

Detection and characterization of the sclera: evaluation of eye gestural reactions to auditory stimuli.

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Abstract: Hearing assessment becomes a challenge for the audiologists when there are severe difficulties in the communication with the patient. This methodology is aimed at facilitating the audiological evaluation of the patient when cognitive decline, or other communication disorders, complicate the necessary interaction between patient and audiologist for the proper development of the test. In these cases, the audiologist must focus his attention on the detection of spontaneous and unconscious reactions that tend to occur in the eye region of the patient, expressed in most cases as changes in the gaze direction. In this paper, the tracking of the gaze direction is addressed by the study of the sclera, the white area of the eye. The movement is identified and characterized in order to determine whether or not a positive reaction to the auditory stimuli has occurred, so the hearing of the patients can be correctly assessed.

1 INTRODUCTION

Hearing loss is the third most prevalent chronic health condition facing older adults (Collins, 1997). The standard test for the clinical evaluation of hearing loss is the audiometry (Davis, 1989), a behavioral test where the hearing thresholds of the patient are evaluated in order to diagnose his or her hearing capacity. Since this evaluation is a behavioral test, it requires a high interaction and understanding between patient and audiologist. This need of communication is what causes serious difficulties when the patients suffer from cognitive decline or other communication difficulties. A typical interaction is not possible with this particular group of patients, instead, audiologists argue that there are some unconscious and spontaneous reactions that may correspond with involuntary signs of perception. These spontaneous reactions are gestural reactions that, in most cases, are expressed in the eye region. Changes in the gaze direction or an exaggerated eye opening might be interpreted as signs of perception of the auditory stimulus.

The detection and interpretation of these gestural reactions requires broad experience from the audiologist. Besides, since the audiologist may pay attention to the handling of the audiometer while he is trying to detect these gestural reactions to the stimuli, the evaluation requires a high degree of concentration by the expert and it is very prone to errors.

All these circumstances highlight the need for an automatic tool which support the audiologist in the evaluation of patients with cognitive decline. This method must be focused on the eye region in order to detect eye gestural reactions to the sound. To that end, in this proposal we are going to analyze the eye movements using color information from the sclera, the white area in the eye. The relation between the location of the iris and the white distribution of the sclera allows to determinate the gaze direction. This relation must be identified and characterized in order to determine if a movement has occurred as a reaction to the auditory stimulus. This is why, the methodology will enable the proper assessment of patients when no interaction is possible.

An alternative solution was proposed in (Fernandez et al., 2013), where the analysis of the eye movements is addressed by the use of the optical flow in order to detect the movement occurred between two consecutive images. In this case, we propose the analysis of the eye movements by the analysis of the sclera, since the information provided by this area could be as good as the previous alternative.

In the literature, we can find different approaches that use information about eye movements with different aims. For example, in (Coetzer and Hancke, 2011) a system for monitoring drivers fatigue was proposed. In (Buscher et al., 2009) the tracking of eye movements is used in order to study the visual behav-

ior of the user while he is browsing the Internet. A similar aim was proposed in (Yu et al., 2013) where the eye tracking was analyzed while reading poetry, this survey allows the researchers to infer information about how the cognitive and lexical processing affect reading and learning.

Since we are trying to detect eye movements associated to unconscious reactions, it is important to note that each patient may react differently, and even the same patient may show different reactions during the same evaluation. For this reason, we decided to propose a novel methodology for the eye tracking which allow the best possible adaptation to the particular characteristics of our domain.

This paper is organized as follows: Section 2 is devoted to the description of the methodology. Experimental results are included in Section 3. Finally, Section 4 provides some discussion and conclusions.

2 METHODOLOGY

As depicted in the Introduction, the development of an automatic solution capable of analyzing the eye movements and detecting gestural reactions to the stimuli would be very helpful for the hearing assessment of patients with cognitive decline. This automatic solution will receive as input a video sequence recorded during the development of the hearing assessment, and it is going to be analyzed frame by frame.

The proposed methodology is divided into the five main stages represented in Fig. 1. In the first one, we locate the face within the complete image received as input, after that, within the face region we locate the eye region. In the third step, we obtain the location of the pupils' centers. Then, we locate the corners of each one of the eyes, and finally, we characterize and classify the eye position using color information about the sclera. Each one of these steps is going to be discussed next.

2.1 Location of the ROI

Proper face location reduces the computational cost of the next step of the methodology and make it less error prone.

At this point, a frame of the video sequence is received as input. To locate the face, due to the stability of the domain and the certainty that the face will always be in frontal position, the Viola-Jones object detector (Viola and Jones, 2001) is applied, using an optimized cascade for the detection of faces in frontal

position. A couple of samples of face detection can be seen in Fig. 2.

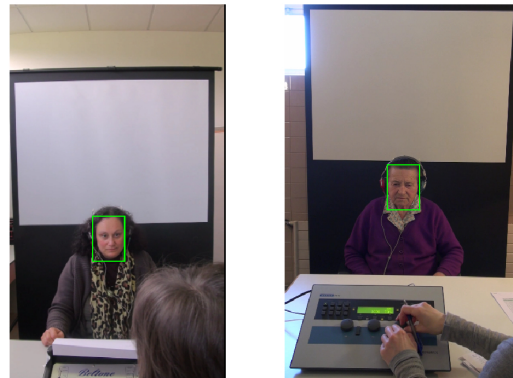


Figure 2: Face detection samples.

Once the search area has been limited to the face region, we need to locate now the eye region within this area. At this step, the Viola-Jones object detector is applied again, but in this case, using a cascade specifically trained for this domain. More than 1000 images of the eye area were manually selected for the training, obtaining an accuracy of the 98% for the eye region detection even when the eyes are closed. Fig. 3 shows the results of this step of the methodology.



Figure 3: Eye region detection sample.

2.2 Pupil location

After the location of the eye region, this step is aimed at the location of the pupil. The aim is to obtain the location of the pupil's center so we can use this location as a reference point in the subsequent steps of the methodology. To achieve this step a method based in gradients (Timm and Barth, 2011) was applied. Yellow points in Fig. 4 show the results obtained with the proposed method.

2.3 Accurate delimitation of eyes

The fourth step of the methodology aims to locate the eyes' corners. Using as information the eye region and the pupil location obtained in previous steps, we

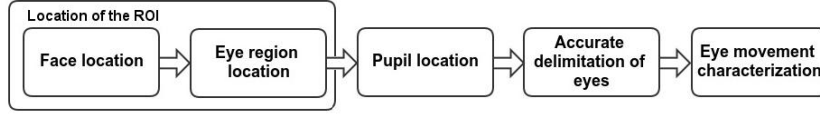


Figure 1: Steps of the methodology.



Figure 4: Yellow points represent the center of the pupil obtained at this step.

designed a method consisting of three phases (see Fig. 5).

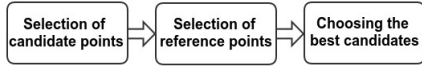


Figure 5: Phases of the delimitation of the eyes stage.

2.3.1 Phase 1: selection of candidate points

First, we are going to detect points that can be considered as candidates to be the eyes' corners. In order to facilitate this detection, four areas of interest are established using as reference the pupils' centers. For each eye, two search areas are defined: one on the right side and the other one on the left side. These two areas correspond with those regions where the eyes' corners are expected to be. So, within these four regions, we are going to apply an interest operator. Particularly, we have applied the Shi-Tomasi method (Shi and Tomasi, 1994). A sample of the results obtained at this point can be observed in Fig. 6.



Figure 6: Interest operator applied over the four search areas.

As a result of this step, we obtain a set of points that are candidates to be the eyes' corners. Between them, we need to choose those that better represent the eyes' corners.

2.3.2 Phase 2: selection of reference points

Edge information is used at this step in order to obtain the edges associated with the limits of the eye-

lids, so they can be used as a reference of the eyes' limits.

We use as input two areas of interest (one for each eye) containing the eye. In order to facilitate edge detection, we increase the enhancement of the eyelid by increasing the contrast of the image. First, we convert the images from the RGB color space to HSV color space, in order to use the saturation channel S . It must be considered that, regardless of the skin color, pixels from the sclera have always low intensity on the saturation space due to their white color. Next, a erosion filter considering the radius of the iris is applied. The image obtained as a result from the application of the erosion filter $S_f(x, y)$ is subtracted from the saturation image $S(x, y)$, obtaining this way the subtraction image $R(x, y)$ (as indicated in (1)). This process is showed in Fig. 7, where it can be observed how the low eyelid has now more contrast.

$$R(x, y) = S(x, y) - S_f(x, y) \quad (1)$$

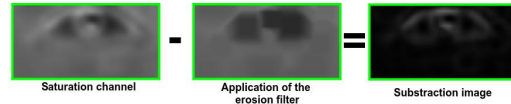


Figure 7: Process of the enhancement of the eyelids' contrast.

Next, a threshold for the binarization of the image is computed using as reference some features of the image according to (2), where μ is the average value of the pixels from the difference image I_{diff} and σ is the standard deviation.

$$th_s = \mu(I_{diff}) + 0.75 * \sigma(I_{diff}) \quad (2)$$

The binarization is computed according to (3), where I_{ths} is the thresholded image (see Fig. 8).

$$I_{ths}(x, y) = \begin{cases} 1 & \text{si } I_{diff}(x, y) > th_s \\ 0 & \text{otherwise} \end{cases} \quad (3)$$

Although the eyelids are now easily segmentable, there also exist other tiny elements that need to be removed. These elements are small clusters of pixels obtained from the thresholding. In order to remove them, we are going to group the connected pixels as blobs. Once all the pixels are grouped as blobs, we

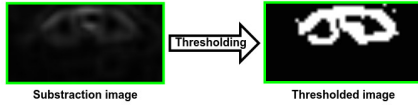


Figure 8: Thresholding the subtraction image $R(x, y)$.

take the biggest one and remove the remaining blobs. This step is represented in Fig. 9, where the bigger blob stays and the three tiny blobs are removed.

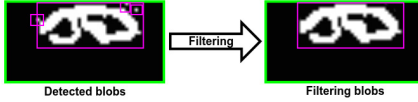


Figure 9: Blob filtering for removing noise.

Next, considering the anthropometric constraints that involve the human eye, we can define the eyes' corners as the intersections between the ellipses that represent the eyelid, which correspond with the lower and upper limits over the x coordinate of the blob previously obtained. In the case of obtaining two points with the same value for the x coordinate, we choose the one that has a lower value for the y coordinate. This way, the reference points obtained at the end of this phase can be observed in Fig. 10.



Figure 10: Reference points for a sample image.

2.3.3 Phase 3: Choosing the best candidates

At this point, we are going to consider the candidate points and the reference points obtained in the previous phases with the aim of choosing the best candidates to correspond with the eyes' corners.

The reference points obtained from the previous phase are labeled as Pr_1, Pr_2, Pr_3 and Pr_4 , where Pr_2 and Pr_3 represent the internal reference points (see Fig. 11). We also consider the average size of the eye tc_{eye} and the inner distance dc_{int} (where dc_{int} is the distance between Pr_2 and Pr_3) computed for the complete video sequence. According to (4) we accept the reference point whenever the distance between the ends of the eye is similar to the average size of the eye tc_{eye} computed for the complete video sequence. d_{right} represents the euclidean distance between Pr_1 and Pr_2 , d_{left} is the euclidean distance between Pr_3 and Pr_4 and α is the allowed deviation. Otherwise, we reject those reference points. The same occurs for the inner reference points, where d_{int} is the euclidean

distance between Pr_2 and Pr_3 , dc_{int} the inner distance computed for the video sequence and α is the allowed deviation (see (5)).

$$f(d_{left}, d_{right}, tc_{eye}, \alpha) = \begin{cases} |d_{left} - tc_{eye}| \leq \alpha \\ |d_{right} - tc_{eye}| \leq \alpha \end{cases} \quad (4)$$

$$f(d_{int}, dc_{int}, \alpha) = \begin{cases} |d_{int} - dc_{int}| \leq \alpha & , \quad \text{Accept} \\ |d_{int} - dc_{int}| > \alpha & , \quad \text{Reject} \end{cases} \quad (5)$$

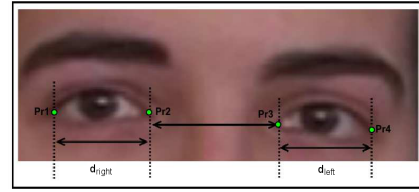


Figure 11: Location of the reference points

Once the validity of the reference points has been checked, with this information we compute the distances between the candidate points and the reference points associated, finally choosing the candidate point nearest to the reference point P_e . In the case of two or more candidate points with the same euclidean distance to the reference point, we compute the average of those point according to (6), where P_c represents each one of the n candidate points with the same euclidean distance to the reference point.

$$P_e(x, y) = P_c \left(\frac{\sum_{i=1}^n x_i}{n}, \frac{\sum_{i=1}^n y_i}{n} \right) \quad (6)$$

Finally, the quality of the selected points Pe_i is analyzed. If Pe_i is far from the nearest reference point Pr_i , considering β as the maximum distance allowed, that Pe_i is going to be discarded and replaced by the reference point Pr_i , as indicated in 7.

$$Pe_i = \begin{cases} Pe_i & \text{si } |Pe_i - Pr_i| < \beta \\ Pr_i & \text{otherwise} \end{cases} \quad \forall i \in \{1 \dots 4\} \quad (7)$$

The results of this step of the methodology can be observed in Fig. 12, where yellow points represent the candidate points, red points correspond with the reference points and green points represent the final points selected as eyes' corners.

2.4 Eye movement characterization

The last step is the characterization and classification of the eye movement. This is going to be accomplished using information from the sclera, the white

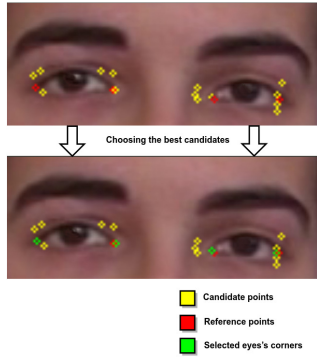


Figure 12: Choosing the best candidates: yellow for candidate points, red for reference points and green for the selected eyes' corners.

area of the eyes. To that end, we need to estimate the amount of white in the eye, using as reference the characteristic points previously obtained. According to the audiologist's criteria, four eye movements are considered as relevant in this domain: eye open, eye closed, gaze shift to the left and gaze shift to the right.

First, the input image is converted to grayscale and a histogram equalization is applied over it. For the characterization of the movement, we are going to compute a gray level distribution representing the gray level for each one of the pixels located in the line connecting both eyes' corners. The result of this step can be observed in Fig. 13.

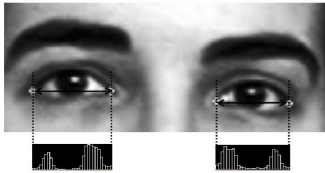


Figure 13: Sample of the gray level distribution.

Once we have computed the gray level distribution we divide it into our three areas of interest, i.e.: iris, left side of the sclera and right side of the sclera. To that end, we make use of the information provided by the pupil's center and the estimation of the radius of the iris. This way, starting from the pupil's center we go through the gray level distribution, both to the right and to the left, until we detect the first white pixel that indicates the boundary between the iris and the sclera. This value is accepted whenever it does not exceed the estimation of the radius of the iris. As a result of this step, we obtain the delimitation of the three areas of interest: iris, left side of the sclera and right side of the sclera. The distribution of the delimitation of these three areas can be observed in Fig. 14.

Next we discuss the rules for classifying the eye

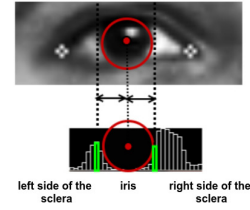


Figure 14: Delimitation of the three areas of interest over the gray level distribution.

status into the four categories established by the audiologists.

- **Eye closed:** Due to the absence of the sclera when the eye is closed it is expected to have low intensity of white values over the gray level distribution. Considering this, we compute the summation of all the gray values G_i for all the points in the distribution. If the summation has a low value we can consider that the eye is closed. Mathematically, this rule can be expressed as (8).

$$\sum_{i=1}^n G_i < \theta \quad (8)$$

A sample of this category is represented in Fig. 15 where it can be observed that there is no white information along the distribution, which represents that the eye is closed.

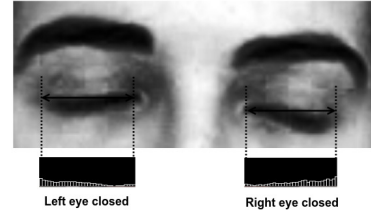


Figure 15: Gray level distribution for closed eye.

- **Eye open:** It is the opposite case of the previous state eye closed, so, in this case, we are going to have white information associated to the sclera. This classification allows a subsequent classification between gaze to the left and gaze to the right. The mathematical representation is the opposite of the previous status (9), where G_i represents the gray value of each one of the n points, and θ is the same threshold. Fig. 16 shows an image sample where it can be observed from the gray level distribution that there is white information from the sclera.

$$\sum_{i=1}^n G_i \geq \theta \quad (9)$$

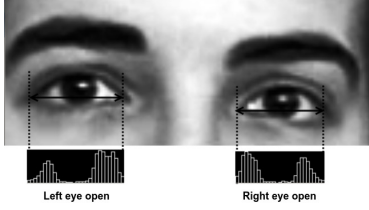


Figure 16: Gray level distribution for open eye.

- **Gaze shift to the right:**

This status is only possible when the eye is open. In order to distinguish it we are going to use the information previously obtained about the delimitation of the areas of interest, in this case: left side of the sclera and right side of the sclera. When the eye is classified as open, we compute the summation of the gray level values for each one of the sides of the sclera. Next, it is checked whether the summation of the right side of the sclera represents a small part of the total summation of both sides. This can be expressed mathematically as in (10) where Ed represents the n_r points located in the right side of the sclera, T_j represents the n points of both sides of the sclera and β is a threshold empirically established with value 0.20. A sample of this status is showed in Fig. 17.

$$\sum_{i=1}^{n_r} Ed_i \leq \beta * \sum_{j=1}^n T_j \quad (10)$$

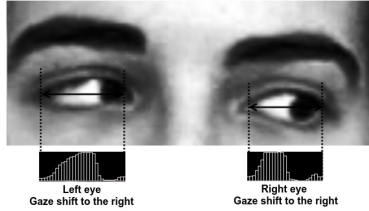


Figure 17: Gray level distribution for gaze shift to the right.

- **Gaze shift to the left:** This status is defined analogously to the previous status. In this case, it is checked whether the summation of the left side of the sclera represents a small part of the total summation of both sides. In (11), Ei represents the n_l points located in the left side of the sclera, T_j the n points of both sides of the sclera and β is the threshold. Fig. 18 shows a sample of this status.

$$\sum_{i=1}^{n_l} Ei_i \leq \beta * \sum_{j=1}^n T_j \quad (11)$$

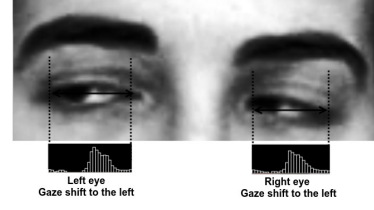


Figure 18: Gray level distribution for gaze shift to the left.

3 EXPERIMENTAL RESULTS

Given the preliminary nature of this study, the aim was to test the viability of the methodology over a small dataset. Besides, due to the difficulties associated with the obtaining of permits for recording people with severe cognitive decline (permits signed by them may not have legal validity in severe cases, so family permits would be needed), in this initial approach three different volunteers were instructed in order to reproduce the typical movements of our target patients.

The proposed methodology is applied frame by frame over three video sequences recorded during the performance of the audiometry. The image acquisition is quite simple, the video camera must be located behind the audiologist (the audiologist is seated in front of the patient) and the recorded scene must show the patient's face and the audiometer (a sample of this scenario can be observed in Fig. 2) Video sequences were recorded in high resolution (1080x1920 pixels) with a frame rate of 25 FPS (frames per second). Each video sequence corresponds with a different patient and they have an average duration of 6 minutes. So, with a frame rate of 25 FPS and an average duration of 6 minutes, we analyze an average of 9000 frames for each video sequence.

The θ threshold presented in Section 2.5 was empirically established as $\theta = \frac{1700}{n}$ where n is the average size of the eye.

This experiment is divided into two studies: the analysis of accuracy in the classification of eye movements and the analysis about the detection of eye gestural reactions to the sound.

3.1 Movement classification accuracy:

The aim here is to study the suitability of the method in the classification of the eye movements. Three video sequences from three different hearing assessments were analyzed and classified frame by frame. Table 1 shows the accuracy for each one of the four eye movement categories considered in this domain (it must be noted that the category Eyes open not only correspond to the situation in which the eyes are open

with the gaze fixed to a central point, but it also contains the categories Gaze shift to left and Gaze shift to right). The results are quite acceptable since they are above 82.84%. The high accuracy obtained for the category Eyes open is justified because the empirical threshold used here is optimized for this class since it contains the gaze movements, that are the relevant categories in this domain. It is important to emphasize that the main goal of this work is not the correct classification of the eye movements, but to detect the eye gestural reactions to the stimuli, which is the analysis that we are going to conduct next.

Table 1: Accuracy for each one of the eye movement categories.

	Eyes closed	Eyes open	Gaze shift to left	Gaze shift to right
Accuracy	84.31%	98.2%	85.89%	82.84%

3.2 Detection of reactions to the sound:

As commented before, the great contribution that we can provide to the audiologist is a proper detection of the eye movements associated with reactions to the auditory stimuli. Since the video sequences have a frame rate of 25 FPS we know for certain that a reaction will last more than one frame, this is why we are not concerned about obtaining a high success rate in classification, because if a typical reaction lasts between 10 and 15 frames, the misclassification of one frame will not affect the proper detection of the reaction.

For this experiment, we consider that a status can be established when three or more consecutive frames receive the same category in classification. Results are detailed in Table 2, where we evaluate the agreement between the methodology and the audiologists based on the number of reactions to the stimuli detected by each one of them. The agreement between the methodology and the audiologists is complete (100% of agreement) for the video sequences evaluated in this test.

4 CONCLUSIONS

This work proposes a novel methodology for the detection and identification of eye gestural reactions to the auditory stimuli in order to facilitate the hearing assessment of patients when no cooperation exists. This task is accomplished using information about

Table 2: Evaluation in the detection of reactions to the sound. Results are expressed in number of reactions.

	Gaze shift to left		Gaze shift to right	
	Expected	Detected	Expected	Detected
Video 1	17	17	15	15
Video 2	17	17	21	21
Video 3	20	20	18	18
Agreement	100%		100%	

the color distribution of the sclera. The results obtained in this first approach point out the suitability of the method for the detection of these specific kind of reactions. Besides, we want to highlight the fact that methodology is an initial proposal where we have classified the eye movements into the four categories established by the audiologists, but it is important to note that the methodology is generic proposal that would allow us to model or to characterize other eye movements.

Several experiments were conducted in order to obtain the final methodology. Four of them were oriented to choose the best method for different steps of the methodology: study of three different techniques for pupil detection (Section 2.3), survey about different interest operators for the selection of candidate points (Section 2.4.1), analysis about the suitability of the reference points (Section 2.4.2) and analysis of the suitability of the candidate points chosen as eyes' corners (Section 2.4.3). However, in order to summarize, we only detail here a final experiment which analyzes the behavior of the final methodology.

It must be highlighted that the proposed methodology is a noninvasive method. In contrast to other eye tracking methods, this solution that not require special devices, or that the patients wear special glasses or other contact elements neither a change in the typical procedure of the audiologists. This is highly important, since the need of an scenario as natural as possible has been highlighted by the audiologist in order to not alter as much as we can the environment in order to not to influence the natural responses of the patient.

Despite of the promising results, there still exist some points that will be attempt as future works. First of all, we need to obtain more video sequences in order to increase our dataset and, thus, extend the experimental results with a more complete survey. This is a complicated step, since it is not easy to obtain the necessary permissions to record this special patients. We can also consider the integration of this methodology with the information provided by the audiometer. The methodology could also be considered in other

domains such as the diagnosis of nystagmus, a condition of involuntary eye movement that may result in reduced or limited vision.

The final contribution of this work might be very interesting for the audiologist community since it is a novel method for the detection of eye based gestural reactions. This methodology will facilitate the hearing assessment of patients with severe cognitive decline or other communication difficulties, patients that can not be evaluated following a standard procedure. A proper hearing assessment of these patients is more difficult to conduct, but it is very important to solve this issue since a proper evaluation may help to treat the hearing loss and improve the quality of life of these patients.

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