Give Weight to VR: Manipulating Users' Perception of Weight in Virtual Reality with Electric Muscle Stimulation

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Figure 1: Study setup showing the the tracking system (i.e., Optitrack) used to map the real to the virtual world. The participant with electrical muscle stimulation pads on the targeted muscles. The Camouflage box to create the illusion of having multiple weights.

ABSTRACT

Virtual Reality (VR) devices empower users to experience virtual worlds through rich visual and auditory sensations. However, believable haptic feedback that communicates the physical properties of virtual objects, such as their weight, is still unsolved in VR. The current trend towards hand tracking-based interactions, neglecting the typical controllers, further amplifies this problem. Hence, in this work, we investigate the combination of passive haptics and electric muscle stimulation to manipulate users' perception of weight, and thus, simulate objects with different weights. In a laboratory user

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© 2022 Copyright held by the owner/author(s). Publication rights licensed to ACM. ACM ISBN 978-1-4503-9690-5/22/09...\$15.00 https://doi.org/10.1145/3543758.3547571 study, we investigate four differing electrode placements, stimulating different muscles, to determine which muscle results in the most potent perception of weight with the highest comfort. We found that actuating the biceps brachii or the triceps brachii muscles increased the weight perception of the users. Our findings lay the foundation for future investigations on weight perception in VR.

CCS CONCEPTS

• Human-centered computing → Human computer interaction (HCI); Virtual reality; Haptic devices.

KEYWORDS

virtual reality, haptics, illusions, electric muscle stimulation

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1 INTRODUCTION

Nowadays, Virtual Reality (VR) environments provide a rich visual and auditory experience. Providing a rich haptic experience, however, is still challenging. This is amplified by the current trend towards direct interaction using hand tracking instead of the VR controller. Direct interaction has the advantage that it allows for more natural input such as grabbing or pushing of objects. However, currently, users receiving no haptic feedback.

Researchers investigate new ways of providing haptic feedback for direct interaction. This can be either passive haptics [7, 15, 24] or active haptics (e.g., using robots [14] or drones [6, 16]). Each of these approaches has its' own advantages and disadvantages. While drones and robots are rather expensive, passive haptics are more limited in terms of their flexibility: a passive haptic object can be used to generate haptic feedback for its virtual counterpart. Researchers, however, start addressing this limitation. Haptic retargeting, for example, allows the users to reuse the same physical object for multiple virtual ones by providing visual illusions [7]. Other extensions explore how well the passive haptic approach works for different sizes [4]. Another approach that can be used to provide haptic feedback throughout a direct interaction is using electrical muscle stimulation (EMS). EMS mimics the brain's signals to the muscles by inducing a current that results in a muscle contraction and subsequently a movement of a part of the body [33]. Research showed that this technology can be used to generate haptics out of the void in VR [21].

In this work, we focus on extending this approach for the objects' weight. We particularly look into how we can change the weight perception of users using electrical muscle stimulation (EMS). In contrast to earlier work, we combine EMS with the passive haptics approach to change the weight perception of user. Thus, we do not aim to generate a weight sensation but change the weight perception, that is, creating virtual objects that are perceived lighter or heavier than their actual physical counterparts. We compared the effect of actuating four different muscles in a laboratory study (N = 10). We found that particularly the biceps brachii, as well as the triceps brachii, muscles allow increasing the perceived weight.

2 HAPTICS AND WEIGHT PERCEPTION IN VIRTUAL REALITY

Since it is not feasible to provide objects of a large range of weights within VR applications, researchers investigate methods to manipulate the weight perception of objects in VR [21, 25, 31]. Niiyama et al. created an object containing liquid metal that can be pumped in or out of it [25]. Therefore, the object is capable of representing different weights dynamically. Other systems provide kinesthetic perceptions, like Zenner and Krüger's weight-shifting VR controller [40]. This system uses a rod with weights inside that can shift positions from the grip to the end to change the center of mass and change the perception of weight. Further weight-shifting devices like a controller that can be reconfigured dynamically to

create various distributions of mass are explored. The controller presented by Shigeyama et al. uses different configurations to imitate the feeling of holding objects in VR [34]. Additional approaches utilize haptic devices using integrated weights. When shaking the device implemented by Yamamoto et al., the user senses the inertial force as the weight of the device as the accelerated weight inside is moving [38]. Grabity provides a weight illusion using vibrotactile feedback, uni-directional brakes, and asymmetric skin stretch [10]. Archibet et al. create haptic feedback in virtual reality using an elastic band. The band is attached to the shoulder of the user and provides feedback through resistance [1, 2]. Zenner and Krüger present a controller allowing to change the air resistance to create the illusion of weight when dragging objects [39]. Aero-plane system renders weight changes on a plane (e.g., baking pan) using propellers [18]. Besides the physical weight of an object, other aspects such as cutaneous (i.e., pseudo haptics) and proprioception feedback also influence the perception of weight [13, 22]. Another possibility is that instead of creating weight through real weights and forces visual and haptic stimuli can simulate weight in a virtual way that the user's brain interprets as the weight of an object as the overall perception is assembled from various senses [12]. Following this path, the idea arises that this effect could be even stronger in VR due to higher immersion and, therefore, more perceived spatial and sensory presence [8].

Rietzler et al. implement a software-based approach to weight perception based on an offset. In their approach, they nudge the users to raise their arms in the real environment higher than in VR, which increases the perceived weight of the held objects [31]. In further work, visual cues are exploited to create an illusion of weight through a mismatch between the virtual hand of an avatar and the position of the user's real hand. When the user pushes a moveable object, the virtual hand stops while the user's hand is moving beyond the virtual object in the physical space, creating a perception of resistance [30]. In another approach, the researchers manipulated the weight perception by manipulating the ease of moving an object in VR (e.g., heavier objects would be harder to move [32]. Jauregui et al. manipulate the weight perception of a user by using a virtual avatar that is altered according to prerecorded animations using motion capture [17]. Amplifying the movement of an object's virtual representation on screen creates a haptic illusion. The users perceive the weight of the moving object to be less [11]. Pusch et al. simulate wind resistance in VR by hand displacement [28, 29]. Furthermore, Zenner et al. [41] combined dynamic passive haptic feedback with haptic retargeting to create the illusion of changing weights.

Previous work mainly focused either on changing the physical weight of objects and applying forces, or tried to manipulate the user's weight perception through other senses. While the former is bound to complex hardware devices, the latter creates illusions usually based on a displacement of the virtual representation. In contrast, EMS is a promising approach since it can be used to directly influence the user's proprioception. Lopes et al. explored the integration of EMS in VR providing haptics to virtual objects as well as initial weight perception [21]. We extend this work by investigating in detail how the actuation of different muscles influences the weight perception.

3 USER STUDY

We conduct a user study to investigate how far EMS can enrich the haptic experience provided by passive haptics. In particular, we investigate the use of EMS to manipulate the perceived weight of passive haptics to adjust it to differently heavy objects. We strive to understand what muscles need to be actuated and what differences in weight can we achieve.

3.1 Scenario and Muscle Selection

To explore the potential of using EMS to manipulate the weight perception, we focus on a simple dumbbell biceps curl (DBC) as scenario. We chose this scenario because dumbbells can be easily grabbed and the weight can also be changed. DBC are mainly performed to train the biceps brachii, brachialis and brachioradialis muscles [23] (cf., Figure 1(b)). Since both the biceps brachii and brachialis are located in the upper arm, we picked the biceps brachii muscle from the upper arm and the brachioradialis muscle from the forearm. Also, depending on how the lifting action is done, the flexor carpi ulnaris muscle gets contracts in case of a wrist movement (e.g., when the hand turns inwards) [20]. While executing a biceps curl, the biceps muscle experience eccentric and concentric contractions [26]. In the eccentric contraction the triceps muscle, being the biceps antagonist, contracts [35]. Taking into account these facts and to have preliminary insights into which muscle would best alter the weight perception, we targeted four different muscles, for convenience we refer to them as conditions, namely; the flexor carpi ulnaris (A) and brachioradialis (B) from the forearm and biceps brachii (C) and triceps brachii (D) from the upper arm (cf., Figure 1(b)).

3.2 Apparatus and Setup

We prepared a 4x4 meter tracking space (cf., Figure 1(a)) with a table (50*100 cm) and a dumbbell (2 kg - as passive haptics) in the middle. Our main aim is to investigate the possibility of using EMS to manipulate weight perception. However, as discussed in previous work [3, 36, 37], the weight perception is influenced by the visual size of the objects that sets an expectation of the weight in brain. In our work, we focus only on the weight perception and therefore the use of a virtual reality was crucial to control the users' visual input from being influenced with any presented real objects. Another aspect that was taken into consideration is the auditory input where, the user might establish that no weights were changed because the noise linked to changing the dumbbells were absent. Therefore, we implemented a virtual environment showing the same scene. Thus, the environment includes the same table (e.g., size, height) and the same dumbbell (e.g., width, handle thickness). Next to it, we placed a box with further dumbbells which were never used in the study, which we refer to in figure 1(a)) as the camouflage box. Throughout the study, we would be putting the same used 2kg dumbbell in and out of the box to create the auditory illusion that the dumbbells were actually changed.

We used an OptiTrack 13W optical tracking system to track the dumbbell, table, and the users hand using rigid bodies (cf., Figure 1(c)) to link the passive haptics and virtual environment. We also show a virtual hand representing where the users hand is to ease picking up the dumbbell. As soon as the user approaches the dumbbell, we fade out the virtual hand and start a countdown. After three seconds, a virtual shadow (30% opacity) of the dumbbell starts slowly moving upwards to provide direction and velocity cues to the user.

Additionally, we implemented a control application that connects to the Let-Your-Body-Move toolkit [27] that was placed with two EMS signal generators (Beurer Sanitas SEM 43 Digital EMS/TENS¹) in a small backpack (see Figure 1(c)). The control application sends EMS feedback via the Let-Your-Body-Move toolkit. It controls the signal intensity and frequency that is sent to the targeted muscle. As our target is to manipulate the weight perception and not to initiate an action, as soon as the user lifts the dumbbell from the table the EMS signal is applied to the user. The signal then stops when the user has returned the dumbbell on the table again after completing a DBC.

3.3 Study Design

We conducted a within-subject study with the muscle (4 conditions: flexor carpi ulnaris (muscle A), brachioradialis (muscle B), biceps brachii (muscle C), and triceps brachii (muscle D)) as independent variable. As dependent variable we use self-reported feedback using 7-point Likert items regarding the perceived weight, the perceived intensity of the actuation, and perceived comfort rating of the actuation.

3.4 Participant and Procedure

We invited 10 participants to our lab aged 20 to 59 years old (Md =29.5 years, SD = 12.5 years). Three participants self-identified as female and seven as male. After the participants arrived in the lab, we explained the purpose of the study and asked for their written consent, following our institutional ethical procedure. We explained the basic functionality of EMS and checked that they met the prerequisites as stated in the manual of the EMS signal generator. Next, we asked the participants to fill in a brief demographics questionnaire stating their age, gender. To remind the participants throughout the study of the positions of the electrodes, we marked a mannequin arm with the muscles labels (cf., Figure 1(b)): A, B, C, D. We then calibrated all four muscles using the EMS system. We started at a low intensity of $3\mu A$ and increased with a step of $2\mu A$ until an actuation happened. As soon as the actuation is clear (i.e., through an observed movement), we stopped the calibration process and noted the specific value. Next, we started the actual study in which we presented 2 dumbbells one after the other to the user. The user lifted each dumbbell once. While lifting, we actuated one muscle only at a time from the above-mentioned the four muscles or none as a baseline. After a dumbbell was lifted, we removed it from the table and tracking space and put it back onto the table. Overall, they lifted two times ten dumbbells, thus, each muscle got actuated four times. The conditions were counterbalanced to avoid any resulting patterns from actuating the same muscle sequence. The experimenter was noting down throughout the whole study the indications mentioned by the participant as well as any comment. In the end, the participants filled in a questionnaire that included questions regarding the weight perception, actuation intensity, and comfort level using 7 points Likert-item and a text field

¹https://sanitas-online.de/de/p/sem-43-digital-ems-tens/

question. The questionnaire contained each question four times – one per muscle. The study lasted on average around 60*mins* for every participant.

3.5 Results

Weight Perception Ratings. On 7-point Likert items (i.e., 1:decreased weight; 4:no influence on weight perception; 7:increased weight) the results show that actuating muscle A (Md = 3, SD = 1.2) reduces the perceived weight whereas muscle B (Md = 4, SD = 1.0) had no influence and muscle C (Md = 6, SD = 1.7) as well as muscle D (Md = 5.5, SD = 0.66) increase the perceived weight. A Friedman test shows statistically significant differences in the ratings, $\chi^2(3) = 8.935$, p = .030. Bonferroni corrected pairwise comparisons using Wilcoxon Signed Rank tests show that participants rated the perceived weight statistically significant higher for muscle D (Md = 5.5, SD = 0.66) compared to muscle A (Md = 3, SD = 1.2), Z = -2.642, p = .048. All other comparisons could not reveal a statistically significant differences (p > .05).

Intensity Rating. Asked about the intensity of the actuation, we found that participants rated muscle C (Md = 6, SD = 1.0) to have the most intense actuation, followed by muscle D (Md = 4.5, SD = 1.5) then muscle A (Md = 4, SD = 1.7) and muscle B (Md = 3, SD = 1.1). A Friedman test shows statistically significant differences in the ratings, $\chi^2(3) = 14.362$, p = .002. Bonferroni corrected pairwise comparisons using Wilcoxon Signed Rank tests show that participants rated the actuation intensity statistically significantly higher for muscle C compared to muscle B, Z = -2, 825, p = .048. All other comparisons could not reveal statistically significant differences (p > .05).

Comfortable Rating. Asked about the level of comfort, participants rated an actuation of muscle B (Md = 5, SD = 1.5) most comfortable, followed by muscle D (Md = 4, SD = 1.4), muscle C (Md = 4, SD = 1.9), and muscle A (Md = 3.5, SD = 1.6). A Friedman test could not show statistically significant differences in the ratings, $\chi^2(3) = 4.330$, p = .228.

Relation between Weight Perception and Actuation Intensity. Next, we explored the influence of intensity on weight perception. We found a positive correlation between actuation intensity and weight perception, showing that a more intense actuation is related to a perception of a higher weight, r(38) = .353, p = .026.

Relation between Weight Perception and Comfortable Rating. Last we investigated if a more comfortable actuation influences weight perception. A Spearman correlation could not reveal a significant relationship, r(38) = .141, p = .385.

Qualitative Feedback. Concerning the best weight perception participants rated the muscles differently with some of them segmenting the movement into start, middle, and end. P1 described that muscle *A* is "strong at the lift and then decrease" while muscle "D [is] not strong at the start but strong when the arm is at 90 degrees." Similar observations were noted by P2, P3, P8, P9 and P10. As they all differentiated their experience from the *beginning* to the point where their perception state changed let it be in the "motion" [P9] or at the end of the movement.

When asked about which actuated muscle felt natural, there was no conclusive reply. Three of the participants (P2, P3 ,and P4) mentioned that the feeling was not always natural as it doesn't *resist*[P4] the movement or induce a "tingling" feeling[P4]. Two participants reflected in general by describing the experience as "very real" [P9] and "contributed to the immersion" [P1]. The rest linked their weight perception to specific resulted movements like "muscle B ...maintaining the natural shape of the hand"[P5] while carrying the dumbbell, their own expectation of the system of making the weight "heavier"[P6].

When asked about their experience during the actuation they described as it as "tingling" [P2,P4], uncomfortable [P2,P8] and moving arms after sleeping[P7]. On one side, with the bigger part of them (N=6) describing it with no effect on the immersion in the VR with one describing it as "surprisingly convincing" [P1], two of them described it as distraction [P10] and scary [P6] linking that to the novelty effect. P5 also described the novelty aspect throughout the experience as she said that "at the beginning, you feel it but then you become part of it". On the other side, two participants (P2 and P7) linked their level of immersion to the more comfortable actuation as for example P2 describing that "muscle A and B were okay because not so strong" and P7 "muscle C... was too much".

4 **DISCUSSION**

Our results provide preliminary insights into weight manipulation using EMS. They show that using EMS is not only confined to changing actions [5] or communicating haptics feedback in VR [21] but also could be used to manipulate the perception of the weight of passive haptics. Participants indicated the biceps brachii (muscle C) induced the heaviest weight. This is in line with the literature stating that the muscle strength that influences the movement in the joint most is generated through the biceps brachii (muscle C) [9]. This is also the case for the dumbbell biceps curl scenario we used in the study [23]. However, the biceps brachii also resulted in the highest variance in weight perception with three participants also indicating that they perceived the weight actually lighter compared to the baseline. This indicates that instead of providing the sensation of an additional force applied to the arm, the actuation rather supported the lifting and, thus, it felt lighter. In contrast, we were able to change the weight perception by actuating the triceps brachii (muscle D) more consistently. All participants argued that the weight felt heavier. Along the same line, the triceps being the biggest muscle in the arm (i.e., length-wise) and the biceps antagonist [19] that contracts when we extend the arm at the elbow, it induced the second heaviest weight perception. We, therefore, conclude that in order to induce the heaviest weight perception, the biggest muscle connected to the moving joint should be targeted.

Furthermore, as indicated by our participants, the actuation should not be focused the whole time on one muscle. However, it has to be adapted to the movement. Again reflecting on the explored movement (i.e., DBC), the most two actuated muscles were biceps brachii (muscle *C*) and triceps brachii (muscle *D*). However, they do not contract simultaneously but rather depend on the direction of the forearm, where the biceps brachii (muscle *C*) contracts by in the upwards lifting movement and the triceps brachii (muscle *D*) contracts in the downwards movement. Therefore, we recommend segmenting the targeted movement and actuating the contracted muscle at each part of the movement. Overall, we could not observe a pattern in the results linking the signal intensity perception to the comfort level, however, the participants indicated in their comments that the feeling of discomfort was linked to the feeling that the signal had its peaks of being *"too much"*[P7]. We, therefore, recommend using this approach for lightweight inducing.

Limitations We acknowledge the following limitations to our work. To start, we focused only on the weight perception of the participants, without reflecting on their performance under the different conditions (i.e., maximum joint angle). Therefore, we plan to explore the participants performance under the different conditions. Second, we only investigated a single scenario. While the scenario provides a clear foundation for investigating weight perception, other scenarios with different interactions need to be investigated.

5 CONCLUSION

In this work, we explore the use of electrical muscle stimulation to manipulate the weight perception of objects in virtual reality. We conducted a user study (N=10) in which participants perform dumbbells biceps curls while being actuated with EMS. We actuated four different muscles that based on the physiological background are linked to the arm movements. We found that actuating the biceps brachii and triceps brachii influences weight perception most. Both muscles are well suited to change the perception of weight. We conclude that EMS can be well used to change the weight perception. While actuating a single muscle already yields good results, combining different muscles in different parts of the movement seems to be a promising direction for future research.

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