AUGMENTED REALITY WITH AUTOSTEREOSCOPIC VISUALIZATION

A Comparative Study using an Autostereoscopic Display versus a Common Display

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Abstract: In this paper, we present a system that combines Augmented Reality and autostereoscopic visualization. We also report a study for comparing different aspects using an autostereoscopic display and a common display, in which 44 children aged from 8 to 10 years old have participated. From our study, statistically significant differences were found between both displays for the depth perception and for the sense of presence. Several correlations have also been found when children used the autostereoscopic display. In our study, the sense of presence is closely related with the depth perception; and the overall score of the game was also closely related with the depth perception and the sense of presence.

1 INTRODUCTION

Augmented Reality (AR) refers to the introduction of virtual content into the real world, that is, the user is seeing an image composed of a real image and virtual elements superimposed over it. The term stereopsis was coined by Wheatstone in 1838 (Wheatstone, 1838). From this date onwards, a stereoscopic system is one that shows a different image in each eye. In his work about the binocular vision, he built a stereoscope and presented the first stereoscopic drawings. Autostereoscopic displays provide stereo perception without users having to wear special glasses. Nowadays, all autostereoscopic displays are multiview. They work with several images (usually from 5 to 9) that are visible from different angles. Therefore, the 3D view can be observed from different positions. In this work, we experimented how the augmented image may seem more real for end users by combining AR and autostereoscopy. Several studies have compared the use of autostereoscopic displays with other kind of 3D displays, such as 3D glasses or polarized stereoscopic projection. However, to our knowledge, this is the first work that combines autoestereoscopic displays with AR, and compare its benefits with common displays.

Nowadays, the images shown in autostereoscopic displays tend to have less quality because of the optic needed to create the 3D effect. In this work, we have tried to determine if users prefer the 3D effect versus quality for interacting with a virtual object.

2 BACKGROUND

A 3D display is a video display capable of transmitting a three-dimensional image to the viewer. Many solutions have been proposed to achieve it. There are several 3D display systems (Holliman, 2006), including volumetric, holographic, stereoscopic and autostereoscopic 3D displays.

Autostereoscopic displays are very attractive, as they do not require any eyewear. According to Urey (2011), there are many possibilities, including: two-view (parallax barrier or a lenticular screen), multiview, head tracked (with active optics), and super multiview, which potentially can solve the accommodation-convergence mismatch problem.

Previous studies for Virtual Reality visualization techniques focused on comparing common desktop monitors, Head Mounted Displays and optical see-through displays. Sousa-Santos et al. (2008) found that Head Mounted Displays provide an intuitive and natural interaction with the virtual objects. However,

in their tests, they found that the tasks were performed more efficiently with common desktop monitors. Froner et al. (2008) compared depth perception on several 3D displays. They concluded that the selection of 3D display has to be done carefully for tasks that rely on human depth judgment.

On the other hand, several studies have been carried out to evaluate the use of autostereoscopic displays to interact with 3D objects. Alpaslan et al. (2006) compared 2D CRT, shutter glasses and autostereoscopic displays measuring user preference. Their results indicated that glasses were preferred to autostereoscopic displays in a task that involved only stereoscopic depth. Jin et al. (2007) evaluated the usability of an autostereoscopic display in a Virtual Reality scenario. One of the conclusions of their study was that it was difficult to interact with an autostereoscopic display with common devices such as the mouse.

The use of autostereoscopic displays for educational Virtual Reality applications have recently been evaluated (Petrov, 2010). Petrov found that with this kind of applications, the students could perceive the objects being studied in a more natural way than using a stereoscopic Head Mounted Display.

Figure 1: Table with the marker on the rotator support, camera and autostereoscopic display.

Nowadays, autostereoscopic displays are being greatly improved. One of the problems preventing widespread use is that the optical grid needed to generate the 3D view reduces the quality of the image when it is used for 2D. However, several solutions have been proposed to fix this problem (Montgomery et al. 2001).

3 TECHNICAL CHARACTERISTICS

As most AR systems, our AR system is based on markers. A marker is a white square with a black border inside that contains symbols or letters. The system detects the marker and registers the virtual object on it, scaling and orientating it correctly.

To better integrate the marker with the scene and to make the manipulation of the marker easier, we created a rotating support where the marker is placed. The support and the table were decorated according to the scene that was going to be shown on top of the marker (Figure 1).

3.1 Hardware

A Logitech camera was used to capture the real world scene, model C905, with the following configuration: captured image size - 800 x600 at 30 fps; focal length - 3.7 mm., and automatic focus adjustment.

An autostereoscopic XYZ display was used for the visualization. The model used was XYZ3D8V46, with a resolution of 1920x1080 pixels (Full HD) and a size of 46". This model could generate 8 views. The technology used by this screen to generate the views is known as LCD/lenticular (Omura, 1998). The maximum pop-out 3D effect was around 90 cm. and the range where the 3D effect was correctly viewed was from 1.5 m. to 9 m.

3.2 Software

The osgART library was used to develop the game. OsgART was developed by HITLab NZ (www.artoolworks.com/community/osgart). It is a C++ library that allowed us to build AR applications using the rendering capabilities of Open Scene Graph (OSG) and the tracking and registration algorithms of ARToolKit. OSG is a set of open source libraries that primarily provided scene management and graphics rendering optimization functionality to applications. ARToolKit is an open source vision tracking library. We used OSG version 2.8 and osgART version 2.0. We used the Mirage SDK (www.mirage-tech.com) for the

autostereoscopic visualization. This SDK calculated an autostereoscopic view for the OSG scenes.

To generate the scene for the autostereoscopic display, it was required to generate 8 different views. To accomplish this goal, we added a new layer to osgART, integrating the Mirage SDK with osgART. An OSG scene is defined by a graph composed by a hierarchy of nodes. The nodes can be cameras, scenes, groups of models, transformation matrix, etc. In our case, we created a graph to integrate the real video with the virtual objects using the transformation matrix provided by the marker detection library (osgART), and the transformations required to create the autostereoscopic image with the use of a shader. We used the transformation matrix calculated by osgART to place and scale the virtual objects on the real scene. The scene models, scene light and scene transformations depended on the osgART AR transform. Therefore, all the virtual objects composing the scene were translated and scaled according to the marker. But, instead of using osgART for rendering the scene, we built an OSG graph where the scene was rendered for 8 virtual cameras, and mixed into a 3D autostereoscopic view with the help of the Mirage SDK.

The captured video was rendered as a background video at the furthest position. Therefore, the video had no 3D effect. This background is the same for the 8 views. On top of the video and at the marker position, the system rendered the virtual object. Eight different views from 8 different virtual cameras were calculated to achieve the 3D effect for the virtual object. The virtual cameras were located around the real camera position. Finally, the 8 views were mixed into one interlaced image. Figure 2 depicts an example in which the Taj Mahal was shown on a common monitor. The 8 views of the Taj Mahal were interlaced and it was not possible to see it properly.

Figure 2: Visualization of a stereoscopic scene on a common display.

With this technique, we got the effect of having the virtual object floating "outside the TV" in front

of the viewer and at the marker position while the captured video stream was displayed at the background without 3D effect. As a consequence of this technique and the characteristics of the autostereoscopic display, if the user moved her head slightly from left to right, or closed alternatively one of her eyes, she could see how the virtual object changed its position over the background video.

Figure 3 shows two of the eight views of a virtual cube on the marker. The object was slightly displaced on the marker from one view to another.

One drawback of this type of displays is that the quality of the image is not as good as in 2D view. We had to adjust the fusion distance parameter to define how much the virtual object popped out of the display. We tried to adjust the fusion distance parameter to get a good and noticeable 3D effect, but without too much loss of quality.

Figure 3: Details of two of the eight autostereoscopic views.

4 STUDY

The aim of the study is to test if the use of autostereoscopic displays in an AR application improves the perception of reality and usability. For this purpose, the same application was tested with and without autostereoscopic view by two groups of children. The AR application was a simple game where a scene was displayed over a marker. The children had to move the marker to find specific objects within the scene. We chose a model of the Taj Mahal in which we added some objects that had to be found. The counting objects were placed so that the user had to rotate the base in which the marker was placed to have a complete view of the scene.

4.1 Participants

A total of 44 children from 8 to 10 years old took part in the study. They were attending the Summer School of the Technical University of Valencia (UPV).

4.2 Procedure

Participants entered in the activity room one by one to avoid that a child's opinion could affect others. Participants were divided in two groups of twenty-two children depending on what they played first, the AR application having the 3D view enabled, or with the 3D view disabled.

Table 1: Initial questionnaire.

Q1	Did you have fun?
Q2	Did you like to see the Taj Mahal appearing on the black square?
Q3	Did you find the game easy to play?
Q4	Would you like to use the rotatory control in more games?
Q5	Would you like to use this TV in more games?
Q6	Rate from 1 to 7 the feeling of viewing the Taj Mahal out of the screen.
Q7	Did you have the feeling of being able to touch the Taj Mahal?
Q8	Evaluate the feeling of being in front of the Taj Mahal.
Q9	Please rate the game from 1 to 10, where 10 is the highest score.

Table 2: Second questionnaire.

Q1	Did you have fun?
Q2	Did you find the game easy to play?
Q3	Rate from 1 to 7 the feeling of viewing the Taj Mahal out of the screen.
Q4	Did you have the feeling of being able to touch the Taj Mahal?
Q5	Evaluate the feeling of being in front of the Taj Mahal.
Q6	Please rate the game from 1 to 10.
Q7	Which game did you like the most? The options were the game with the 3D view and the game without the 3D view.
Q8	Why? Participant had to explain the reason for choosing one game over the other.
Q9	What did you like the most of all the experience? The goal of this question was to know the overall impression.

The protocol is implemented as follows:

1) The participant came into the room where the study took place. We started the application with 3D or 2D view depending on the group, and we let the child play for some seconds to get used to the controller and to get a correct 3D view angle (in case of 3D).

2) We let her know what she had to find and that she had to count several objects in the scene. After that, the time started to count.

3) If the answer given by the child was not correct, she had to look for the objects and count again until she was right.

4) The time used to complete the task was recorded. After finishing the task, if the child was interested, the person in charge let her to play more.

5) The participant was asked to fill out a questionnaire. The questionnaire had nine questions (Table 1). Q1-Q5 used a 5-point likert scale. Q6-Q8 used a 7-point scale. Q9 ranged from 1 to 10. Highest score represented the highest value.

6) The test was repeated, but, now switching 3D on, if it was off before, or vice versa.

7) The participant was asked to fill out another questionnaire for the second test (Table 2). This test had nine questions. Questions from one to six were questions that were already presented in the previous test. Questions seven to nine were new questions to get overall impression.

5 RESULTS

Table 3 shows the means and standard deviations when comparing the results for the first test of the participants that played first 3D or 2D game. All the participants were considered. We performed all t-tests assuming equality variances. The significance level was set to 0.05 in all tests. From Table 3, with regard to the experienced fun (Q1), no statistically significant differences were found. However, the mean score was higher for the use of 3D. In both cases they liked to see the virtual object on the marker (Q2) with very similar scores. For the difficulty (Q3), it was as easy to play with 3D as without 3D. Therefore, it seemed that the complexity of the game was not increased with the 3D autostereoscopic view. Q4 is related to the game controller used to make easier to move the marker, the participants seemed to like that kind of controller, and there were no statistically significant differences when it was used in 3D or 2D. Since it was a big display, participants were enthusiast and declared that they wanted to use that display with more games similarly in both 3D and 2D (Q5). However, the score was higher for the participants that played with the 3D view enabled. When we asked about the feeling of having the virtual object out of the screen (Q6), there were statistically significant differences between 2D and 3D view.

Table 3: Means and standard deviations for independent groups that played first 3D or 2D game, and t-tests assuming equal variances.

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
3D	4.82 ± 0.15	4.72 ± 0.30	4.5 ± 0.54	4.63 ± 0.33	4.81 ± 0.15	6.36 ± 0.71	5.3 ± 4.32	5.76 ± 1.99	9.27 ± 0.96
2D	4.45 ± 0.64	4.81 ± 0.15	4.59 ± 0.53	4.63 ± 0.62	4.54 ± 0.35	4.72 ± 4.39	3.5 ± 3.94	5 ± 3.1	8.95 ± 1.66
t	1.91	-0.63	-0.40	0	1.79	3.39*	2.79*	1.54	0.91
p	0.062	0.53	0.684	1	0.08	0.001*	0.008*	0.129	0.36

* Significant differences.

This indicated that participants did not have any problems to see the autostereoscopic image. Regarding to the feeling of being able to touch the virtual object (Q7), again, there was a statistically significant difference. Users had a better sense of realism with the 3D autostereoscopic view. In both cases participants had the feeling of being in front of the virtual object (Q8). Although the mean is higher for the 3D view, the difference is not statistically significant. Users rated higher the 3D game (Q9). However, there was not a statistically significant difference, probably because participants also liked very much the 2D game and both scores were around 9 out of 10.

For the time that the participants used to complete the game, there have not been significant differences between 2D and 3D with a mean of 41 seconds in 3D mode and 43 seconds in 2D mode.

We also calculated the means and standard deviations according to the order of exposure for participants that played with the 3D view enabled first, and later played without the 3D enabled. Paired t-tests were applied to the scores given to all of the questions. Participants that played first with the 3D game enabled, rated much lower the 2D game than participants that played in first instance the 2D game. It seemed that after playing the 3D version, they were more critical with the 2D integration of the virtual object with the real world. They found easier to play with the 2D game (Q3/Q2, 4.81 ± 0.15 versus 4.5 ± 0.54), but since that was the second time they played, it was expected. Therefore, it was not possible to determine if this was due to the use of the autostereoscopic view. Again, as expected, they rated very high the feeling of viewing the virtual object out of the display with the 3D view enabled (Q6/Q3, 6.36 ± 0.71). There were statistically significant differences for the questions Q7/Q4 and Q8/Q5, according to the scores, they had stronger feeling of being in front of the virtual object and being able to touch it with the 3D autostereoscopic view. There was also a statistically significant difference about the rate they gave to the

game. In both cases the score was good, but it was better 3D (9.27 ± 0.96 versus 8.68 ± 1.6).

We also analysed the results according to the order of exposure: participants that played with the 2D view first and later played with the 3D enabled. Paired t-tests were applied to the scores given to all of the questions. From the results in which participants played with the 2D view enabled first, we could conclude that regardless the order of the tests, the results were very similar. There were also statistically significant differences for the questions about the depth perception (Q6/Q3), sense of presence (Q7/Q4) and overall impression (Q9/Q4). For the sense of presence the questions were based on the Slater et al. questionnaire (Slater et al., 1994).

For the question *which game did you like the most?*, 84% declared their preference for the autostereoscopic version. The main reasons were that it seemed that you could touch the virtual object (52); it was like having the virtual object very close to you (27%); it was more real (21%). For the participants that liked the 2D game more, the main reasons were concerning to the quality of the image.

For the question, *what do you like the most of all the experience?*, 33% of the participants gave responses related to the 3D experience, 32% liked the way of interacting with the virtual object, 30% liked the game, and 5% gave other answers.

The correlation analysis for the responses given by the participants that played the 3D game first reported some interesting results. We found several correlations between the questions. The results indicated that viewing the object out of the screen increased the feeling of being in front of the virtual object and being able to touch it. We also found that having the feeling of being able to touch the object contributed to consider the game easier to play. The global score is conditioned by the feeling of being in front of the virtual object and to view it out of the screen. We can conclude that the sense of presence is closely related with the 3D autostereoscopic view.

We found very different correlations for the answers given by the participants that played the 2D

game first. In this case, the global score for the game depended on the experienced fun and if participants liked to see the virtual object on the marker.

During the test, we found some curious behavior of the participants when playing with the 3D version. Some of them tried to touch the 3D object extending their hand or moving it over the marker, others walked around trying to watch the scene from different perspectives.

6 CONCLUSIONS

We have combined AR and autostereoscopic visualization, with the integration of osgART with the Mirage SDK. We have also presented a study for comparing different aspects using an autostereoscopic display and a common display. Forty-four children participated in this study. Our initial goal was to develop the software for developing an AR application with an autostereoscopic display and to test it to evaluate if this technology improved the AR experience. From the results, we concluded that the participants preferred the autostereoscopic view to a typical 2D display view. The objective of our AR application was to get a good integration between the real world and the virtual objects. The autostereoscopic display contributed to this integration. The user manipulated the real objects touching them, and, although she could not touch the virtual object, the 3D view increased the realism and gave the user a perception of being able to touch it. Several correlations were found when children used the autostereoscopic display. For the autostereoscopic visualization, the sense of presence was closely related with the depth perception. The overall score was also closely related with the depth perception and the sense of presence.

However, future studies should test if with another type of AR applications the use of AR with autostereoscopic displays still improves the AR experience. A possible improvement could be to display also the video in 3D using several cameras.

Some of the problems found by the participants on the study were about the quality of the image on the autostereoscopic display. Improvements on the quality of autostereoscopic displays would contribute to improve the AR experience.

Considering the good acceptance of the system and all the possibilities, we believe that it could be a good tool for different fields.

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