THE INTEGRATED HUMAN-LIKE AGENT MODEL FOR FEAR DYNAMICS OF PERSONS WITH POST-TRAUMATIC STRESS DISORDER

ZAID ABASS FADAHL

THE INTEGRATED HUMAN-LIKE AGENT MODEL FOR FEAR DYNAMICS OF PERSONS WITH POST-TRAUMATIC STRESS DISORDER

A dissertation submitted to Dean of Awang Had Salleh Graduate School in

Partial Fulfilment of the requirement for the degree

Master of Science of Information Technology

Universiti Utara Malaysia

By ZAID ABASS FADAHL

Copyright © Zaid A., June 2012.All Rights Reserved

PERMISSION TO USE

In presenting this project in partial fulfillment of the requirements for a postgraduate degree from Universiti Utara Malaysia, I agree that the University Library may make it freely available for inspection. I further agree that permission for copying of this project in any manner, in whole or in part, for scholarly purpose may be granted by my supervisor(s) or, in their absence by the Dean of Postgraduate and Research. It is understood that any copying or publication or use of this project or parts thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to Universiti Utara Malaysia for any scholarly use which may be made of any material from my project.

Requests for permission to copy or to make other use of materials in this project, in whole or in part, should be addressed to

Dean of Awang Had Salleh Graduate School
College of Arts and Sciences
Universiti Utara Malaysia
06010 UUM Sintok
Kedah Darul Aman
Malaysia

ABSTRACT

Post-traumatic Stress Disorder (PTSD) is associated with impairments in emotional experience and expression. In most training environments for clinical psychology, a human agent model used to simulate the real world and to ensure full control of all the parameters implied during the experiments. This kind of model is expected to encapsulate a number of important patterns that related to the underlying theories of PTSD. Hence, it allows clinical psychologists to manipulate several important parameters and relate it to the important findings in their respective domains. Therefore, the outcome from this project is a human-agent model that generates related emotion displays (particularly sad and fear) of PTSD patient. A computational model is developed to simulate the purpose conditions. A number of experiments have been conducted to evaluate the proposed model.

ACKNOWLEDGEMENT

I am most grateful to Allah and to those who have helped me during the process of my research.

I am heartily thankful to my supervisor, Dr. Azizi Ab Aziz whose encouragement, guidance and support from the initial to the final level in helping me to develop and understand my work.

Deepest gratitude goes to my parents, my sister and my family, for their love, support and encouragement.

To my future wife, for her presence, graciousness, and love which motivated me to finish my project, she has always followed me very closely, even though when she was thousands of miles away.

TABLE OF CONTENTS

ABS	STRACT	IV
AC	KNOWLEDGEMENT	V
TAI	BLE OF CONTENTS	VI
LIST OF TABLESV		
LIS	ST OF FIGURES	IX
CH	APTER ONE: INTRODUCTION	
1.1	Background	1
1.2	Problem Statement	3
1.3	Research Questions	4
1.4	Research Objectives	4
1.5	Scope of Study	4
1.6	Signification of Study	5
1.7	Organization of Project	5
1.8	Summary	6
CH	APTER TWO: LITERATURE REVIEW	
2.1	Model of PTSD	7
2.	.1.1 Overview of PTSD	8
2.	.1.2 Computational Model of PTSD	12
2.2	Emotions for PTSD	14
2.	.2.1 Emotion Model	
2.	.2.2 Emotion Dynamics	19
2.3	Human-like agents	20
2.4	Summary	22

CHAPTER THREE: METHODOLOGY

3.1	Phases of the Methodology	25
3.1	1.1 Awareness of Problem	25
3.1	1.2 Suggestion	25
3.1	1.3 Development	35
3.1	1.4 Evaluation	35
3.1	1.5 Conclusion	35
3.2	Summary	36
CIL	APTER FOUR CIMIL ATION & RECHIEF	
	APTER FOUR: SIMULATION & RESULTS MATLAB Development Tool	27
	-	
4.2	The Integrated Agent Model	
	Parameters for the Implemented Simulation Model	
4.3	Simulation Results	44
4.3.1	Health scenario	44
4.3.2	2 Flashback scenario	46
4.3.3	3 Dissociative scenario	49
4.4	Summary	52
CHA	APTER FIVE: CONCLUSIONS	
5.1	Discussion	53
5.2	Contribution	55
5.3	Future Work	55
5.4	Conclusion	56
REF	TERENCES	57
APPENDIX A		

LIST OF TABLES

Table 4. 1: Overview of the states used	. 40
Table 4. 2: Overview of Connections and Weights	. 41
Table 4. 3: The Parameter Values for Weights	. 43
Table 4. 4: Parameter Values for the Healthy Case	. 44
Table 4. 5: Parameter Values for the Flashback Case	. 47
Table 4. 6: Parameter Values for the Dissociative Case	. 50

LIST OF FIGURES

Figure 2. 1 : The Brain Structure	9
Figure 2. 2: Schematic Representation of the Fear Response in the Brain	11
Figure 2. 3: A Component Model View of Computational Appraisal Models	13
Figure 2. 4: History of Computational Models of Emotion	17
Figure 2. 5: The Emotions Dynamics	20
Figure 2. 7: Diagram Describing a Participant's Interaction with the System	22
Figure 3.1: Research Design Methodology	24
Figure 3. 2: A Computational Agent Model for PTSD	27
Figure 3. 3: Graphical Representation of the Identity (left) and the Logistic (right)	
Functions Used in the Computational Model	28
Figure 3. 4: Pleasure-Arousal Space for Facial Expression	34
Figure 4. 1: The Integrated Agent Model	39
Figure 4.2: Simulation Results for a Healthy Response Scenario (a)	45
Figure 4.3: Simulation Results for a Healthy Response Scenario (b)	46
Figure 4.4 : Simulated Flashback Response Scenario (a)	48
Figure 4.5: Simulated Flashback Response Scenario (b)	49
Figure 4.6: Simulated dissociative response scenario (a)	51
Figure 4.7: Simulated Dissociative Response Scenario (b)	52

CHAPTER ONE

INTRODUCTION

1.1 Background

Sativa and Jones (Riva, 2003) noted it, the advantages of virtual environments to health care can be summarized in a single word: *revolutionary*. It means, these rapid and far-reaching technological advances are changing the ways in which people relate, communicate, and live. Based on that, it explains why important technologies that were hardly using ten years ago, such as the e-mail, Internet, and the familiar methods for medical diagnosis are becoming practically easier and feasible to be used widely. This will improve the way healthcare practitioners in providing better training, therapy and medical education.

However, the possible impact of virtual environment on health care is even higher than the one offered by the new communication technologies; for example, in the most training environments by clinical psychologists, the agent (human-like) is used to simulate the real world and to assure researcher full control of all the parameters implied. A human-like agent proposes (artificial)

The contents of the thesis is for internal user only

- Bosse, T., Memon, Z. A., & Treur, J. (2010). A cognitive and neural model for adaptive emotion reading by mirroring preparation states and Hebbian learning. *Cognitive Systems Research*.
- Campbell, S. L., Chancelier, J. P., & Nikoukhah, R. (2010). Modeling and Simulation in SCILAB. *Modeling and Simulation in Scilab/Scicos with ScicosLab* 4.4, 73-106.
- Carlezon, W. A., Duman, R. S., & Nestler, E. J. (2005). The many faces of CREB. *Trends in neurosciences*, 28(8), 436-445.
- Colombetti, G. (2005). Appraising valence. *Journal of Consciousness Studies*, 12, 8(10), 103-126.
- Comings, D., Muhleman, D., & Gysin, R. (1996). Dopamine D2 receptor (DRD2) gene and susceptibility to posttraumatic stress disorder: A study and replication. *Biological Psychiatry*, 40(5), 368-372.
- Fabrega, H. (2000). The Feeling of What Happens: Body and Emotion in the Making of Consciousness. *Psychiatric Services*, *51*(12), 1579-1579.
- Felmingham, K., Kemp, A., Williams, L., Falconer, E., Olivieri, G., Peduto, A., et al. (2008). Dissociative responses to conscious and non-conscious fear impact underlying brain function in post-traumatic stress disorder. *Psychological medicine*, 38(12), 1771-1780.
- Fong, T., Nourbakhsh, I., & Dautenhahn, K. (2003). A survey of socially interactive robots. *Robotics and autonomous systems*, 42(3), 143-166.

- Frewen, P. A., Lanius, R. A., Dozois, D. J. A., Neufeld, R. W. J., Pain, C., Hopper, J. W., et al. (2008). Clinical and neural correlates of alexithymia in posttraumatic stress disorder. *Journal of Abnormal Psychology*, 117(1), 171.
- Garson, G. D. (2009). Computerized simulation in the social sciences. *Simulation* & *Gaming*, 40(2), 267-279.
- Han, J. H., Kushner, S. A., Yiu, A. P., Hsiang, H. L. L., Buch, T., Waisman, A., et al. (2009). Selective erasure of a fear memory. *Science*, 323(5920), 1492-1496.
- Hassan, M., & Jain, R. (2004). *High performance TCP/IP networking*: Pearson Prentice Hall.
- Hoge, E. A., Worthington, J. J., Nagurney, J. T., Chang, Y., Kay, E. B., Feterowski, C. M., et al. (2012). Effect of Acute Posttrauma Propranolol on PTSD Outcome and Physiological Responses During Script-Driven Imagery. CNS Neuroscience & Therapeutics, 18(1), 21-27.
- Hudlicka, E. (2005). A computational model of emotion and personality:

 Applications to psychotherapy research and practice. Paper presented at the 10th Annual CyberTherapy Conference: A Decade of Virtual Reality,,

 Basel, Switzerland.
- Hurlemann, R. (2008). Noradrenergic–glucocorticoid mechanisms in emotion-induced amnesia: from adaptation to disease. *Psychopharmacology*, 197(1), 13-23.
- Kale, U., & Kang, S. P. (2004). The Effects of Human-like Agent Characterbased Supported Computer Settings on Students Learning from and Interaction with Computers.

- Kuechler, B., & Vaishnavi, V. (2008). On theory development in design science research: anatomy of a research project. *European Journal of Information Systems*, 17(5), 489-504.
- Lanius, R. A., Williamson, P. C., Bluhm, R. L., Densmore, M., Boksman, K., Neufeld, R. W. J., et al. (2005). Functional connectivity of dissociative responses in posttraumatic stress disorder: a functional magnetic resonance imaging investigation. *Biological Psychiatry*, *57*(8), 873-884.
- Marsella, S., Gratch, J., & Petta, P. (2010). Computational models of emotion.

 *Blueprint for Affective Computing: A Source Book, 1st edn. Oxford

 University Press, Oxford.
- National Institute for Clinical Excellence, NICE. (2005). Post-traumatic Stress

 Disorder: The Management of PTSD in Adults and Children in Primary

 and Secondary Care: Gaskell and the British Psychological Society.
- Naze, S., & Treur, J. (2011) A Computational Agent Model for Post-Traumatic Stress Disorders. Biologically inspired cognitive Architectus, IOS press, 249-261.
- Neumann, R., Seibt, B., & Strack, F. (2001). The influence of mood on the intensity of emotional responses: Disentangling feeling and knowing. *Cognition & Emotion*, 15(6), 725-747.
- Oathes, D. J., & Ray, W. J. (2008). Dissociative tendencies and facilitated emotional processing. *Emotion*, 8(5), 653.
- Parkinson, B. (2009). What holds emotions together? Meaning and response coordination. *Cognitive Systems Research*, 10(1), 31-47.

- Parsons, T., Kenny, P., & Rizzo, A. (2008). Virtual human patients for training of clinical interview and communication skills. Paper presented at the Proceedings of the Virtual Reality and Associated Technology Conference.
- Pertaub, D. P., Slater, M., & Barker, C. (2002). An experiment on public speaking anxiety in response to three different types of virtual audience.

 Presence: Teleoperators & Virtual Environments, 11(1), 68-78.
- Pezze, M. A., & Feldon, J. (2004). Mesolimbic dopaminergic pathways in fear conditioning. *Progress in neurobiology*, 74(5), 301-320.
- Raij, A., Johnsen, K., Dickerson, R., Lok, B., Cohen, M., Bernard, T., et al. (2006). *Interpersonal Scenarios: Virtual approx Real?* Paper presented at the Proceedings of the IEEE Virtual Reality Conference.
- Riva, G. (2003). Applications of virtual environments in medicine. *Methods of information in medicine*, 42(5), 524-534.
- Rizzo, A. A., Difede, J., Rothbaum, B. O., Johnston, S., McLAY, R. N., Reger, G., et al. (2009). VR PTSD exposure therapy results with active duty OIF/OEF combatants. *Medicine Meets Virtual Reality*, 17, 277-282.
- Rizzo, A., Difede, J. A., Rothbaum, B. O., Reger, G., Spitalnick, J., Cukor, J., et al. (2010). Development and early evaluation of the Virtual Iraq/Afghanistan exposure therapy system for combat-related PTSD.

 Annals of the New York Academy of Sciences, 1208(1), 114-125.

- Rizzo, A., Pair, J., McNerney, P. J., Eastlund, E., Manson, B., Gratch, J., et al. (2005). Development of a VR therapy application for Iraq war military personnel with PTSD. *Studies in health technology and informatics*, 111, 407-413.
- Tsai, H. L., Tu, C. S., & Su, Y. J. (2008). Development of generalized photovoltaic model using MATLAB/SIMULINK. Paper presented at the World Congress on Engineering and Computer Science, WCECS, San Francisco, USA.
- Vasterling, J. J., Proctor, S. P., Friedman, M. J., Hoge, C. W., Heeren, T., King,
 L. A., et al. (2010). PTSD symptom increases in Iraq- deployed soldiers:
 Comparison with nondeployed soldiers and associations with baseline symptoms, deployment experiences, and postdeployment stress. *Journal of traumatic stress*, 23(1), 41-51.
- Yang, B., & Jia, P. (2006). A facial expression model for human-like agent.
 Paper presented at the Conference on Robotics, Automation and Mechatronics.
- Yeh, S. C., Newman, B., Liewer, M., Pair, J., Treskunov, A., Reger, G., et al. (2009). A Virtual Iraq System for the Treatment of Combat-Related Posttraumatic Stress Disorder. Paper presented at the Virtual Reality Conference, IEEE.
- Yehuda, R. (2002). Post-traumatic stress disorder. *New England Journal of Medicine*, 346(2), 108-114.