

## Motivation & Challenges

**Acute and Chronic Stressor Effects Brain Differently [1]**  
 Enables non-invasive, real-time assessment of stress and emotional states [2]

**1 Physiological signals are interdependent**  
 ECG and respiration directly reflect autonomic nervous system responses to driver stress. These modalities are not independent – cardiorespiratory coupling (e.g. respiratory sinus arrhythmia) means one signal actively shapes the other.  
 → Simple concatenation or independent fusion ignores this coupling.  
 → leaving complementary information unexploited.  
 → Cross-modal interaction modeling is essential to capture the full physiological picture.

**2 Wearable signal quality varies – reliability is not equal**  
 In real-world driving, wearable sensors are susceptible to motion artifacts, sensor displacement, and noise – causing modality reliability to shift across time and subjects.  
 → Fixed-weight fusion amplifies unreliable signals, degrading robustness across subjects.  
 → Dynamic, reliability-aware weighting is needed to adapt to real-world conditions.

**Challenges of Stress During Driving in real world**

Top 5 road accidents

Country	Accidents
United States	1927654
Japan	436601
Chinese Taipei	352393
India	345238
Germany	264499

## Methods

**Framework Module**

**Driver Stress Module**

**Proposed Multimodal Feature Learning and Reliability-Guided Fusion Pipeline**

**Feature Extraction**

$$F_{m_1} = f_{m_1}(X_{m_1}), F_{m_n} = f_{m_n}(X_{m_n})$$

**Cross-SE Interaction Module [7]**

$$z_{m_1} = GAP(F_{m_1}), z_{m_n} = GAP(F_{m_n})$$

$$z_{concat} = [z_{m_1}, z_{m_n}]$$

$$SE = \sigma(W_2 \cdot \delta(W_1 \cdot z_{concat}))$$

$$F_{m_1}^{cross} = F_{m_1} \odot SE, F_{m_n}^{cross} = F_{m_n} \odot SE$$

**Causal-Aware Fusion [3]**

$$Score(x_{m_i}) = \|x_{m_i}\|_2$$

$$\lambda_{m_1} = \frac{e^{Score(x_{m_1})}}{e^{Score(x_{m_1})} + e^{Score(x_{m_n})}}, \lambda_{m_n} = \frac{e^{Score(x_{m_n})}}{e^{Score(x_{m_1})} + e^{Score(x_{m_n})}}$$

$$\tilde{x}_{m_1} = \lambda_{m_1} \cdot x_{m_1}, \tilde{x}_{m_n} = \lambda_{m_n} \cdot x_{m_n}$$

**Reliability-Guided Feature Integration**

$$x_{m_1}^{final} = \tilde{x}_{m_1} \odot x_{m_1}, x_{m_n}^{final} = \tilde{x}_{m_n} \odot x_{m_n}$$

$$x_{fusion} = [x_{m_1}^{final}, x_{m_n}^{final}]$$

$$x_{fusion}^{final} = [x_{fusion}, F_{m_1}, F_{m_n}]$$

**Feature Extraction to Reliability-Guided Fusion**

## Dataset Details

- Participants & Setup:** 20 healthy male participants performed controlled driving experiments at Indian Institute of Technology Hyderabad using the Hexoskin Pro Kit smart shirt.
- Data Acquisition:** ECG (256 Hz) and respiration (128 Hz) were recorded under two conditions: normal driving and phone-call-induced distraction.
- Preprocessing & Segmentation:** Signals were segmented into non-overlapping 10-second windows with balanced classes and processed using NeuroKit2 [5] with Butterworth filtering (ECG: 0.5 Hz LP, RESP: 0.05–3 Hz).
- Experimental Design:** Data collected in real driving using Renault Tribler [4], with rest intervals between tasks to ensure reliable physiological measurements.

## Materials & Experimental Design

**Smart Shirt – Hexoskin [6]**

**Subject wearing the smart shirt and data recording**

**Subject View point inside experimental vehicle during driving**

## Contributions

**1 Joint cross-modal interaction learning**

Cross Squeeze-and-Excitation (JcrSE) enables channel-wise feature recalibration across modalities, explicitly capturing cardiorespiratory coupling between ECG and respiration.

**Cross-SE module**

**2 Causal-aware reliability-guided fusion**

Modality weighting via  $\ell_2$ -norm representation scores dynamically adjusts each modality's contribution – suppressing noisy signals and emphasizing reliable ones during integration.

**Causal-aware fusion**

## Experimented Results

**Table 1. Architectural Comparison.**

Model	Cross-SECA	Acc	F1	Prec	Rec
ID CNN	No	66.66	60.56	73.48	66.66
	Yes	<b>68.05</b>	<b>63.44</b>	<b>70.38</b>	<b>67.93</b>
InceptionTime	No	66.52	63.01	67.64	65.95
	Yes	<b>69.30</b>	<b>66.23</b>	<b>71.35</b>	<b>68.89</b>
TCN	No	63.19	60.44	66.11	62.80
	Yes	<b>64.99</b>	<b>62.78</b>	<b>67.47</b>	<b>64.50</b>
MobileNet-1D	No	68.33	64.43	69.10	68.01
	Yes	<b>71.52</b>	<b>68.99</b>	<b>76.28</b>	<b>70.91</b>
ConvMixer-1D	No	58.05	47.59	49.02	57.97
	Yes	<b>61.52</b>	<b>53.92</b>	<b>61.62</b>	<b>60.85</b>
1D ResNet	No	70.41	68.23	71.37	69.78
	Yes	<b>74.16</b>	<b>71.56</b>	<b>76.87</b>	<b>73.99</b>
DenseNet	No	69.30	66.35	<b>70.21</b>	68.87
	Yes	<b>69.72</b>	67.32	<b>70.87</b>	<b>68.97</b>
Transformer	No	55.41	54.63	56.03	54.51
	Yes	<b>66.94</b>	<b>64.58</b>	<b>71.36</b>	<b>66.50</b>
ConvTransformer	No	55.41	54.63	56.03	54.93
	Yes	<b>66.94</b>	<b>64.58</b>	<b>71.36</b>	<b>66.94</b>

**Table 2. Different Fusions.**

Configuration	Acc	F1	Prec	Rec
Baseline (No fusion)	68.33	64.43	69.10	68.01
Cross-SE	73.61	70.29	77.91	73.61
Causal-aware	68.05	65.29	70.97	67.87
Cross-SECA	<b>74.44</b>	<b>72.08</b>	<b>76.45</b>	<b>73.90</b>

**Table 3 Stages Comparison.**

Insertion Stage	Acc	F1	Prec	Rec
After Layer 1	<b>74.58</b>	<b>72.01</b>	<b>77.51</b>	<b>73.80</b>
After Layer 2	74.16	72.52	77.30	73.98
After Layer 3	71.11	68.29	77.27	70.77
After Layer 4	74.44	72.08	76.45	73.86

**Table 4. Modality Comparison.**

Modality	Acc	F1	Prec	Rec
ECG	63.88	61.18	63.44	55.40
RSP <sub>theo</sub>	50.97	27.84	50.97	35.20
RSP <sub>abd</sub>	65.05	63.42	66.05	64.48
ECG + RSP <sub>theo</sub>	63.33	55.98	63.33	54.03
ECG + RSP <sub>abd</sub>	<b>66.66</b>	<b>60.56</b>	<b>73.48</b>	<b>66.66</b>
RSP <sub>theo</sub> + RSP <sub>abd</sub>	66.03	61.87	66.84	66.25
ECG + RSP <sub>theo</sub> + RSP <sub>abd</sub>	65.50	65.93	63.50	61.33

**Overall Tabular Results**

**ECG and RSP feature activation heatmaps (with/without Cross-SECA) and subject-wise classification accuracy of the best-performing model.**

## Discussion & Conclusions

- Introduced Cross-SECA, a multimodal physiological learning framework that integrates cross-modal interaction (Cross-SE) with causal-aware reliability fusion for driver stress detection.
- Effectively captures interdependencies between physiological signals while dynamically adapting to modality reliability, improving robustness against variability in real-world conditions.
- Demonstrates consistent performance improvements across temporal architectures, highlighting strong generalizability for multimodal physiological analysis.



## References

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