

Figure 3: Simulated CAVE - A wireframe cube following the user's position. A) Third Person Perspective B) First Person Perspectives

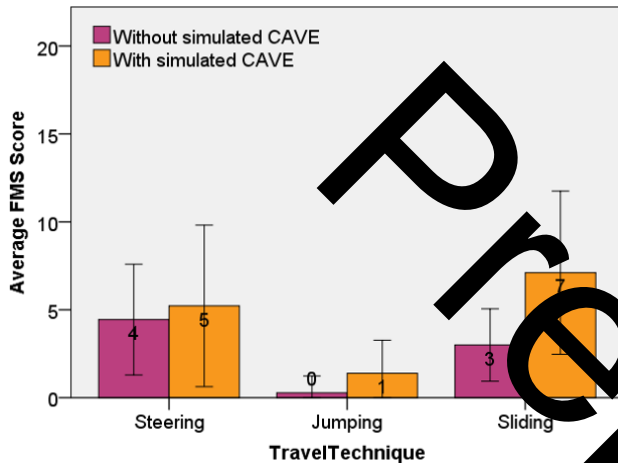


Figure 4: Average Sickness Scores (with Standard Deviation)

The *Steering* technique is based on continuous control and movement of the view point by manipulating the orientation of a tracking device attached to body parts. We implemented a hand-directed steering [11]. In this variation, the user indicates the travel direction by hand pointing and controlling the travel speed via an analogue stick.

The *Jumping* technique is a teleportation but limited to a location you can see [13]. It is using a parabolic ray for target indication and implicit orientation specification (i.e. orientation is determined by user's head orientation).

The *Sliding* is an *manipulation-based* technique combining the advantageous parts of steering and jumping: *Steering* maintains the spatial awareness better than *Jumping*, while *Jumping* induces less simulator sickness than *steering*. This technique is based on view-point manipulation with fixed-object. User initiates the movement and its speed by a short grabbing-releasing hand movement similar to pulling oneself along an elastic rope. This inspired by the *rope metaphor* [10] whereby the users can pull themselves through the environment hand-over-hand, like climbing a rope. However, here the overall effect is to move like sliding inside a water slide.

The virtual environment and task is a replication of Weissker et al. experiment [13]. The experimental task simply required participants to travel along a given route (i.e. a single street) and point to its origin after they have reached the terminal location. Each participant performed the task three times. First, with a very small route (the baseline), then two times with a longer route (first and second trial).

3 RESULTS

Overall 36 participants participated in the study (six per condition) with 20 males and 16 females ($M_{age} = 25.36$, $SD_{age} = 8.48$). This study used an Oculus Rift Consumer Version with a three-sensor room scale tracking setup and the *Oculus Touch* controllers. The system used the Unreal Engine 4 and its *Robo Recall Modkit*.

- *Spatial Awareness*: A two-way ANOVA revealed no significant difference point-to-origin error angles between all conditions.
- *Motion Sickness*: As visible on figure 4, the addition of a *simulated CAVE* tended to increase sickness for every technique. The *Jumping* produced significantly lower scores ($M = 0.5$, $SD = .798$) with or without simulated CAVE ($F(2, 30) = 7.77$, $p = .002$, $d = 0.323$) compared to *Sliding* ($M = 5.17$, $SD = 4.38$, $p = .003$), and *Steering* ($M = 4.67$, $SD = 3.86$, $p = .01$).

4 CONCLUSION

In this paper we measured the effects of adding a simulated frame of references to *Steering*, *Jumping* and *Sliding* techniques. No significant differences were found regarding spatial awareness between all techniques with or without a simulated frame of reference. Our preliminary results showed negative impact of the *Simulated-CAVE* on motion sickness for every technique, while showing lower sickness scores for the *Jumping*. Our future work will verify our results with a larger participant sample, and different navigation tasks.

REFERENCES

- [1] E. Bozgeyikli, A. Raij, S. Katkooi, and R. Dubey. Locomotion in virtual reality for room scale tracked areas. *International Journal of Human-Computer Studies*, 122:38–49, 2019.
- [2] Z. Cao, J. Jerald, and R. Kopper, eds. *Visually-Induced Motion Sickness Reduction via Static and Dynamic Rest Frames*. Department of Mechanical Engineering and Materials Science Duke University, 2018.
- [3] S. S. Chance, F. Gaunet, A. C. Beall, and J. M. Loomis. Locomotion mode affects the updating of objects encountered during travel: The contribution of vestibular and proprioceptive inputs to path integration. *Psychology of Science*, 7(2):168–178, 1998.
- [4] S. J. Cummings and J. N. Bailenson. How immersive is enough? a meta-analysis of the effect of immersive technology on user presence. *Medical Psychology*, 19(2):272–309, 2016.
- [5] A. C. Beall, S. S. Chance, and S. K. Feiner. Combating vr sickness through subtle dynamic field-of-view modification. In *3D User Interfaces (3DUI), 2016 IEEE Symposium on*, pp. 201–210. IEEE, 2016.
- [6] B. K. Jaeger and G. R. Stanton. Comparison of simulator sickness using static and dynamic working simulators. In *Proceedings of the Human Factors and Ergonomics Society Annual Meeting*, vol. 45, pp. 1896–1900. SAGE Publications Sage CA: Los Angeles, CA, 2001.
- [7] J. W. Kelly and T. McNamara. Facilitated pointing to remembered objects in front: Evidence for egocentric retrieval or for spatial priming? *Psychonomic bulletin & review*, 16(2):295–300, 2009.
- [8] Keshavarz, Behrang and Hecht, Heiko. Validating an efficient method to quantify motion sickness. *Human factors*, 53 4:415–426, 2011.
- [9] R. L. Klatzky, J. M. Loomis, A. C. Beall, S. S. Chance, and R. G. Golledge. Spatial updating of self-position and orientation during real, imagined, and virtual locomotion. *Psychological science*, 9(4):293–298, 1998.
- [10] D. P. Mapes and J. M. Moshell. A two-handed interface for object manipulation in virtual environments. *Presence: Teleoperators & Virtual Environments*, 4(4):403–416, 1995.
- [11] M. R. Mine. Virtual environment interaction techniques. *UNC Chapel Hill CS Dept*, 1995.
- [12] T. Nguyen-Vo, B. E. Riecke, and W. Stuerzlinger, eds. *Simulated Reference Frame: A Cost-Effective Solution to Improve Spatial Orientation in VR*. School of Interactive Arts + Technology, Simon Fraser University, Canada, 2018.
- [13] T. Weissker, A. Kunert, B. Fröhlich, and A. Kulik, eds. *Spatial Updating and Simulator Sickness during Steering and Jumping in Immersive Virtual Environments*. Bauhaus-Universität Weimar, Weimar, 2018.