervision could provide opportunities for convenient scheduling and the removal of geographical barriers (Inman et al., 2019; Nadan et al., 2020). It could also result in a quicker connection of supervisees with supervisors who have specific training or experience with desired techniques or theoretical approaches (Pennington et al., 2019), and opportunities to engage diverse supervisor perspectives and culture (Inman et al., 2019). Supervisory environments should not only be highly responsive, but easily accessible (Martin et al., 2018) and continue to focus on the supervisee as a holistic, purposeful, and productive human being.

However, the use of VR in supervision is relatively new, and therefore, needs development and growth. While the technology of VR is constantly changing, several recommendations can be made for supervisors using VR in supervision. First, it should never be utilized purely for the comfort of supervisors but rather only when it is in the best interest of clients and supervisees (Rousmaniere, 2014). It is also necessary for supervisors to have well-established protocols, standards, technological support, and expectations for the use of VR in supervision with their counselor trainee (Woo et al., 2020). Supervisors who use slower, more deliberate speaking styles (Martin et al., 2018), promote and encourage supervisee self-care, and provide resources for any technology deficits (Callahan et al., 2021) mitigate the stress experienced by their supervisee. If possible, supervisors should also make an effort to first meet their supervisee in person, as research suggests the overall relationship benefits from establishing an in-person relationship before telesupervision commences (Martin et al., 2018).

Supervision through VR also requires supervisors to utilize the same flexibility and creativity they provide in counseling, especially for adapting to the rapidly changing VR technology (Renfro-Michel & Rousmaniere, 2016). It is also recommended that supervisors should have a keen interest in VR and take their time to learn about its application within supervision to meet the needs of their supervisees and their clients while applying the new technology (Renfro-Michel & Rousmaniere, 2016). Research should be focused on establishing best practices with more robust and empirically-rooted research designs. Specifically, it should focus on the supervisors' and supervisees' perceptions of VR and explorations into any potential boundaries and values conflicts, as well as analyzing how role plays and created VR environments affect the levels of awareness and multicultural competence in supervisees.

### **Recommendations and Implications for Counselor Education**

Counselor educators have a unique opportunity to model humanistic principles and practices with their students as society continues to advance technologically. It is within modeling humanistic practices that counselor educators can empower counseling students to experience, internalize, and impart this ideal with their future clients. A humanistic framework was proposed for distance learning by Hall and her colleagues (2010), and the four principles of this framework can also be applied to counselor education in the Metaverse. The researchers stated that viewing and valuing students holistically, maintaining meaningful relationships, valuing intentionality, and positing that people are goal-directed and creative beings can all contribute to the preservation of humanistic ideals and prevent reductionist approaches to student learning (Hall et al., 2010) in online environments.



In thinking about the whole person, specific focus can be paid to cultivating a space that maximizes learning potential and facilitates human connection by manipulating the environment. Setting up a classroom in the Metaverse would redefine class norms, boundaries, and structure as students experience, some for the first time, learning in VR. Some students may have difficulty engaging in their learning from a more hands-on / interactive approach, and research should be focused on establishing best practices for scanning for appropriateness and individuals who most benefit from the educational process in VR. Although there is promise of the application and effectiveness of VR in education, most of the research is rooted in medical training and little is focused on counselor education (Wilkinson & Bazile, 2019). Research endeavors should be focused on the effectiveness of the dissemination and retention of counseling-related materials through the use of VR, and early detection and evidence-based interventions for at-risk students.

### **Counseling Specific Rationale**

Whether counselors embrace technological advances, it is important that they stay educated and incorporate the latest developments and trends. Overall, the Metaverse and VR may also be more addictive and as unhealthy as social media. It is unclear at this time as to whether use of VR will mirror the damaging consequences of social media, exacerbate them, and/or result in a completely unforeseeable dearth of ramifications of use. Current concerns around social media use include: depression and anxiety, cyberbullying, FOMO (fear of missing out), unrealistic expectations, negative body image, unhealthy sleep patterns, and general addiction (Stenger, 2022). Counselors can more effectively enact preventative care if we are aware of the potential concerns that can be exacerbated from extended use, including, but not limited to, a decline in social skills, verbal and written communication skills, addiction issues, emotional regulation, and low stress tolerance. It is important to mention that these technological advances may redefine what it means to “connect,” and although technology has potential benefits, it can not solve existential issues and crises. It will always be our biggest priority to do no harm, mitigate human suffering, and promote optimal human development and connection.

One of the greatest opportunities for advancement in counseling with VR and the Metaverse is the ability to strengthen and fortify multicultural competence and reach out to marginalized and oppressed populations. VR provides a unique opportunity to create an immersive virtual environment (IVEs) in which the individual is completely surrounded in the space (Lanier et al., 2019). This space not only exists outside of the constructs of physical reality (Shiriam et al., 2017) but can also provide an opportunity to learn and practice multiculturally competent social skills more responsibly. The Metaverse allows for opportunities to engage in role plays (Rogers et al., 2022), experience a day in the life of another person (Cole, 2022), and provide protection for marginalized and oppressed populations from microaggressions as individuals process and address their own potential biases and prejudice. Recent research is also positing that not only younger generations, but black and hispanic adults expressed an interest in the Metaverse. This provides mental health professionals with a unique opportunity to utilize creative interventions to impact and empower populations that the system has previously failed. Counselors need to focus on advocating for concrete efforts to produce robust research outcomes, increase accessibility to reliable internet and supplemental hardware, and implement practical and pragmatic distribution and creation of technological infrastructure.

## Conclusion

The discipline of technology has always been charged and driven by the need to create and enact creative solutions to complex problems, and we as counselors share that rich tradition of creativity. Our counselor professional identity is rooted in aspiration and empowers us to embrace cultural shifts and reevaluate what it means to be a counselor both personally and professionally. The promising research in mental health practices in VR and the Metaverse can encourage counselors to work collectively to assert preventive care from a strength-based perspective. More research and conversations are needed to delineate what populations would most benefit. We are given a unique opportunity to organize and collaborate as this technology races to catch up with imagination. Whether we are counseling in the Metaverse or preparing for exacerbations of pathologies from our clients existing in its reality, keeping an open mind and remaining cautiously optimistic gives us the best opportunity to be prepared for what the future will bring.

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