

# Enhancing Understanding of Human Haptic Perception on the Body

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Haptic feedback are widely applied in daily scenarios and commercial devices. More recently, researchers are seeking novel solutions to integrate haptic devices to Virtual Reality experience. Despite the large amount of research on inventing new haptic hardware, human perception of haptic feedback in virtual environment is only primitively investigated and not well understood yet. Therefore, this paper summarizes the previous work in the "human localization perception" area, remaining problems in the area, how authors plan to resolve the problems.

CCS Concepts: • **Computer systems organization** → **Embedded systems**; *Redundancy*; Robotics; • **Networks** → Network reliability.

Additional Key Words and Phrases: Haptic Feedback, Human Perception, Psychophysics, Vibrotactile Actuators

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## 1 INTRODUCTION

The touch modality serves as an important part of human sensory system. Research on haptic devices has long been an exciting research topics in Human-Computer Interaction. In the early work, haptic devices were designed for people with visual impairments in order to read texts and perceive shapes [3]. In more recent research, the usage of haptic devices expands to applications of more variety, including vision-occupied scenarios (e.g., driving [11]), remote operation (e.g., surgical robots [1]), and virtual environment (e.g., Virtual Reality gaming and training [17]). A large number of new haptic devices were invented in the academia, and some were even adopted by the industry to become parts of the latest commercial products [2, 24].

In virtual reality (VR) related haptic research, the majority focuses on providing haptic feedback to the hands, because hands are extensively used for VR interaction and operations [12, 20, 23]. When people want to feel something, they tend to use their hands to touch the object (i.e., active feedback). Therefore, haptic feedback on the hands can indeed greatly enhance immersive experience. However, as more and more VR applications support full-body interaction [10, 14, 19], people have the needs to represent themselves by avatars and this adds the requirement of passive haptic feedback, which means providing haptic feedback to the body.

In prior work, researchers have attempted to cover the surface of the body with vibrating motors [18, 21] or pneumatic actuators [7, 22]. However, these solutions are often low in resolution, providing only 20-30 feedback options for the entire body. To date, there has yet to be a fine-grained, accurate, high-resolution approach that can provide feedback

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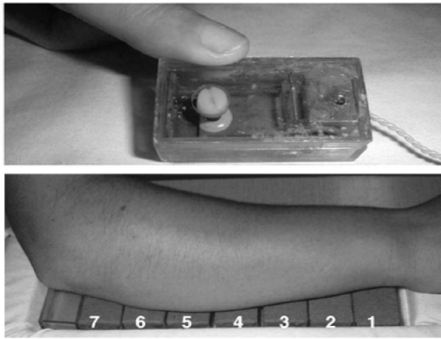


Figure 2. One of the piezoceramic factors is shown in the upper panel, without its fabric cover. The enclosure is 25 mm wide, and the 7-mm diameter moving contactor protrudes through a 9-mm diameter hole in the static surround. Seven of these are used in the tactile array, as is shown in the lower panel.

(a) Testing scene of Chloewiak et al's study[5]

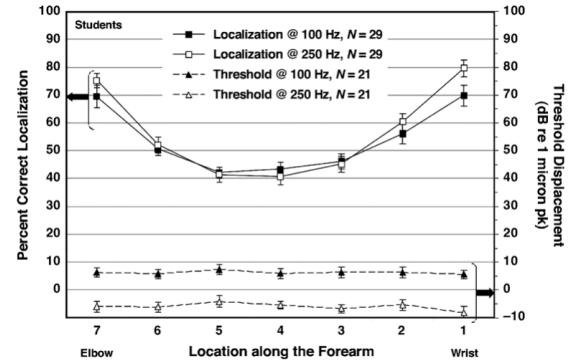


Figure 3. Vibrotactile localization performance for the students in Experiment 1 is plotted as a function of the stimulus location on the forearm (solid lines). The lower two functions (dashed lines) reproduce their vibrotactile threshold performance from Figure 1 (referred to the right ordinate) over the seven sites. The parameter is the frequency of stimulation, and the sites were 25 mm apart. (Standard errors of the means are shown on all data points.)

(b) Results: percentage correctness of each motor

Fig. 1

to the entire human body surface. Therefore, the goal of our research is to provide full-body and high-resolution haptic feedback to the entire human body in a cost-effective and non-intrusive way.

As the first step towards the final goal, it is required that we need to understand how human perceive haptic stimuli on the body. More specifically, how accurately human can localize certain kinds of haptic stimuli on the body? The answer to this question will inform haptic designers the required resolution of haptic devices at certain body locations.

Prior research has attempted to measure the human perception of localization by several methods and gained different results. One classic method is called spatial discrimination. In the study design, multiple vibrotactile motors are placed at equal distances. The participant is asked to indicate which motor provides the stimulus when one of them is activated randomly. Results are reported as the percentage of correct answers for each motor. In early work such as Chloewiak et al's study [5], a linear array of seven vibrotactile motors were attached to the forearm and percentage correctness was measured. Results showed that localization is more accurate when stimuli are close to joints (elbow, wrist) compared with stimuli in the middle (Figure. 1). Chloewiak et al also performed a similar study on the torso [4]. More recently, VibrationCap [8] measured the percentage correctness of 19 positions on the head and concluded that the back regions generally have higher accuracy. To summarize, the spatial discrimination method provides great insights into human localization capability, but it also has problems. Since it measures discrete identification of individual motors, it lacks continuous details about the exact location where human perceive the stimulus. It is difficult to tell whether there is any bias towards the left or right, or what is the variance of perception.

To address this gap, a research method called localization error is applied to measure perceived locations and variances. The participant is asked to point out exactly where the stimulus is felt when one motor is activated. results are reported as the MEAN and SD of the relative error between perceived locations and physical locations. For instance, Kerdegari et al [17] and Kaul et al [16] used this method to measure vibrotactile perception on the head. They attached a headband to multiple head regions. They reported localization error for each motor and head region and found that there were centralizing biases towards the mid-line of the head (Figure.2). VibroMap [9] used the method to measure localization variance in six body locations and two directions. In their results, however, they slightly modified the



(a) Testing Scene of Kerdegari et al's study[17]

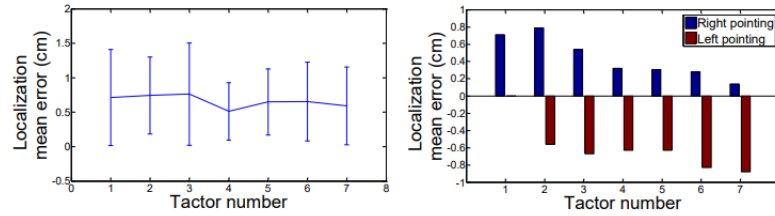


Fig. 4. Left: Localization mean error, Right: Localization mean error for left and right sides.

(b) Results: localization mean errors

Fig. 2

definition of localization error by eliminating directionality of error. They defined Localization error as "*the absolute distance between where the participant feels the vibration and the location of vibrotactile actuator*". They reported the 95% Confidence Interval as the localization error.

Besides the localization error method, another method called relative spatial acuity is also frequently used in recent work. The stimuli consisted of the sequential activation of two vibrotactile motors. The participant was asked to indicate whether the second stimulus was to the left or the right of the first stimulus (Two-alternative forced choice, 2AFC). In some cases, users were given the third choice that both stimuli are from the same motor, forming the 3AFC design. Hoffman et al [13] used 4x4 array of three types of vibrotactile motors to measure the spatial acuity on the back. Results showed that types of motors and testing directions have strong influence on the percentage correctness results. Likewise, Jóhannesson et al [15] used a tactile vest and a vibro-sponge with different spacing to measure the spatial acuity of the torso. Their results showed that when motor spacing is 40mm on the vest, percentage correctness is around 75%. When motor spacing decreases from 30mm to 13mm on the sponge, percentage correctness also decreases from 90% to 60%. Moreover, Oliveira et al [6] measures the spatial acuity on head regions. Instead of just reporting percentage correctness, they calculated the percentages for each distance condition and fit them to Psychometric functions to get the Just Noticeable Difference (JND) values. They found that frontal area has generally higher acuity (lower JND) than occipital and temporal areas.

Despite the substantial amount of work on the localization measurement topic, designers still find that it is difficult to take the results from these papers as reference. One potential reason behind this problem is the generalization capability of conclusions from different vibrotactile motors. In most of the prior work, authors used one specific kind of motor to measure human perception and report localization results. If readers plan to use the same motor, it is reasonable to take the previous results as background knowledge. However, if readers plan to use a motor that is different in vibration direction, frequency, size, or amplitude, it is difficult to know whether the previous results are still valid or not. Therefore, it is very important to perform the same localization research method on different types of motors.

In my current research project, I am working on building a localization testing haptic device with several different kinds of vibrotactile motors, including ERM, LRA-Z, and LRA-X, etc. I plan to adopt the relative spatial acuity method to measure localization performance on several body regions, and see if it is possible to find connections between vibration properties and localization performance. This work is still in progress, I believe more details can be shared at the time when the workshop is held in April.

## ACKNOWLEDGMENTS

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## A APPENDIX

place for appendix.