Emotion recognition using physiological signals

Russel Shawn Dsouza 171EC143 Sathvik S Prabhu 171EC146

1 Introduction

Emotions play a critical role in the evolution of consciousness and the operations of all mental processes. Types of emotion are related to types or levels of consciousness.¹ Positive emotions help improve human health and work efficiency, while negative emotions may cause health problems. Experiences of negative emotion are inevitable and at times useful. Even so, when extreme, prolonged, or contextually inappropriate, negative emotions can trigger a wide array of problems for individuals and for society. Fear and anxiety, for instance, fuel phobias and other anxiety disorders² and together with acute and chronic stress may compromise immune functioning and create susceptibilities to stress-related physical disorders.³ For some individuals, sadness and grief may swell into unipolar depression,⁴ which when severe can lead to immunosuppression,³ loss of work productivity,⁵ and suicide.⁶ Anger and its poor management have been implicated in the etiology of heart disease^{7–9} and some cancers,^{10,11} as well as in aggression and violence, especially in boys and men.^{12,13}

Emotion recognition has been applied in many areas such as safe driving, ¹⁴ health care ¹⁵ especially mental health monitoring, ¹⁶ social security, ¹⁷ and so on. In general, emotion recognition methods could be classified into two major categories. One is using human physical signals such as facial expression, speech, gesture, posture, etc., which has the advantage of easy collection and have been studied for years. However, the reliability can't be guaranteed, as it's relatively easy for people to control the physical signals like facial expression or speech to hide their real emotions especially during social communications.

The other category is using the internal signals—the physiological signals, which include the electroencephalogram (EEG), temperature (T), electrocardiogram (ECG), electromyogram (EMG), galvanic skin response (GSR), respiration (RSP), etc.

Physiological signals are in response to the Central Nervous System (CNS) and the Autonomic Nervous System (ANS) of human body, in which emotion changes according to Cannon's theory. ¹⁸

One of the major benefits of the latter method is that the CNS and the ANS are largely involuntarily activated and therefore cannot be easily controlled.

Post Traumatic Stress Disorder (PTSD), depression and suicide are major psychiatric problems in both military and civilians. 1920

Additionally in rehabilitation applications, guiding patients through their rehabilitation training

while adapting to the patients emotional state, would be highly motivating and might lead to a faster recovery.²¹

2 Motivation

Emotions have a major influence on human health. Many disorders are found to be directly correlated with different emotional states. Many current methods use facial expressions to recognize the emotional states but they are not reliable as they can be deliberately falsified. Emotion recognition systems based on physiological signals are more powerful as they are associated with the autonomic nervous system (ANS) and hence cannot be hidden or falsified [citation needed]. These systems can be used to monitor old aged people and those with intellectual disabilities. Children with autism spectrum disorder (ASD) often find it difficult to recognize, express and control emotions [citation needed]. It can also be used to enhance road safety by monitoring driver's emotions [citation needed].

The acquisition of the signals also requires less energy and storage capacity and opens pathways for future low cost solutions. The proposed system can also be used in human-computer interaction for machines to better understand humans [citation needed]. Using the same system, various biosignals can also be bonded together to produce identification clues which can be used in domains like defence and banking [citation needed].

3 Survey of State of the Art

There are different models followed for emotion recognition. The Eckman's model is based on six discrete basic emotions: Happiness, Sadness, Surprise, Fear, Anger and Disgust^[citation needed]. The Plutchik's model uses eight fundamental emotions: Joy, Trust, Fear, Surprise, Sadness, Disgust, Anger and Anticipation^[citation needed]. The third model^[citation needed] focuses on two dimensional evaluation, like the valence-arousal model^[citation needed].

Many researchers have only analysed the performance of their algorithms on datasets and have not done a real life implementation of them. Cheng et al.²² have implemented a real time ecg based detection of negative emotions using the Bio Vid Emo DB dataset and they have obtained an accuracy of 79.46%. Mishra et al.²³ have used speech signals to detect emotions - Happy, Sad, Anger, Neutral and they reported an accuracy of 95% using a Raspberry Pi III. Guo et al.²⁴have used PCA and SVM to classify emotions into negative and positive states using Heart Rate Variability(HRV) features with an accuracy of 71.4%. Now we cite the work done using the MAHNOB-HCI dataset.²⁵ Ben and Lachiri²⁶ have obtained accuracies of 67.5% for arousal and 68.75% for valence using have used ECG, SKT, GSR and RESP. They have implemented the classification stage using the SVM RBF kernel on a Raspberry Pi III Model B. Ferdinando et al.²⁷ compared ECG and HRV features and reported that dominant frequencies based on bivariate empirical mode decomposition (BEMD) analysis gave better accuracies than standard HRV analysis.

4 Features we wish to implement

We plan to

- record physiological signals from subjects (ECG, GSR, SKT) and send it to the cloud for processing.
- classify the signals into two emotional states Arousal (high, low) and Valence (negative, positive). 26
- display the results on a monitor connected to the Raspberry Pi
- develop an app which shows the results and the ECG waveform of the subject.

5 Implementation Details

We are using the recent MAHNOB-HCI dataset²⁵ for training our model. It contains the reponses and physiological data (ECG. GSR, SKT) of 30 participants after inducing their emotional states by showing them movies. Studies find this dataset performs better than other common datasets and they attribute this to stronger emotions being induced in this dataset. [citation needed] We aim to have wearable sensors for our method. [need more info]

6 Project Timeline

PERT Chart Week1...Week 2...Week 3...

References

- ¹ C. E. Izard, "Emotion Theory and Research: Highlights, Unanswered Questions, and Emerging Issues," *Annu. Rev. Psychol.*, vol. 60, pp. 1–25, Jan. 2009.
- ² A. Öhman and J. J. Soares, "On the automatic nature of phobic fear: conditioned electrodermal responses to masked fear-relevant stimuli.," *Journal of abnormal psychology*, vol. 102, no. 1, p. 121, 1993.
- ³ A. O'leary, "Stress, emotion, and human immune function.," *Psychological bulletin*, vol. 108, no. 3, p. 363, 1990.
- ⁴ S. Nolen-Hoeksema, J. Morrow, and B. L. Fredrickson, "Response styles and the duration of episodes of depressed mood.," *Journal of abnormal psychology*, vol. 102, no. 1, p. 20, 1993.
- ⁵ W. Coryell, W. Scheftner, M. Keller, J. Endicott, J. Maser, G. L. Klerman, and others, "The enduring psychosocial consequences of mania and depression," *American Journal of Psychiatry*, vol. 150, pp. 720–720, 1993.
- ⁶ Y.-W. Chen and S. C. Dilsaver, "Lifetime rates of suicide attempts among subjects with bipolar and unipolar disorders relative to subjects with other Axis I disorders," *Biological psychiatry*, vol. 39, no. 10, pp. 896–899, 1996.
- ⁷ J. C. Barefoot, W. G. Dahlstrom, and R. B. Williams, "Hostility, CHD incidence, and total mortality: A 25-yr follow-up study of 255 physicians.," *Psychosomatic medicine*, 1983.
- ⁸ B. L. Fredrickson, K. E. Maynard, M. J. Helms, T. L. Haney, I. C. Siegler, and J. C. Barefoot, "Hostility predicts magnitude and duration of blood pressure response to anger," *Journal of Behavioral Medicine*, vol. 23, no. 3, pp. 229–243, 2000.
- ⁹ M. F. Scheier and M. W. Bridges, "Person variables and health: personality predispositions and acute psychological states as shared determinants for disease," *Psychosomatic medicine*, vol. 57, no. 3, pp. 255–268, 1995.
- ¹⁰ H. J. Eysenck, "Cancer, personality and stress: Prediction and prevention," Advances in behaviour research and therapy, vol. 16, no. 3, pp. 167–215, 1994.
- ¹¹ S. Greer and T. Morris, "Psychological attributes of women who develop breast cancer: a controlled study," *Journal of Psychosomatic Research*, vol. 19, no. 2, pp. 147–153, 1975.
- ¹² D. M. Buss, *Evolution of Desire*, The. Springer, 2016.
- ¹³ E. A. Lemerise and K. A. Dodge, "The development of anger and hostile interactions," *Handbook of emotions*, vol. 3, pp. 730–741, 2008.
- ¹⁴ S. De Nadai, M. D'Incà, F. Parodi, M. Benza, A. Trotta, E. Zero, L. Zero, and R. Sacile, "Enhancing safety of transport by road by on-line monitoring of driver emotions," in 2016 11th System of Systems Engineering Conference (SoSE), pp. 1–4, IEEE, 2016.
- ¹⁵ R. Guo, S. Li, L. He, W. Gao, H. Qi, and G. Owens, "Pervasive and Unobtrusive Emotion Sensing for Human Mental Health," in *Proceedings of the 7th International Conference on Per*vasive Computing Technologies for Healthcare, PervasiveHealth '13, (ICST, Brussels, Belgium, Belgium), pp. 436–439, ICST (Institute for Computer Sciences, Social-Informatics and Telecommunications Engineering), 2013. event-place: Venice, Italy.

- ¹⁶ B. Verschuere, G. Crombez, E. H. W. Koster, and K. Uzieblo, "Psychopathy and physiological detection of concealed information: A review," *Psychologica Belgica*, vol. 46, no. 1-2, pp. 99–116, 2006.
- ¹⁷ "Facial Emotion Recognition Based on Biorthogonal Wavelet Entropy, Fuzzy Support Vector Machine, and Stratified Cross Validation - IEEE Journals & Magazine."
- ¹⁸ W. B. Cannon, "The James-Lange Theory of Emotions: A Critical Examination and an Alternative Theory," *The American Journal of Psychology*, vol. 39, no. 1/4, pp. 106–124, 1927.
- ¹⁹ C. J. Bryan, A. M. Hernandez, S. Allison, and T. Clemans, "Combat Exposure and Suicide Risk in Two Samples of Military Personnel: Combat Exposure and Suicidality," *J. Clin. Psychol.*, vol. 69, pp. 64–77, Jan. 2013.
- ²⁰ N. Tarrier and L. Gregg, "Suicide risk in civilian PTSD patients," Social psychiatry and psychiatric epidemiology, vol. 39, no. 8, pp. 655–661, 2004.
- ²¹ J. J. Evans, "Positive psychology and brain injury rehabilitation," *Brain Impairment*, vol. 12, no. 2, pp. 117–127, 2011.
- ²² Z. Cheng, L. Shu, J. Xie, and C. L. P. Chen, "A novel ECG-based real-time detection method of negative emotions in wearable applications," in 2017 International Conference on Security, Pattern Analysis, and Cybernetics (SPAC), (Shenzhen), pp. 296–301, IEEE, Dec. 2017.
- ²³ A. Mishra, D. Patil, N. Karkhanis, V. Gaikar, and K. Wani, "Real time emotion detection from speech using Raspberry Pi 3," in 2017 International Conference on Wireless Communications, Signal Processing and Networking (WiSPNET), pp. 2300–2303, Mar. 2017.
- ²⁴ H.-W. Guo, Y.-S. Huang, C.-H. Lin, J.-C. Chien, K. Haraikawa, and J.-S. Shieh, "Heart Rate Variability Signal Features for Emotion Recognition by Using Principal Component Analysis and Support Vectors Machine," in 2016 IEEE 16th International Conference on Bioinformatics and Bioengineering (BIBE), (Taichung, Taiwan), pp. 274–277, IEEE, Oct. 2016.
- ²⁵ M. Soleymani, J. Lichtenauer, T. Pun, and M. Pantic, "A Multimodal Database for Affect Recognition and Implicit Tagging," *IEEE Transactions on Affective Computing*, vol. 3, pp. 42–55, Jan. 2012.
- ²⁶ M. Ben and Z. Lachiri, "Emotion Classification in Arousal Valence Model using MAHNOB-HCI Database," *ijacsa*, vol. 8, no. 3, 2017.
- ²⁷ H. Ferdinando, T. Seppanen, and E. Alasaarela, "Comparing features from ECG pattern and HRV analysis for emotion recognition system," in *2016 IEEE Conference on Computational Intelligence in Bioinformatics and Computational Biology (CIBCB)*, (Chiang Mai, Thailand), pp. 1–6, IEEE, Oct. 2016.