

# Enhancing Human-Computer Interaction through Brain-Computer Interfaces

Muskan Parveen<sup>1,\*</sup> | Garima Sharma<sup>2</sup>



<sup>1</sup>Research Scholar, <sup>2</sup>Assistant Professor

Department of Computer Science, School of Engineering & Technology, Shri Venkateshwara University, Gajraula, Uttar Pradesh

\*Corresponding author: [mp2984464@gmail.com](mailto:mp2984464@gmail.com)

**Abstract:** HCI is transformed by BCI interactions, breaking previous boundaries for the results to go directly into the device and creating a direct neuron-to-computer communication. The Work is centered on the improvement in HCI made possible by BCIs, notably greater simplicity and ease for those who have physical limitations. It calls into question present BCI systems, develops them into working interactive devices, tackles signal noise and user adaptability, and flagships future concepts such as neural decoding, AI, and ethical considerations. Neuroscience, AI, and user interface engineering together are design indicators for a smooth, cognition-enabling interactive era.

**Keywords:** Brain-Computer Interfaces, HCI, AI integration, Neuroscience, Neurotechnology, EEG

## 1. Introduction

Over the past few decades, human-computer interaction has developed in a pronounced way - from the command-line interface to graphical and on the other hand natural interaction types (talking and body movements). However, such options still rely on peripheral input devices and often cannot replicate the natural and intuitive command that the users with disabilities need. Brain-Computer Interfaces (BCIs) offer a transformative approach by enabling direct communication between the brain and a computer system, bypassing conventional input methods. This paper investigates the potential of BCIs to enhance HCI, the current state of the technology, and the challenges and opportunities it presents.

We present a BCI-HCI application in this thesis, in which we create a graphical user interface that may be expanded to create an advanced interaction system. The left and right sensory motor imaginations of hand movements control the GUI's navigation. The obtained noisy EEG signals are filtered and sent to a feature extraction job in order to obtain a command signal that is almost accurate. The EEG data is then classified online, and the results are shown to the user through both visual and aural displays [1-5].

These severely disadvantaged persons could become mainstream thanks to the proposed approach. A device like this can serve as a communication link between people with and without disabilities. For some persons, devices can become friendly without any voluntary moves. Despite the fact that

<https://doi.org/10.5281/zenodo.15399647>

Received: 04 May 2025 | Revised: 12 May 2025

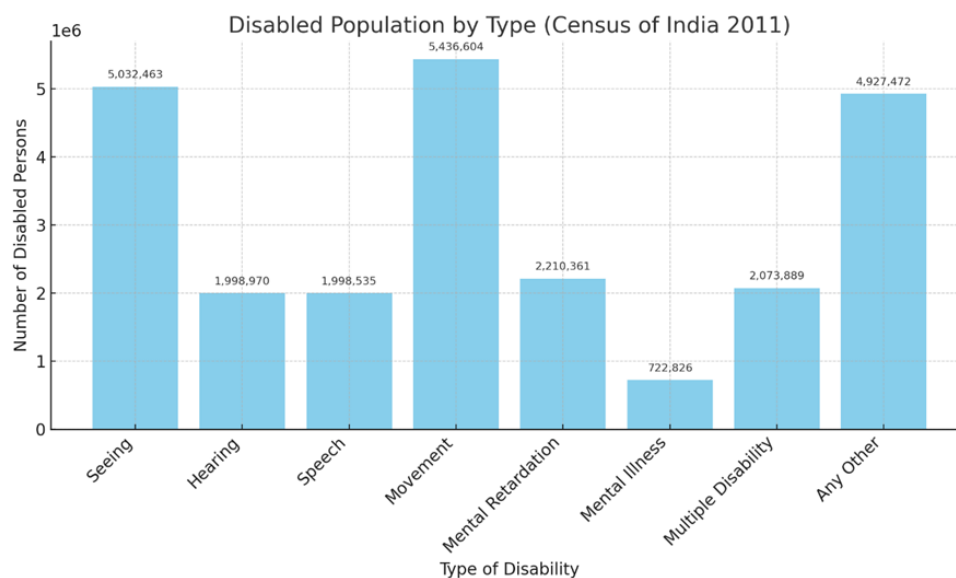
Accepted: 13 May 2025 | Published Online: 14 May 2025

their bodies are dependent on one another, their minds will be free to anything they desire to do. Monotony or boredom won't keep people apart from civilization. The availability of these interfaces will keep individuals busy and allow them to have their own personal area. These kinds of systems had already been proposed employing pricey EEG machines that cost more than 20 lacs. Here, a low-cost Emotive EPOC+EEG equipment, which costs about \$50,000, is used to accomplish the same with equivalent accuracy.

Humans are social creatures, and the most fundamental need for social interaction is communication in any form. These days, computers are an essential aspect of daily life and have made it easier for people to interact effectively and efficiently. Many ideas, discoveries, and developments have been made over the years to make human-computer interactions as seamless as possible; nonetheless, there is still a significant difference between how persons with disabilities and able-bodied users communicate. One billion people, or 15% of the global population, suffer from some kind of disability. A comprehensive data on the number of disabled persons and the types of disabilities in India is given in Table 1 and presented in Figure 1.

**Table 1:** Number of disable population and type of disability, Census of India 2011

Type of Disability	Total Disabled Population
Seeing	5,032,463
Hearing	1,998,970
Speech	1,998,535
Movement	5,436,604
Mental Retardation	2,210,361
Mental Illness	722,826
Multiple Disability	2,073,889
Any Other	4,927,472



**Figure 1:** Disability Distribution in Population

## 2. Background and Related Work

### 2.1 What is a Brain-Computer Interface?

A BCI is a technology that measures brain activity and translates it into commands that can control external equipment. Neuroimaging methods like electroencephalography (EEG), magnetoencephalography (MEG), or functional magnetic resonance imaging (fMRI) are commonly used in brain-computer interfaces (BCIs). Because EEG is portable and reasonably priced, it is the most widely used neuroimaging technique.

### 2.2 Historical Development

The concept of BCIs emerged in the 1970s with early research focusing on medical applications for patients with neuromuscular disorders. Since then, improvements in the fields of neuroscience, machine learning, and even signal processing have opened up the possibilities of BCIs to such HCI areas as gaming, communication and control in smart environment.

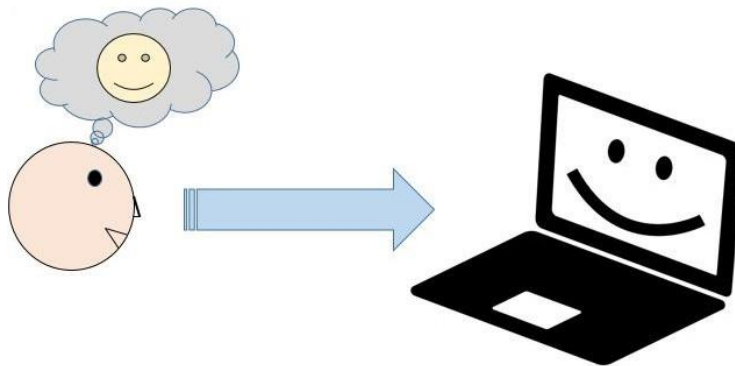
### 2.3 Compare Invasive vs Non-Invasive BCI:

Invasive BCIs involve surgical implantation into the brain, offering high signal accuracy but carrying medical risks. Non-invasive BCIs, like EEG headsets, are safer and easier to use but provide lower signal quality and limited precision. Invasive methods suit clinical applications, while non-invasive BCIs are more common in consumer and research settings due to accessibility and lower risk [6-10].

## 3. Current Applications in Human-Computer Interaction

### 3.1 Assistive Technologies

The most notable impacts of BCI are in assistive technologies. These include the people with amyotrophic lateral sclerosis (ALS), spinal cord injuries or other motor disability and they use BCIs to communicate through text or speech synthesis or control the prosthetic limb and wheelchairs.



**Figure 2:** Concept of BCI-HCI

### 3.2 Neuroadaptive Interfaces

BCIs have the ability to adjust interfaces in real time depending on the cognitive or emotional state. For instance, if a user displays the symptoms of mental fatigue/confusion, the system can customize the interface's complexity or provide help before a user request it. Those who face severe disabilities now have hope due to BCI systems to the extent that even blinking their eyes is not a simple task for them anymore. It can be possible to use BCI system independently to assist

the people or in cooperation with other popular systems or applications to enhance the latter.

### 3.3 Gaming and Entertainment

In the realm of gaming, BCIs provide an immersive experience as games are controlled through thinking rather than other action. Commercial products such as the Emotive headset have started delving into such applications though still at a nascent stage [11-14].

## 4. Technical Challenges

### 4.1 Signal Acquisition and Noise

EEG signals are often noisy and susceptible to artifacts from muscle movements and environmental factors. Improving signal-to-noise ratios is crucial for reliable BCI performance.

### 4.2 Feature Extraction and Classification

Translating raw brain signals into actionable commands requires advanced signal processing and machine learning. Deep learning has shown promise in decoding complex neural patterns but demands large datasets and high computational power.

### 4.3 Individual Variability

BCI systems must be calibrated for each user due to variations in brain anatomy and neural responses. This limits scalability and ease of use. There are a lot of assistive devices accessible today, but they are all slow, inaccurate, or both. Moreover, these technologies necessitate deep and explicit interactions. Some of the assistive technologies are discussed below:

- **Mouth Stick**- A stick is placed in the mouth; it is simple and inexpensive.
- **Oversized track ball mouse**- Functionally similar to the standard mouse, but it is often easier for a person with a motor disability to operate than a standard mouse.
- **Adaptive keyboard** - An adaptable keyboard can be helpful for any person who lacks the muscle mass in their hands needed for precise movements.
- **Voice recognition** - makes it accessible to operate a computer by speaking. This is predicated on the speaker's voice the prospect of clear [14-19].

## 5. Ethical and Societal Considerations

### 5.1 Privacy and Data Security

Braindata is highly personal. Unauthorized access or misuse poses significant privacy concerns. Developing robust data encryption and consent protocols is essential.

### 5.2 Cognitive Overload and Fatigue

Using BCIs over extended periods can lead to mental fatigue. Designing systems that mitigate cognitive load is important for long-term usability.

### 5.3 Accessibility and Equity

BCI systems must be affordable and accessible to all, not just niche or high-income groups, to avoid exacerbating the digital divide.

## 6. Future Directions

As Brain-Computer Interface (BCI) technologies evolve, future research in Human-Computer Interaction (HCI) will likely focus on improving signal accuracy, real-time processing, and adaptive personalization. The integration of advanced machine learning algorithms—especially

deep learning and reinforcement learning—can enhance decoding of neural patterns and user intent with greater precision. Hybrid BCIs that combine neural data with other physiological signals, such as eye tracking or electromyography, offer a promising avenue for improving interaction fidelity and system robustness.

One important aspect of future work involves designing interfaces that embrace the use of intuitive and dynamic context-aware representations that adapt to the mental and emotional status of the user in real time. Progress in neuroadaptive systems might be able to allow the interface to anticipate the user task requirements to decrease user effort and promote superior task performance. Wearable or minimally invasive BCI devices will be a major factor to investigate while planning the transition of BCI technology from clinical use cases and research to broader consumer HCI applications like gaming, education and productivity.

The technological advances outlined above call for interdisciplinary research efforts across the domains of neuroscience, computing, ethical deliberation, and design. Longitudinal research to study the long-term usability of BCI interfaces, the adaptation of users to the new interface context, and the psychological implications from BCI use in users' everyday environment are all critical for shaping the future of HCI with BCI technology. Ultimately, the success of HCI with BCI will depend on the acceptance and ethical consideration of BCI usage as a scalable, user-focused experience.

### **6.1 Hybrid Interfaces**

Combining BCIs with other modalities like eye tracking, voice, or gesture recognition could enhance robustness and user experience.

### **6.2 AI-Driven Personalization**

Artificial intelligence can personalize BCI systems by learning from user behavior, adapting signal interpretation models over time for improved performance.

### **6.3 Non-Invasive High-Resolution Technologies**

Emerging techniques like functional near-infrared spectroscopy (fNIRS) will provide a higher fidelity signal than the conventional devices and new dry electrodes that ensure full comfort while performing diagnostics without needing surgical implants.

### **6.4 Ethical Frameworks**

Responsible innovation requires establishment of solid ethics and legal rules on the development and use of BCI.

## **7. Conclusion**

The human-computer interaction (HCI) involving Brain-Computer Interfaces (BCIs) signifies a quantum leap in how humans participate with technology. BCIs allow for direct communication between the human brain and external devices and systems, and every time they improve, they will reframe our user experience—especially for those with disabilities, and to enable hands-free or contextually aware interactions. In this article, we have looked at current BCI technologies, their main applications, and the ways that HCI can be enhanced if they become more widely adopted. Although the possibilities are exciting, challenges related to signal reliability, variability of users, the use and protection of data, and ethical concerns must first be handled in order for BCIs to be

deployed effectively, safely, and inclusively. Moving from lab-based/controlled BCI systems to uncontrolled environments, the greatest success factor moving forward will be how much integration of BCIs occurs within easy-to-use and adaptable interfaces.

Moving forward, interdisciplinary collaboration will be imperative to improve upon existing constraints and to realize the true potential of BCI-driven interaction. As technologies mature, BCIs are expected to be more than just assistive applications. Rather, we see their application entering into more mainstream accessibility usages like education, gaming, and mental health monitoring—marking a transformative period of personalized, brain-aware computing that promotes more accessible and user-empowered experiences in HCI.

## References

1. Saha, S., Mamun, K. A., Ahmed, K., Mostafa, R., Naik, G. R., Darvishi, S., Khandoker, Ahsan. H., & Baumert, M. (2021). Progress in brain computer interface: Challenges and opportunities. *Frontiers in Systems Neuroscience*, 15, 578875. <https://doi.org/10.3389/fnsys.2021.578875>
2. Chang, C. T., Pai, K. J., Huang, C. H., Chou, C. Y., Liu, K. W., & Lin, H. B. (2024). Optimizing user experience in SSVEP-BCI systems. *Progress in Brain Research*, 290, 105–121. <https://doi.org/10.1016/bs.pbr.2024.05.010>
3. Ladouce, S., Darmet, L., Torre Tresols, J. J., Velut, S., Ferraro, G., & Dehais, F. (2022). Improving user experience of SSVEP BCI through low amplitude depth and high frequency stimuli design. *Scientific Reports*, 12, 8865. <https://doi.org/10.1038/s41598-022-12733-0>
4. Peters, B., Mooney, A., Oken, B., & Fried-Oken, M. (2016). Soliciting BCI User Experience Feedback From People With Severe Speech And Physical Impairments. *Brain Computer Interfaces*, 3, 47–58. <https://doi.org/10.1080/2326263x.2015.1138056>
5. Dreyer, A. M., Herrmann, C. S., & Rieger, J. W. (2017). Tradeoff between User Experience and BCI Classification Accuracy with Frequency Modulated Steady-State Visual Evoked Potentials. *Frontiers in Human Neuroscience*, 11, 391. <https://doi.org/10.3389/fnhum.2017.00391>
6. Cabrera Castillos, K., Ladouce, S., Darmet, L., & Dehais, F. (2023). Burst c-VEP Based BCI: Optimizing stimulus design for enhanced classification with minimal calibration data and improved user experience. *NeuroImage*, 284, 120446. <https://doi.org/10.1016/j.neuroimage.2023.120446>
7. Kriegeskorte, N., & Douglas, P. K. (2018). Cognitive computational neuroscience. *Nature Neuroscience*, 21, 1148–1160. <https://doi.org/10.1038/s41593-018-0210-5>
8. Medaglia, J. D., Lynall, M. E., & Bassett, D. S. (2015). Cognitive network neuroscience. *Journal of Cognitive Neuroscience*, 27, 1471–1491. [https://doi.org/10.1162/jocn\\_a\\_00810](https://doi.org/10.1162/jocn_a_00810)
9. Hebart, M. N., & Schuck, N. W. (2020). Current topics in Computational Cognitive Neuroscience. *Neuropsychologia*, 147, 107621. <https://doi.org/10.1016/j.neuropsychologia.2020.107621>

10. Hochheiser, H., & Valdez, R. S. (2020). Human-Computer Interaction, Ethics, and Biomedical Informatics. *Yearbook of Medical Informatics*, 29, 93–98. <https://doi.org/10.1055/s-0040-1701990>
11. Dufendach, K. R., Navarro-Sainz, A., & Webster, K. L. (2022). Usability of human-computer interaction in neonatal care. *Seminars in Fetal & Neonatal Medicine*, 27, 101395. <https://doi.org/10.1016/j.siny.2022.101395>
12. Liu J. (2024). ChatGPT: perspectives from human-computer interaction and psychology. *Frontiers in Artificial Intelligence*, 7, 1418869. <https://doi.org/10.3389/frai.2024.1418869>
13. Dino, M. J. S., Davidson, P. M., Dion, K. W., Szanton, S. L., & Ong, I. L. (2022). Nursing and human-computer interaction in healthcare robots for older people: An integrative review. *International Journal of Nursing Studies Advances*, 4, 100072. <https://doi.org/10.1016/j.ijnsa.2022.100072>
14. Dias, S. B., Diniz, J. A., Hadjileontiadis, L. J., & Jelinek, H. F. (2022). Editorial: Human-Computer Interaction Serious Games as behavioral change moderators. *Frontiers in Psychology*, 13, 1115366. <https://doi.org/10.3389/fpsyg.2022.1115366>
15. Vansteensel, M. J., & Jarosiewicz, B. (2020). Brain-computer interfaces for communication. *Handbook of Clinical Neurology*, 168, 67–85. <https://doi.org/10.1016/B978-0-444-63934-9.00007-X>
16. Wang, Y., Nakanishi, M., & Zhang, D. (2019). EEG-Based Brain-Computer Interfaces. *Advances in Experimental Medicine and Biology*, 1101, 41–65. [https://doi.org/10.1007/978-981-13-2050-7\\_2](https://doi.org/10.1007/978-981-13-2050-7_2)
17. McFarland D. J. (2020). Brain-computer interfaces for amyotrophic lateral sclerosis. *Muscle & Nerve*, 61, 702–707. <https://doi.org/10.1002/mus.26828>
18. Leeb, R., & Pérez-Marcos, D. (2020). Brain-computer interfaces and virtual reality for neurorehabilitation. *Handbook of Clinical Neurology*, 168, 183–197. <https://doi.org/10.1016/B978-0-444-63934-9.00014-7>
19. Lee, M. B., Kramer, D. R., Peng, T., Barbaro, M. F., Liu, C. Y., Kellis, S., & Lee, B. (2019). Brain-Computer Interfaces in Quadriplegic Patients. *Neurosurgery Clinics of North America*, 30, 275–281. <https://doi.org/10.1016/j.nec.2018.12.009>