Minimally invasive and continuous rating of affective experience in immersive Virtual Reality: a feasibility study.

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Introduction

Background

- Subjective experience: integral component of affective states (AS) [1].
- Summary ratings (SR) commonly used after stimulus to capture subjective experience of AS.
- **Continuous rating (CR)** under dynamic stimulation
- may allow more fine-grained understanding of AS but
- may alter the experience of AS ("invasiveness") [5,6].
- Immersive virtual reality (VR) •
 - contextually rich and engaging computer-generated



- scenarios [2].
- more naturalistic elicitation of specific psychological states [3, 4].
- higher experimental control than real-life assessment [7]

Aims

Develop a rating method (RM) for the CR of AS during dynamic stimulation in VR.

- 1. Investigate link between CR and SR.
- 2. Determine best (i.e., least invasive) rating method (RM).

Hypotheses

1. CR are statistically associated with SR. 2. Proprioceptive RM is the least invasive.



Questionnaires

- Digital Survey
- Previous VR experience
- Simulation Sickness Questionnaire
- RM preference
- In-VR
 - System Usability Scale
 - Sense of Presence
 - Perceived Invasiveness
 - ("The rating method was
 - distracting and/or disturbing")
 - Kunin Scale (satisfaction)

CR indices (CRi)

- Last rating •
- Central tendencies (e.g., mean)
- Dispersion tendencies (e.g., max/min, STD)
- Shape of distribution (e.g., skewness, kurtosis)
- Area under the curve (AUC)





Dimension	valence				arousal				distance				angle			
CRi	mean	std	skewness	kurtosis	mean	std	skewness	kurtosis	mean	std	skewness	kurtosis	mean	std	skewness	kurtosis





Discussion

1. Preliminary results

- a. SR strongly associated with CR mean
- b. RMs not distracting + Visual preferred
- 2. Short stimuli (1-min) with low affective variability
 - a. Good for comparing CR to SR (e.g., repetition to avoid order effects)
 - b. Don't take full advantage of CR
- 3. Next steps
 - a. Refinement of prototypes + full data collection
 - b. Select one prototype + longer stimuli with more affective variability
 - c. Extend to clinical populations
 - d. Combine with physiological recordings

References

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