



UNIVERSITÀ
DEGLI STUDI
FIRENZE

FLORE

Repository istituzionale dell'Università degli Studi di Firenze

Electrodermal activity in bipolar patients during affective elicitation

Questa è la Versione finale referata (Post print/Accepted manuscript) della seguente pubblicazione:

Original Citation:

Electrodermal activity in bipolar patients during affective elicitation / Greco Alberto; Valenza Gaetano; Lanata Antonio; Rota Giuseppina; Scilingo Enzo Pasquale. - In: IEEE JOURNAL OF BIOMEDICAL AND HEALTH INFORMATICS. - ISSN 2168-2194. - ELETTRONICO. - 18:(2014), pp. 1865-1873.
[10.1109/JBHI.2014.2300940]

Availability:

The webpage <https://hdl.handle.net/2158/1192138> of the repository was last updated on 2021-06-11T13:00:18Z

Published version:

DOI: 10.1109/JBHI.2014.2300940

Terms of use:

Open Access

La pubblicazione è resa disponibile sotto le norme e i termini della licenza di deposito, secondo quanto stabilito dalla Policy per l'accesso aperto dell'Università degli Studi di Firenze (<https://www.sba.unifi.it/upload/policy-oa-2016-1.pdf>)

Publisher copyright claim:

La data sopra indicata si riferisce all'ultimo aggiornamento della scheda del Repository FloRe - The above-mentioned date refers to the last update of the record in the Institutional Repository FloRe

(Article begins on next page)

Electrodermal Activity in Bipolar Patients during Affective Elicitation

Alberto Greco, *Student Member, IEEE*, Gaetano Valenza, *Member, IEEE*, Antonio Lanata, *Member, IEEE*, Giuseppina Rota, and Enzo Pasquale Scilingo, *Member, IEEE*

Abstract—Bipolar patients are characterized by a pathological unpredictable behavior, resulting in fluctuations between states of depression and episodes of mania or hypomania. In the current clinical practice, the psychiatric diagnosis is made through clinician-administered rating scales and questionnaires, disregarding the potential contribution provided by physiological signs. The aim of this paper is to investigate how changes in the autonomic nervous system activity can be correlated with clinical mood swings. More specifically, a group of ten bipolar patients underwent an emotional elicitation protocol to investigate the autonomic nervous system dynamics, through the electrodermal activity (EDA), among different mood states. In addition, a control group of ten healthy subjects were recruited and underwent the same protocol. Physiological signals were analyzed by applying the deconvolutive method to reconstruct EDA tonic and phasic components, from which several significant features were extracted to quantify the sympathetic activation. Experimental results performed on both the healthy subjects and the bipolar patients supported the hypothesis of a relationship between autonomic dysfunctions and pathological mood states.

Index Terms—Bipolar disorder, deconvolutive analysis, electrodermal activity (EDA), mood recognition.

I. INTRODUCTION

BIPOlar disorder is a chronic illness involving millions of people in Europe and in the United States (see the epidemiological study in [1]). Patients experience mood swings whose symptoms can be associated to one of the following psychophysiological states: depressive, manic, mixed, and euthymic. During depressive episodes, patients feel sad and, sometimes, desperate. Other neurovegetative symptoms including loss of appetite and sleep are also present. Depressed patients might also experience thoughts of ruin, guilt, or death including suicidal thoughts that might lead to suicide attempts. During manic episodes, patients are hyperactive, and often experience

Manuscript received July 26, 2013; revised November 5, 2013; accepted January 10, 2014. Date of publication February 4, 2014; date of current version November 3, 2014. This work was partially supported by the EU Commission under Contract ICT-247777 Psyche and Project No. 601165 WEARHAP.

A. Greco, G. Valenza, A. Lanata, and E. P. Scilingo are with the Department of Information Engineering and Research Center “E. Piaggio”, Faculty of Engineering, University of Pisa, Pisa 16-56122, Italy (e-mail: alberto.greco@centropiaggio.unipi.it; g.valenza@ieec.org; a.lanata@centropiaggio.unipi.it; e.scilingo@centropiaggio.unipi.it).

G. Rota is with the Department of Surgical, Medical, Molecular, and Critical Area Pathology, Section of Psychology, University of Pisa, Pisa 67-56100, Italy (e-mail: g.rota@med.unipi.it).

Color versions of one or more of the figures in this paper are available online at <http://ieeexplore.ieee.org>.

Digital Object Identifier 10.1109/JBHI.2014.2300940

a reduction of the need to sleep. Mixed states are characterized by both depressive and hyperactivity symptoms. In the intervals between these episodes, patients typically experience periods of relatively good emotional balance (labeled as euthymia). Moreover, mood swings are also usually accompanied by anxiety, which is associated with bipolar disorder either as a symptom of the bipolar disorder itself or as a separate pathological condition [2].

In spite of the great impact on the population and healthcare costs, current clinical practice still relies only on the physician expertise, rating scales and questionnaires, such as the Bauer Internal Mood Scale, the Hamilton Scale for Depression, and the Young Mania scale [3]. Physiological parameters (e.g., biological markers, physiological signals, etc.) are not taken into account for diagnosis or follow-up purposes [4]–[6]. As a matter of fact, there is the need of more objective parameters for the diagnosis of mental disorders. Mental disorders are long-term illnesses and may remain undetected for years before they are properly diagnosed and put under treatment. Moreover, patients are extremely heterogeneous with respect to the phenomenology and severity of symptoms, number, and duration of episodes, as well as the time interval between them. Finally, other disorders may also be present (i.e., comorbidity).

Previous research has shown a link between the autonomic nervous system (ANS) dysfunctions and bipolar disorder [7]–[12]. Specifically, studies on sleep [13], voice analysis [14], and circadian heart rate rhythms [15], [16] showed to be sensitive to changes in the clinical state, suggesting that these parameters may be considered as markers of clinical change. Moreover, it is known that electrodermal hypoactivity is present during depression in both unipolar and bipolar patients [17], [18]. This condition is stable over time, and does not appear to depend on experimental conditions or stimulus characteristics [19]. In a recent study, we demonstrated that a single variable approach is not a reliable method for characterizing mood swings in bipolar patients while using heart rate variability and respiration activity series [10], [12]. Nevertheless, a complete and comprehensive ANS characterization should also rely on other physiological signals that are strictly related to the sympathetic nerve activity such as the electrodermal activity (EDA). In the present study, we investigated EDA dynamics in bipolar patients during an emotional stimulation paradigm. Since the changes on EDA are directly related to the sympathetic activity [20], EDA analysis could serve as an effective ANS marker for characterizing different mood states.

The stimulation protocol proposed in this paper is based on displaying pictures selected from the international affective

picture system (IAPS) [21]) and pictures from the thematic apperception test (TAT) [22]. They were presented to the patients in order to elicit emotional reactions. The IAPS database is widely used for studies that assess emotional processing (e.g., see previous studies in [23]–[27]), and it is comprised of hundreds of pictures which associated a specific emotional rating in terms of arousal and valence. Arousal refers to the physiological activation that is elicited by an emotionally salient image resulting in a subjective state of calmness or excitement. Valence refers to the experience of pleasantness or unpleasantness induced by viewing the image. The TAT is a projective psychological test that is supposed to reveal repressed aspects of personality. Such an experimental protocol was administered to ten bipolar patients as well as ten healthy subjects. Concerning the methodology of signal processing, we used a deconvolutive approach [28] in order to retain consecutive sympathetic responses which can be overlapped whenever the interstimulus interval is shorter than the previous one.

Similarly to our previous investigation [10], [12], the present study was carried out in the frame of the European project PSYCHE, which stands for personalized monitoring systems for care in mental health. Within this project, a personalized, pervasive, cost-effective, and multiparametric monitoring system based on textile platforms and portable sensing devices was devised for the long-term and short-term analysis of mood disorders [10], [12], [14], [29].

II. MATERIALS AND METHODS

A. Patient Recruitment and Experimental Protocol

Ten patients affected by bipolar disorder I or II were selected for this study. None of them had suicidal tendencies, delusions, or hallucinations. Patients were admitted to the psychiatric unit of the hospital and periodically screened through a psychiatric interview. Before each acquisition, a mood label among “euthymic”, “depressed”, “maniac”, and “mixed-state” was associated to each patient/acquisition. As a control group, a group of healthy subjects were enrolled and participate to the study. In particular, ten healthy subjects (five females, age ranged from 20 to 32), i.e., not suffering from both cardiovascular and evident mental pathologies, were asked to fill out the Patient Health QuestionnaireTM. All participants showed scores lower than 5. Such a cut-off value was chosen in order to avoid the presence of either middle or severe personality disorders [30].

An *ad hoc* affective elicitation experimental was administered to both the healthy and bipolar patients group. In particular, such an experimental protocol, graphically shown in Fig. 1, was structured as follows:

- 1) 5 min at rest with closed eyes;
- 2) 5 min at rest with open eyes;
- 3) 6-min slideshow of IAPS pictures with high arousal and negative valence;
- 4) up to 4 min of pictures gathered from TAT.

As described previously, the protocol is split into two sessions: rest and emotional elicitation. The latter session is divided, in turn, into two stages, both of which are intended to elicit a variation of the ANS response. Specifically, IAPS pic-

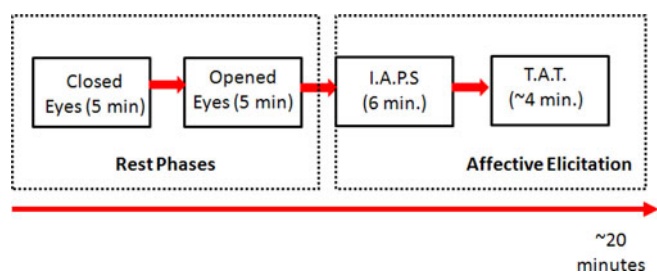


Fig. 1. Block scheme of the experimental protocol.

TABLE I
CLINICAL EVALUATIONS OF THE PATIENTS

| | Acq.1 | Acq.2 |
|------|-------------|------------|
| | Mood state | Mood state |
| Pz01 | Depressed | Euthymic |
| Pz02 | Depressed | Euthymic |
| Pz03 | Mixed-state | N.P. |
| Pz04 | Mixed-state | Euthymic |
| Pz05 | Mixed-state | N.P. |
| Pz06 | Depressed | N.P. |
| Pz07 | Depressed | Euthymic |
| Pz08 | Mixed-state | Euthymic |
| Pz09 | Mixed-state | Euthymic |
| Pz10 | Depressed | Euthymic |

N.P. stands for Not Performed.

tures lasted for 2 s presenting negative emotional contents (high arousal and negative valence). The same IAPS pictures were presented to all patients and healthy subjects and nobody was asked to score the elicited level of arousal and valence. The images were chosen according to the following characteristics: arousal score >6.7 ; valence <4.5 . Afterwards, patients were invited to tell a story based on the input coming from the TAT pictures. However, in order to avoid biased results related to the IAPS and TAT sequential order, the IAPS–TAT and TAT–IAPS session orders were randomly interchanged. The hypothesis of this study is that the ANS differentially reacts to such emotional stimuli upon different pathological mood states. During the whole duration of the protocol, the EDA signal was acquired using the BIOPAC MP150 system with a sampling frequency of 1000 Hz. EDA sensors were placed on the distal phalanx of the second and third finger of the nondominant hand, imposing a dc voltage of 0.5 V. The protocol was run for a follow-up period of up to 75 days. Patients repeated the protocol at each mood change, whereas the healthy subjects repeated the experiment twice within two weeks in order to investigate possible differences in the EDA pattern between repeated acquisitions during no pathological mood states and swing. Of note, seven patients (i.e., Pz01, Pz02, Pz04, Pz07, Pz08, Pz09, and Pz10) were acquired twice, whereas Pz03, Pz05, and Pz06 carried out a single acquisition. Details are shown in Table I.

B. Methodology of Signal Processing

The EDA decomposition process consisted in three different steps: a preprocessing phase, in which the signal was filtered to reduce the noise, a deconvolution process in order to obtain the phasic and tonic driver, and an optimization stage to improve the estimation of the parameters of the impulse response function.

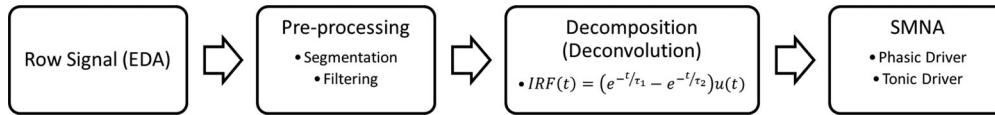


Fig. 2. Electrodermal acquisition and decomposition process. The EDA is filtered to reduce the noise and then decomposed in tonic and phasic components by means of a deconvolution with an IRF called the Bateman function.

The decomposition process was performed by means of Ledalab 3.2.2. software package for MATLAB [30].

1) *Preprocessing*: In the preprocessing stage, the detection of movement artifacts was carried out by visual inspection. Artifact-free signals exclusively were taken into account for further analysis. In order to limit the frequency bandwidth of the EDA signal, it was filtered with a low-pass zero-phase forward and reverse digital filter [31], [32] with a cutoff frequency of 2 Hz, having Butterworth approximation.

2) *EDA Deconvolution Analysis*: EDA is produced by changes in the skin conductivity as major effect of the sweat glands activity. Specifically, sweat is released to the sweat duct, passes to the stratum corneum, and finally is brought out of the skin. Accordingly, the dynamics of the variation of concentration of sweat in the stratum corneum can be represented by a two-compartment pharmacokinetic model in which the sweat concentration is assumed to change only by diffusion [33], [34]. The first compartment represents the sweat duct and the second compartment the stratum corneum. Due to the two compartments being different in dimension (i.e., the stratum corneum is much larger than the sweat duct), the diffusion can be considered as a one-way diffusion. Solving the two coupled first-order differential equations of each compartment, the solution is the impulse response function $IRF(t)$ which is also known as the Bateman function [35]:

$$IRF(t) = (e^{-\frac{t}{\tau_1}} - e^{-\frac{t}{\tau_2}}) \cdot u(t). \quad (1)$$

The Bateman function is characterized by a steep onset and a slow recovery. The steepness of onset and recovery is determined by the time constants τ_1 and τ_2 .

EDA can be divided into tonic (SCL: Skin Conductance Level) and phasic components (SCR: Skin Conductance Response). The tonic electrodermal component represents the baseline level of the signal, whereas the phasic component indicates a direct response to a specific stimulus. However, there are often phasic parts of EDA which cannot be related to any specific stimulus, and hence, they are called spontaneous or non-specific SCRs [20]. Sometimes, when the time interval between two consecutive stimuli is shorter than the recovery period of SCR, the stimuli responses in the SCR are overlapped. In this case, the typical shape of the SCR is lost and this could be one of the main issues for the extraction of the correct information from the electrodermal signal. In order to overcome this issue, the EDA signal process is modeled as a convolution process between the SudoMotor nerve activity (SMNA), as part of the sympathetic nervous system, and IRF [28] under the hypothesis that EDA is controlled by SMNA resulting in a sequence of distinct impulses which regulate the eccrine sweat glands dynamics (see Fig. 2).

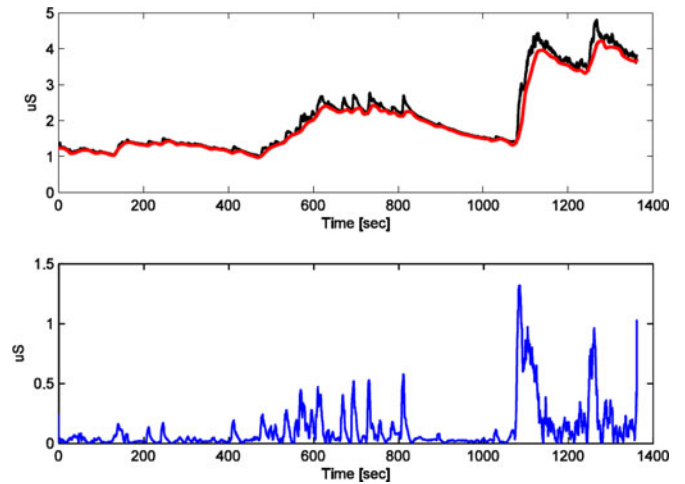


Fig. 3. Example of EDA signal and related components during euthymic state, extracted through deconvolutive method of analysis. On the top panel, the black signal representing the raw EDA signal along with the $DRIVER_{tonic}$ (red) are shown. On the lower panel, the $DRIVER_{phasic}$ is shown. Rest phases lasted for the first 600 s. Afterwards, IAPS and TAT emotional stimulation is performed.

Formally, it is possible to write:

$$EDA = SMNA \otimes IRF \quad (2)$$

where $SMNA = (DRIVER_{tonic} + DRIVER_{phasic})$. In (2), SMNA is unknown and it is evaluated by deconvolving the EDA signal with the IRF. In order to decompose the obtained SMNA signal into the $DRIVER_{tonic}$ and $DRIVER_{phasic}$ components, several algorithmic steps have been processed. A smoothing Gauss window of 200 ms is applied to SMNA, followed by a peak detection algorithm in order to find the peaks over a threshold of $0.2 \mu S$. All the points below the threshold were interpolated with a cubic spline fitting method giving the $DRIVER_{tonic}$. More details can be found in [28]. Finally, the $DRIVER_{phasic}$ component, instead, is computed by subtracting the previously estimated $DRIVER_{tonic}$ from the SMNA (see Fig. 3), under the hypothesis that the tonic activity is observed in the absence of any phasic activity [20].

Of note, the $DRIVER_{phasic}$ signal should have a zero baseline intermitted by distinct peaks overcoming the issue of having overlapped SCRs.

3) *Optimization*: Starting from fixed values, the parameter set of the IRF (i.e., τ_1 and τ_2) was optimized according to criteria evaluating the quality of the model, through the minimization of a specific cost function given by the sum of the number of points of the $DRIVER_{phasic}$ component that have a negative value and the number of points above a predefined threshold (equal to 5% of the maximum of $DRIVER_{phasic}$). This procedure aims at

TABLE II
LIST OF THE FEATURES EXTRACTED FROM THE EDA PHASIC AND TONIC COMPONENTS

| Feature | Description |
|-------------|---|
| MAX-Tonic | Maximum value of the tonic driver curve |
| MAX-Phasic | Maximum value of the phasic tonic curve |
| AUC-Tonic | Area under the tonic driver curve over time |
| AUC-Phasic | Area under the phasic driver curve over time |
| Mean-Tonic | Mean value of the tonic driver component |
| Mean-Phasic | Mean value of the phasic driver component |
| STD-Tonic | Standard deviation of the tonic driver component |
| STD-Phasic | Standard deviation of the phasic driver component |

having a signal with a zero baseline peaks as distinguishable as possible. More details can be again found in [28].

C. Feature Extraction

Features were extracted from the $\text{DRIVER}_{\text{tonic}}$ and $\text{DRIVER}_{\text{phasic}}$ signals also studying the different effects of the IAPS and TAT elicitation. Features extracted from the $\text{DRIVER}_{\text{phasic}}$ signal were calculated into nonoverlapped time windows of 5 s, according to the knowledge that SCRs arise within 5 s after the stimulus onset [36], [37]. Nonoverlapped time windows are justified by the fact that the deconvolution algorithm misses overlapped responses lasting 4 s [28]. Therefore, despite the fact that IAPS stimuli were presented each 2 s, a sort of refractory period at least equal to 4 s is assumed for computational reasons. Features extracted from the $\text{DRIVER}_{\text{tonic}}$ component, instead, were calculated within nonoverlapped time windows of 20 s, the upper cutoff frequency of the tonic component being about 0.05 Hz [38]. Afterwards, features belonging either to IAPS or TAT elicitation were grouped accordingly. In Table II, the features set is summarized along with the corresponding description. Each feature was normalized by subtracting its correspondent value at rest.

Statistical analysis: Both the IAPS-related features and the TAT-related features extracted from several acquisitions were compared by using statistical analysis. The statistical inference analysis was performed by means of nonparametric tests due to the nonGaussianity of the samples ($p < 0.05$ given by the Kolmogor–Smirnov test with null hypothesis of Gaussian distributed samples). For each of the seven subjects (i.e., Pz01, Pz02, Pz04, Pz07, Pz08, Pz09, and Pz10) who performed the experiment twice, an intrasubject statistical analysis was performed. Each pair of acquisitions was compared by using a Wilcoxon test for paired data [39]. Moreover, an inter-subject analysis was performed in order to compare the acquisitions associated to the same mood label. In this case, different mood states (i.e., depression, mixed-state, and euthymia) were compared by means of a Kruskal–Wallis test to evaluate whether they statistically belonged to the same population. In case of rejection of the null hypothesis, the Mann–Whitney test for unpaired data [40] with a Bonferroni adjustment for every pair was carried out.

III. EXPERIMENTAL RESULTS

In this section, the experimental results performed on both groups of healthy subjects and bipolar patients are shown in

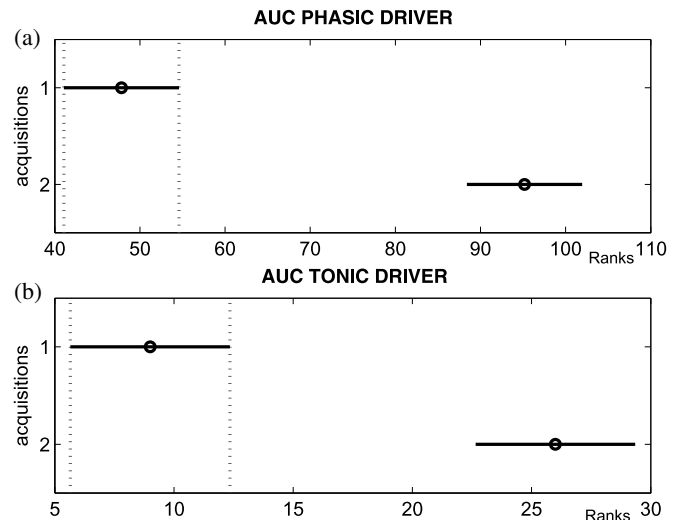


Fig. 4. Pz01's statistical analysis for IAPS elicitation. Results of Pz01's area under the curve (AUC) of (a) $\text{DRIVER}_{\text{phasic}}$ and (b) $\text{DRIVER}_{\text{tonic}}$ features.

detail. Further statistical analyses pointing out differences between the IAPS and TAT sessions, for each EDA feature and for each acquisition, as well as results on intra and intersubject evaluations are given below.

Of note, the time constants τ_1 and τ_2 were independently estimated for each patient and for each healthy subject. Here, we report the following statistics calculated among all the 17 EDA series gathered from the ten bipolar patients: Median{on $\tau_1 = 0.81$, on $\tau_2 = 2.49$ }, Median Absolute Deviation{on $\tau_1 = 0.16$, on $\tau_2 = 0.79$ }, Min{ on $\tau_1 = 0.49$, on $\tau_2 = 1.54$ }, and Max{ on $\tau_1 = 1.24$, on $\tau_2 = 3.83$ }.

A. Study on Bipolar Patients

A summary of the clinical evaluations of the patients recruited for this study, expressed as mood label, is shown in Table I.

For each acquisition, we first performed a statistical analysis to test the null hypothesis of having no significant difference between the two affective elicitation sessions (i.e., IAPS and TAT sessions). As the samples were comprised of several values for each IAPS and TAT session (each feature value was computed within a sliding window), and a perfect temporal match between each sample cannot be ensured, the Mann–Whitney tests were used to compute the p-values. For each acquisition, we found significant differences ($p < 0.03$) for all of the considered EDA features but the STD-Tonic.

1) *IAPS Stimulation:* Wilcoxon test for paired data was applied on patients with two acquisitions, i.e., Pz01, Pz02, Pz04, Pz07, Pz08, Pz09, and Pz10. Statistical analysis results show that all the phasic features resulted to be statistically different for all subjects. Patients Pz02 and Pz04 showed a nonsignificant tonic features set between the two acquisitions. More in detail, patients Pz01, Pz07, Pz08, Pz09, and Pz10 exhibited significant increase in the mean value, in the area under the curve and in the maximum value of both $\text{DRIVER}_{\text{phasic}}$ and $\text{DRIVER}_{\text{tonic}}$ components during second acquisition (see an example in Fig. 4). Pz02 showed no statistical difference in tonic features, but an

TABLE III
RESULTS FROM THE BIPOLAR PATIENTS DATASET EXPRESSED AS STATISTICAL SIGNIFICANCE FOR EACH EDA FEATURE

| IAPS | Pz01 | Pz02 | Pz04 | Pz07 | Pz08 | Pz09 | Pz10 |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| MAX-Tonic | $< 10^{-6}$ | > 0.05 | > 0.05 | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ |
| MAX-Phasic | $< 10^{-4}$ | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ |
| AUC-Tonic | $< 10^{-6}$ | > 0.05 | > 0.05 | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ |
| AUC-Phasic | $< 10^{-4}$ | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ | < 0.05 | $< 10^{-6}$ |
| Mean-Tonic | $< 10^{-5}$ | > 0.05 | > 0.05 | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ |
| Mean-Phasic | $< 10^{-4}$ | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ | < 0.05 | $< 10^{-6}$ |
| STD-Tonic | < 0.05 | > 0.05 | > 0.05 | > 0.05 | > 0.05 | < 0.005 | $< 10^{-4}$ |
| STD-Phasic | $< 10^{-4}$ | $< 10^{-6}$ | $< 10^{-4}$ | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ |

Samples are estimated during IAPS elicitation sessions of the two acquisition/mood states. p-values are from the Wilcoxon test.

TABLE IV
RESULTS FROM THE BIPOLAR PATIENTS DATASET EXPRESSED AS STATISTICAL SIGNIFICANCE FOR EACH EDA FEATURE

| TAT | Pz01 | Pz02 | Pz04 | Pz07 | Pz08 | Pz09 | Pz10 |
|-------------|-----------|----------|----------|-------------|-------------|-------------|-------------|
| MAX-Tonic | > 0.05 | < 0.05 | > 0.05 | > 0.05 | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ |
| MAX-Phasic | > 0.05 | > 0.05 | > 0.05 | > 0.05 | > 0.05 | > 0.05 | > 0.05 |
| AUC-Tonic | > 0.05 | < 0.01 | > 0.05 | > 0.05 | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ |
| AUC-Phasic | > 0.05 | > 0.05 | > 0.05 | > 0.05 | > 0.05 | > 0.05 | > 0.05 |
| Mean-Tonic | > 0.05 | < 0.01 | > 0.05 | > 0.05 | $< 10^{-6}$ | $< 10^{-6}$ | $< 10^{-6}$ |
| Mean-Phasic | > 0.05 | > 0.05 | > 0.05 | > 0.05 | > 0.05 | > 0.05 | > 0.05 |
| STD-Tonic | > 0.05 | < 0.05 | > 0.05 | > 0.05 | > 0.05 | > 0.05 | > 0.05 |
| STD-Phasic | < 0.005 | > 0.05 | > 0.05 | $< 10^{-4}$ | > 0.05 | > 0.05 | > 0.05 |

Samples are estimated during TAT elicitation sessions of the two acquisition/mood states. p-values are from the Wilcoxon test.

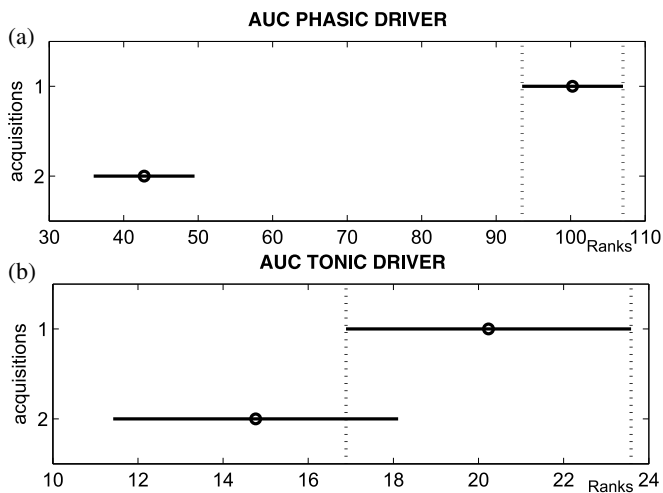


Fig. 5. Pz04's statistical analysis for IAPS elicitation. Results of Pz04's AUC of (a) DRIVER_{phasic} and (b) DRIVER_{tonic} features.

increasing significant trend of the phasic features was found. As all of five patients clinically improved (i.e., change into an euthymic state) their status, this results could be due to an increased sympathetic activity during the emotional stimulation session [18]. On the contrary, Pz04 showed a significant decrease for all phasic features in the second acquisition as compared to the first one, whereas tonic features were not statistically different (see an example in Fig. 5). Yet, this result can be interpreted as a reduction of sympathetic activity when moving from a mixed state, where hypomanic symptoms could be present, to an euthymic condition [18]. The standard deviation of both DRIVER_{tonic} and DRIVER_{phasic} components showed a similar trend between the two acquisitions for all of the seven patients having two observations. In particular, STD-Tonic and

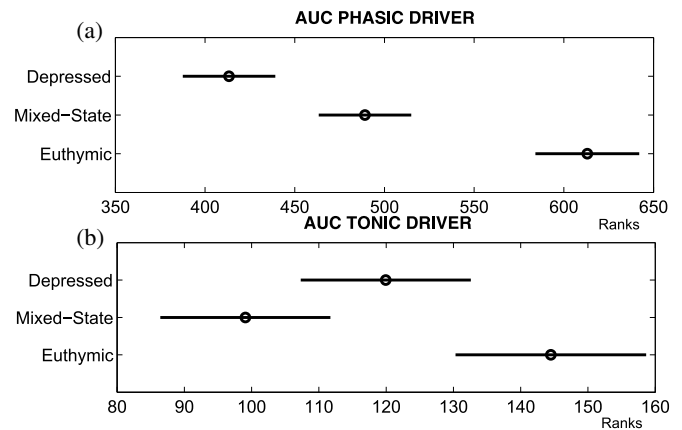


Fig. 6. IAPS stimulation: Intersubject statistical analysis. AUC of (a) DRIVER_{phasic} and (b) DRIVER_{tonic} features.

STD-Phasic decreased in the second acquisition, i.e., euthymic state.

Furthermore, an intersubject statistical analysis was performed including also the patients with one acquisition only. Data were not considered as coming from a specific subject but grouped following clinical classification. A Kruskal–Wallis test was carried out among acquisitions classified as depressed, mixed-state, and euthymic. The mean value and AUC of the DRIVER_{phasic} signal significantly discriminated the three mood states ($p < 10^{-6}$). In particular, these two features exhibited the same trend, i.e., they increase from depression to euthymia through mixed-state [see Fig. 6(a)]. The maximum value of DRIVER_{phasic} was able to distinguish the depressed mood states from the group mixed-state plus euthymic state ($p < 10^{-6}$). Instead, the mixed-state and the euthymic state did not show a significant difference ($p > 0.05$).

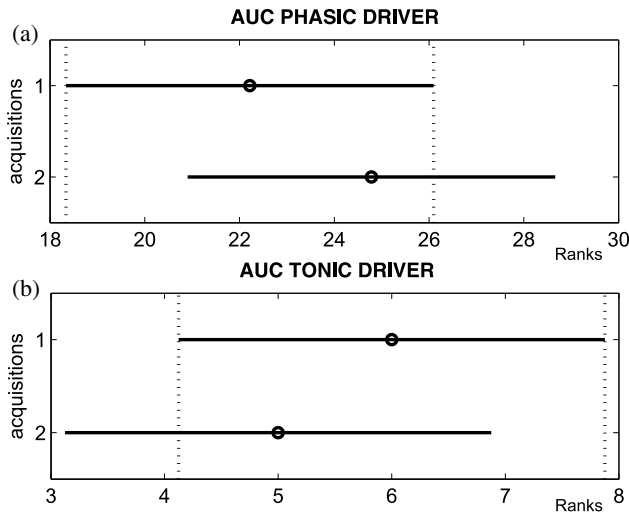


Fig. 7. Pz01's statistical analysis for TAT elicitation. Results of Pz01's AUC of (a) DRIVER_{phasic} and (b) DRIVER_{tonic} features.

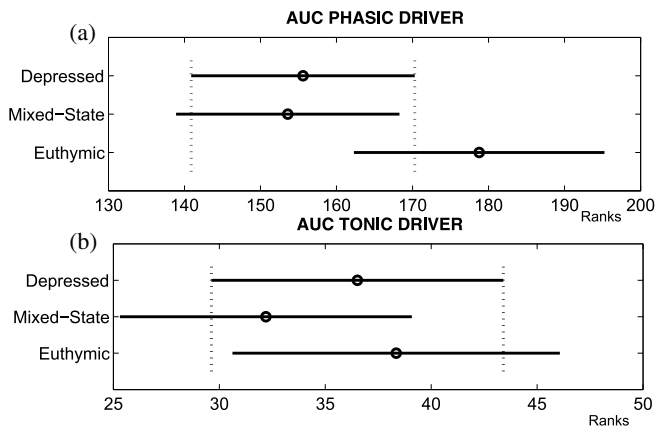


Fig. 8. TAT stimulation: Intersubject statistical analysis. AUC of (a) DRIVER_{phasic} and (b) DRIVER_{tonic} features.

Concerning features extracted from DRIVER_{tonic} [see Fig. 6(b)], the Kruskal–Wallis test showed significant differences among the three different mood states ($p < 10^{-6}$), despite the fact that the depression and mixed-state group and the depression and euthymic group did not show a significant difference ($p > 0.8$).

2) *TAT Stimulation*: Likewise, the analysis was performed on signals gathered from the IAPS stimulation, statistical analyses were performed considering intra and intersubject evaluations. Concerning the intrasubject analysis, features extracted from DRIVER_{phasic} data of patients who underwent two acquisitions showed no significant difference between the two acquisitions (see Fig. 7) except for the standard deviation of the DRIVER_{phasic} of Pz01 and Pz04. Instead, features extracted from the DRIVER_{tonic} data showed significant differences between the two acquisitions of Pz02, Pz08, Pz09, and Pz10.

Moreover, the intersubject statistical analysis was performed by means of a Kruskal–Wallis test among acquisitions classified as mixed-state, depressed, and euthymic, considering also the patients with only one acquisition. The results [see Fig. 8(b)]

demonstrated that features extracted from both DRIVER_{tonic} and DRIVER_{phasic} showed no significant differences among mood states ($p > 0.05$).

B. Control Subjects

We performed statistical analyses based on the Wilcoxon test for paired samples to investigate whether differences on the EDA feature patterns of healthy subjects are statistically significant between multiple affective elicitation protocols over time. Likewise, the analysis performed on the bipolar patient group, the features reported in Table II were extracted from both the DRIVER_{phasic} and DRIVER_{tonic} series. We report that the inter-subject statistical analysis independently performed considering the data from the IAPS and TAT sessions showed no statistically significant differences between the two acquisitions on each of the considered EDA features ($p > 0.05$).

IV. DISCUSSION AND CONCLUSION

In this study, EDA analysis was performed in ten bipolar patients recruited in the frame of the European project PSYCHE [10], [14], [29]. Each patient's mood state was clinically evaluated as depressed, euthymic, or mixed. The patients were asked to passively view a set of IAPS images and to describe TAT pictures. Novelty of this study are mainly related to data, experimental protocol, and signal processing methodology. Comparative analyses on different emotional elicitations, in fact, have never been considered in studying mental disorders such as bipolar disorders, especially in patients experiencing mixed-state symptoms. Moreover, the innovative application of the EDA analysis through deconvolutive model allowed us to effectively test the experimental hypothesis of having different sympathetic activations among different pathological mental states. As a consequence, the proposed EDA feature set could have a prognostic value on mental illness and can be evaluated when the SMNA is estimated using a deconvolution model. A deconvolution analysis was applied to the EDA signals in order to perform an effective separation of the EDA components into tonic and phasic drivers. Several features were extracted in order to quantify and characterize such components allowing for intra and intersubject statistical analysis. On the basis of the obtained results, we can formulate different conjectures. As the IAPS stimulation provoked consistent changes in all of the features of the phasic components, and with the phasic signals being strongly stimulus-related, we can conclude that the IAPS pictures elicited a much stronger emotional response than the TAT stimuli. As a matter of fact, significant statistical differences were found in the whole EDA feature pattern between the IAPS and TAT elicitation sessions. Moreover, the idea behind this study is that when a patient is depressed, he/she reacts less intensively to high arousing stimuli than while in mixed-state, while sympathetic activity remarkably increases when the patient is in the euthymic state. This is confirmed by Fig. 6(a). Accordingly, Table V shows how the phasic contribution increases or decreases during mood swings. The discordant trend of Pz04 can be justified by the presence in the mixed-state of maniac symptoms, even if the literature is quite poor on the

TABLE V
SPECIFICATION OF INCREASING OR DECREASING TRENDS OF EDA PHASIC COMPONENTS DURING CLINICAL MOOD SWINGS

| | Pz01 | Pz02 | Pz04 | Pz07 | Pz08 | Pz09 | Pz10 |
|-------------|-----------|-----------|-------------|-----------|-------------|-------------|-----------|
| | Depressed | Depressed | Mixed-state | Depressed | Mixed-state | Mixed-state | Depressed |
| | Euthymic | Euthymic | Euthymic | Euthymic | Euthymic | Euthymic | Euthymic |
| MAX-Phasic | ↑ | ↑ | ↓ | ↑ | ↑ | ↑ | ↑ |
| AUC-Phasic | ↑ | ↑ | ↓ | ↑ | ↑ | ↑ | ↑ |
| Mean-Phasic | ↑ | ↑ | ↓ | ↑ | ↑ | ↑ | ↑ |

Up-arrow and down-arrow intend an activity increase and decrease between the two acquisitions, respectively.

relationship between maniac states and EDA. Analysis of features extracted from the tonic signal (stimulus-unrelated component) during the IAPS stimulation revealed a significant difference in the acquisitions of all the patients except Pz02 and Pz04. As a consequence, on the basis of the limits of the results, no final conclusion can be drawn about a possible link of this component and mood swings. TAT is meant to reveal underlying motives as well as the manner in which people interpret social situations. In this task, only a few significant changes in the tonic EDA were found over the different acquisitions. Features extracted from phasic drivers did not differ significantly over mood swings. Statistical analyses were also intended as intersubject evaluations and performed using the Kruskal-Wallis nonparametric test. Accordingly, post-hoc analysis engaged nonparametric Mann-Whitney tests considering the Bonferroni adjustment of the statistical significance. Grouping the acquisition with the same label, the statistical analysis showed strong differences among the three mood states under examination. Specifically, for IAPS elicitation, phasic features well discriminated among depression, mixed state, and euthymia. An incremental trend of the signal was observed over these three states. The depression condition is confirmed to lead to a severe decrease of the electrodermal response activity and, consequently, of the ANS activity. During the mixed-state phase, the patients exhibit a higher level in the phasic activity, i.e., a stronger response to the stimuli, which is, however, significantly lower than that seen in the euthymic state, in which the subject feels like in normal conditions.

Differently, the tonic features regarding IAPS stimuli showed a strong separation between the euthymic and mixed-state, which shows a strong tonic hypoactivity. The tonic component, which is not directly connected to the stimuli but is related to the state of the subject, showed an overlap between the depressive and mixed-state and the depressive and euthymia. TAT stimuli did not reveal any statistical differences among the three mood states both for the tonic and phasic features. Therefore, TAT was not able to elicit changes in the ANS activity of a bipolar patient. This result can be due to the fact that pictures from TAT were not as emotionally arousing as the IAPS pictures.

Finally, results performed on healthy subjects strongly support the hypothesis that the EDA signal processing provides a viable decision support system for mental disorders. Healthy subjects, in fact, showed no statistical difference on each of the EDA feature pattern between multiple affective elicitation along the time. Thus, it is reasonable that the coherent changes found in the bipolar patients group can be considered as real biomarkers of pathological mood states. Tables VI summarize the results gathered from all of the patients and healthy subjects. Values

TABLE VI
95% CONFIDENCE INTERVALS FOR THE EDA FEATURES IN HEALTHY SUBJECTS AND BIPOLAR PATIENTS AMONG DIFFERENT MOOD STATES

| AUC-Phasic | Mood | IAPS | TAT |
|------------------|-------------|---------------|--------------|
| Bipolar Patients | Euthymia | 60.47 ± 0.323 | 37.21 ± 1.44 |
| | Depression | 55.01 ± 0.55 | 36.18 ± 1.94 |
| | Mixed State | 59.01 ± 0.65 | 34.21 ± 3.68 |
| Healthy Subjects | | 64.58 ± 0.81 | 97.28 ± 0.1 |

| Mean-Phasic | Mood | IAPS | TAT |
|------------------|-------------|---------------|---------------|
| Bipolar Patients | Euthymia | 0.19 ± 0.0013 | 0.15 ± 0.006 |
| | Depression | 0.12 ± 0.0020 | 0.14 ± 0.027 |
| | Mixed State | 0.13 ± 0.0021 | 0.13 ± 0.008 |
| Healthy Subjects | | 0.48 ± 0.0017 | 0.52 ± 0.0023 |

| MAX-Phasic | Mood | IAPS | TAT |
|------------------|-------------|---------------|---------------|
| Bipolar Patients | Euthymia | 0.25 ± 0.0021 | 0.16 ± 0.0084 |
| | Depression | 0.22 ± 0.0023 | 0.12 ± 0.03 |
| | Mixed State | 0.24 ± 0.0024 | 0.17 ± 0.0051 |
| Healthy Subjects | | 0.69 ± 0.0024 | 0.73 ± 0.0029 |

| AUC-Tonic | Mood | IAPS | TAT |
|------------------|-------------|-----------------|---------------|
| Bipolar Patients | Euthymia | 1068.11 ± 48.16 | 128.06 ± 14.6 |
| | Depression | 1008.47 ± 56.25 | 118.42 ± 15.8 |
| | Mixed State | 891.60 ± 23.27 | 108.51 ± 12.6 |
| Healthy Subjects | | 15.7 ± 1.02 | 24.10 ± 1.61 |

| Std-Phasic | Mood | IAPS | TAT |
|------------------|-------------|------------------|----------------|
| Bipolar Patients | Euthymia | 0.0026 ± 0.00027 | 0.018 ± 0.002 |
| | Depression | 0.004 ± 0.00036 | 0.021 ± 0.0023 |
| | Mixed State | 0.0013 ± 0.00032 | 0.012 ± 0.0016 |
| Healthy Subjects | | 0.13 ± 0.0003 | 0.13 ± 0.0004 |

| MAX-Tonic | Mood | IAPS | TAT |
|------------------|-------------|--------------|--------------|
| Bipolar Patients | Euthymia | 1.05 ± 0.05 | 0.043 ± 0.02 |
| | Depression | 0.99 ± 0.04 | 0.51 ± 0.07 |
| | Mixed State | 0.86 ± 0.028 | 0.43 ± 0.048 |
| Healthy Subjects | | 1.53 ± 0.073 | 1.72 ± 0.071 |

| Mean-Tonic | Mood | IAPS | TAT |
|------------------|-------------|--------------|--------------|
| Bipolar Patients | Euthymia | 1.06 ± 0.048 | 0.43 ± 0.018 |
| | Depression | 1.01 ± 0.06 | 0.51 ± 0.063 |
| | Mixed State | 0.89 ± 0.023 | 0.43 ± 0.051 |
| Healthy Subjects | | 1.39 ± 0.073 | 1.51 ± 0.072 |

| Std-Tonic | Mood | IAPS | TAT |
|------------------|-------------|----------------|-----------------|
| Bipolar Patients | Euthymia | 0.01 ± 0.0011 | 0.0032 ± 0.0008 |
| | Depression | 0.014 ± 0.0022 | 0.0051 ± 0.0009 |
| | Mixed State | 0.007 ± 0.0012 | 0.0022 ± 0.0005 |
| Healthy Subjects | | 0.12 ± 0.0007 | 0.13 ± 0.0006 |

Normalized IAPS and TAT values through baseline value subtraction.

of each elicitation session are normalized with respect to the baseline ones and expressed as the intersubject 95% confidence interval.

In conclusion, our results confirm the hypothesis of a link between changes in the EDA and mood states. Specifically, EDA strongly changed in the different mood states in response to affective stimuli, showing a specific decrease in depressive phases. On this basis, we conclude that EDA variations in phasic components may be suitable markers for discriminating mood states

in bipolar patients. Future methodological works can be related to the definition of novel features and, especially, a patient-specific threshold used for the identification of the EDA tonic and phasic drivers. Moreover, experimental protocols involving comfortable wearable EDA monitoring systems such as sensorized textile-based gloves [41], [42] can be taken into account in order to study EDA dynamics also in a naturalistic environment, may be along with other ANS signs (e.g., eye-gaze and pupil size variation [43]).

REFERENCES

- [1] R. Kessler, K. McGonagle, S. Zhao, C. Nelson, M. Hughes, S. Eshleman, H. Wittchen, and K. Kendler, "Lifetime and 12-month prevalence of dsm-iii-r psychiatric disorders in the united states: Results from the national comorbidity survey," *Arch. General Psychiatry*, vol. 51, no. 1, p. 8, 1994.
- [2] M. Kauer-Sant'Anna, F. Kapczinski, and E. Vieta, "Epidemiology and management of anxiety in patients with bipolar disorder," *CNS Drugs*, vol. 23, no. 11, pp. 953–964, 2009.
- [3] R. Young, J. Biggs, V. Ziegler, and D. Meyer, "A rating scale for mania: Reliability, validity and sensitivity," *Brit. J. Psychiatry*, vol. 133, no. 5, pp. 429–435, 1978.
- [4] E. Vieta, M. Reinares, and A. Rosa, "Staging bipolar disorder," *Neurotoxicity Res.*, vol. 19, no. 2, pp. 279–285, 2011.
- [5] A. Andreazza, M. Kauer-Sant'Anna, B. Frey, D. Bond, F. Kapczinski, L. Young, and L. Yatham, "Oxidative stress markers in bipolar disorder: a meta-analysis," *J. Affect. Disorders*, vol. 111, no. 2, pp. 135–144, 2008.
- [6] M. Phillips and E. Vieta, "Identifying functional neuroimaging biomarkers of bipolar disorder: Toward dsm-v," *Schizophrenia Bull.*, vol. 33, no. 4, pp. 893–904, 2007.
- [7] H. Cohen, Z. Kaplan, M. Kotler, I. Mittelman, Y. Osher, and Y. Bersudsky, "Impaired heart rate variability in euthymic bipolar patients," *Bipolar Disorders*, vol. 5, no. 2, pp. 138–143, 2003.
- [8] B. L. Henry, A. Minassian, M. P. Paulus, M. A. Geyer, and W. Perry, "Heart rate variability in bipolar mania and schizophrenia," *J. Psychiatr. Res.*, vol. 44, no. 3, pp. 168–176, 2010.
- [9] B. Levy, "Autonomic nervous system arousal and cognitive functioning in bipolar disorder," *Bipolar Disorders*, vol. 15, no. 1, pp. 70–79, 2013.
- [10] G. Valenza, C. Gentili, A. Lanatà, and E. P. Scilingo, "Mood recognition in bipolar patients through the psyche platform: Preliminary evaluations and perspectives," *Artif. Intell. Med.*, vol. 57, no. 1, pp. 49–58, 2013.
- [11] G. Valenza, M. Nardelli, A. Lanata, C. Gentili, G. Bertschy, R. Paradiso, and E. Scilingo, "Wearable monitoring for mood recognition in bipolar disorder based on history-dependent long-term heart rate variability analysis," *IEEE J. Biomed. Health Informat.*, in press
- [12] G. Valenza and E. P. Scilingo, Eds., *Autonomic nervous system dynamics for mood and emotional-state recognition: Significant advances in data acquisition, signal processing and classification*. New York, NY, USA: Springer, 2014.
- [13] G. Iverson, M. Gaetz, E. Rzepoluck, P. McLean, W. Linden, and R. Remick, "A new potential marker for abnormal cardiac physiology in depression," *J. Behav. Med.*, vol. 28, no. 6, pp. 507–511, 2005.
- [14] N. Vanello, A. Guidi, C. Gentili, S. Werner, G. Bertschy, G. Valenza, A. Lanata, and E. P. Scilingo, "Speech analysis for mood state characterization in bipolar patients," in *Proc. IEEE Annu. Int. Conf. Eng. Med. Biol. Soc.*, 2012, pp. 2104–2107.
- [15] J. Taillard, P. Lemoine, P. Boule, M. Drogue, and J. Mouret, "Sleep and heart rate circadian rhythm in depression: The necessity to separate," *Chronobiol. Int.*, vol. 10, no. 1, pp. 63–72, 1993.
- [16] J. Taillard, P. Sanchez, P. Lemoine, and J. Mouret, "Heart rate circadian rhythm as a biological marker of desynchronization in major depression: A methodological and preliminary report," *Chronobiol. Int.*, vol. 7, no. 4, pp. 305–316, 1990.
- [17] W. G. Iacono and V. B. Tuason, "Bilateral electrodermal asymmetry in euthymic patients with unipolar and bipolar affective disorders," *Biol. Psychiatry*, 1983.
- [18] W. G. Iacono, D. T. Lykken, L. J. Peloquin, A. E. Lumry, R. H. Valentine, and V. B. Tuason, "Electrodermal activity in euthymic unipolar and bipolar affective disorders: A possible marker for depression," *Arch. General Psychiatry*, vol. 40, no. 5, p. 557, 1983.
- [19] S. Sponheim, J. Allen, and W. Iacono, "Selected psychophysiological measures in depression: The significance of electrodermal activity, electroencephalographic asymmetries, and contingent negative variation to behavioral and neurobiological aspects of depression," *Behav. High Risk Paradigm Psychopathol.*, pp. 222–249, 1995
- [20] W. Boucsein, Ed., *Electrodermal activity*. New York, NY, USA: Plenum, 1992.
- [21] P. Lang, M. Bradley, and B. Cuthbert, "International affective picture system (iaps): Digitized photographs, instruction manual, and affective ratings," Univ. Florida, Gainesville, FL, USA, Tech. Rep. A-6., 2005
- [22] H. Murray, Ed., *Thematic apperception test*. Cambridge, MA, USA: Harvard Univ. Press, 1943.
- [23] G. Valenza, P. Allegrini, A. Lanatà, and E. P. Scilingo, "Dominant Lyapunov exponent and approximate entropy in heart rate variability during emotional visual elicitation," *Front. Neuroeng.*, vol. 5, 2012.
- [24] G. Valenza, A. Lanata, and E. P. Scilingo, "The role of nonlinear dynamics in affective valence and arousal recognition," *IEEE Trans. Affect. Comput.*, vol. 3, no. 2, pp. 237–249, Apr.–Jun. 2012.
- [25] G. Valenza, A. Lanata, and E. P. Scilingo, "Oscillations of heart rate and respiration synchronize during affective visual stimulation," *IEEE Trans. Inf. Technol. Biomed.*, vol. 16, no. 4, pp. 683–690, Jul. 2012.
- [26] G. Valenza, A. Lanatà, and E. P. Scilingo, "Improving emotion recognition systems by embedding cardiorespiratory coupling," *Physiol. Meas.*, vol. 34, no. 4, p. 449, 2013.
- [27] G. Valenza, L. Citi, A. Lanata, E. P. Scilingo, and R. Barbieri, "A nonlinear heartbeat dynamics model approach for personalized emotion recognition," in *Proc. IEEE 35th Annu. Int. Conf. Eng. Med. Biol. Soc.*, 2013, pp. 2579–2582.
- [28] M. Benedek and C. Kaernbach, "A continuous measure of phasic electrodermal activity," *J. Neurosci. Methods*, vol. 190, no. 1, pp. 80–91, 2010.
- [29] A. Greco, A. Lanata, G. Valenza, G. Rota, N. Vanello, and E. Scilingo, "On the deconvolution analysis of electrodermal activity in bipolar patients," in *Proc. IEEE Annu. Int. Conf. Eng. Med. Biol. Soc.*, 2012, pp. 6691–6694.
- [30] K. Kroenke, R. L. Spitzer, and J. B. Williams, "The phq-9," *J. General Internal Med.*, vol. 16, no. 9, pp. 606–613, 2001.
- [31] F. Gustafsson, "Determining the initial states in forward-backward filtering," *IEEE Trans. Signal Process.*, vol. 44, no. 4, pp. 988–992, Apr. 1996.
- [32] S. Mitra, Ed., *Digital signal processing: A computer-based approach*. New York, NY, USA: McGraw-Hill, 2001.
- [33] R. Edelberg, "Electrodermal mechanisms: A critique of the two-effector hypothesis and a proposed replacement," in *Progress in Electrodermal Research*. New York, NY, USA: Springer-Verlag, 1993, pp. 7–29.
- [34] R. Schneider, "A mathematical model of human skin conductance," *Psychophysiology*, vol. 24, no. 5, p. 610, 1987.
- [35] E. Garrett, "The bateman function revisited: A critical reevaluation of the quantitative expressions to characterize concentrations in the one compartment body model as a function of time with first-order invasion and first-order elimination," *J. Pharmacokin. Pharmacodyn.*, vol. 22, no. 2, pp. 103–128, 1994.
- [36] M. Benedek and C. Kaernbach, "Decomposition of skin conductance data by means of nonnegative deconvolution," *Psychophysiology*, vol. 47, no. 4, pp. 647–658, 2010.
- [37] D. Levinson and R. Edelberg, "Scoring criteria for response latency and habituation in electrodermal research: A critique," *Psychophysiology*, vol. 22, no. 4, pp. 417–426, 1985.
- [38] A. Ishchenko and P. Shev'ev, "Automated complex for multiparameter analysis of the galvanic skin response signal," *Biomed. Eng.*, vol. 23, no. 3, pp. 113–117, 1989.
- [39] F. Wilcoxon, "Individual comparisons by ranking methods," *Biometr. Bull.*, vol. 1, no. 6, pp. 80–83, 1945.
- [40] S. Siegel, "The mann-whitney u test," *Nonparametr. Statist. Behav. Sci.*, pp. 116–127, 1956
- [41] G. Valenza, A. Lanatà, E. P. Scilingo, and D. De Rossi, "Towards a smart glove: Arousal recognition based on textile electrodermal response," in *Proc. IEEE Eng. Med. Biol. Conf.*, 2010, pp. 3598–3601.
- [42] A. Lanata, G. Valenza, and E. Scilingo, "A novel eda glove based on textile-integrated electrodes for affective computing," *Med. Biol. Eng. Comput.*, pp. 1–10, 2012
- [43] A. Lanata, A. Armato, G. Valenza, and E. P. Scilingo, "Eye tracking and pupil size variation as response to affective stimuli: A preliminary study," in *Proc. IEEE 5th Int. Conf. Pervas. Comput. Technol. Healthcare (PervasiveHealth)*, 2011, pp. 78–84.



Alberto Greco (S'13) received the Graduation degree in biomedical engineering from the University of Pisa, Pisa, Italy, in 2010. He is currently working toward the Ph.D. degree at the University of Pisa.

He currently works at the Research Center "E. Piaggio", University of Pisa. He pursued his research interest on wearable systems, high-level signal processing for the electrodermal activity, and eye-tracking systems.



Giuseppina Rota received the Graduation degree in clinical psychology from the University of Padova, Padova, Italy, in 2002. She received the Ph.D. degree in cognitive neuroscience from the University of Stuttgart, Stuttgart, Germany, in 2007.

She currently works as a Postdoctoral Fellow in the MOMLab, University of Pisa, Pisa, Italy. Her main research interests include affective neuroscience and concern emotion, decision making processes, and moral judgment.



Gaetano Valenza (S'10–M'12) received the Ph.D. degree in automation, robotics, and bioengineering from the University of Pisa, Pisa, Italy, in 2013.

Currently, he is a Postdoctoral Fellow with the Department of Information Engineering and the Research Center "E. Piaggio", University of Pisa. The main topic of his research is biomedical signal processing, cardiovascular and neural modeling, and wearable systems for physiological monitoring. He is the author of tens of scientific papers in applicative fields such as affective computing, assessment of mood disorders, and characterization of disorder of consciousness.

mood disorders, and characterization of disorder of consciousness.



Enzo Pasquale Scilingo (M'10) received the Laurea degree in electronic engineering from the University of Pisa, Pisa, Italy, and the Ph.D. degree in bioengineering from the University of Milan, Milan, Italy, in 1995 and 1998, respectively.

He is currently an Associate Professor with the University of Pisa and carries out his research activity at the Department of Information Engineering, where he leads the laboratory Biolab and at the Research Center "E. Piaggio". He is currently coordinating a European project EC-FP7-ICT-247777

"PSYCHE-Personalised monitoring SYstems for Care in mental Health".



Antonio Lanata (M'12) received the Graduation degree in electronic engineering from the University of Pisa, Pisa, Italy, in 2001. He received the Ph.D. degree in automation, robotics, and bioengineering from the University of Pisa, Pisa, Italy, in 2006.

His research interests include developing UWB wearable systems for biomedical applications and high-level signals processing. Currently, the main fields of application are affective computing, mental, and consciousness disorders. He has published numerous articles in international scientific journals

and author of several chapters of books.