Original Article

In-Person and Online Administration of the Rorschach During the COVID-19 Pandemic

An Analysis of Secondary Data From Ales et al. (2023) and Aschieri et al. (2023)

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Abstract: The COVID-19 pandemic required a shift in mental health service delivery, enhancing a transition to online modes, including psychological assessment. Although several guidelines for tele-assessment had already been established prior to the pandemic, the outbreak of COVID-19 led to the widespread use of virtual assessment delivery. This raised the issue about the equivalence between different ways of administering tests. The Rorschach Test, as a performance-based task, poses several challenges when administered online due to its visual and interpersonal nature. The current work compares data from two studies conducted in Italy during the pandemic: one involving traditional in-person Rorschach R-PAS (Meyer et al., 2011) administration (Aschieri et al., 2024) and the other using a beta version of an app designed for remote administration (Ales et al., 2023. Overall, 15 variables showed moderate to large differences between the administration modes. After controlling for age and education differences between the samples, seven variables retained moderate to large differences. The in-person sample exhibited more pathological features and greater reactivity to stimuli. These findings highlight the complexity of remote assessment, encouraging the need for further studies to investigate new potential solutions for online administration of the Rorschach.

Keywords: Rorschach Test, psychological assessment, personality assessment, virtual care delivery, COVID-19

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The global landscape of mental health services has been substantially reshaped by the COVID-19 pandemic, resulting in long-lasting challenges in delivering basic mental health care. In March 2020, various states across the world implemented safety measures (e.g., social distancing, face masks). Consequently, nonessential in-person health services, including psychological care, were suspended, and most psychological service deliveries started to switch to an online mode.

In April 2020, the American Psychological Association (APA) issued guidelines for tele-assessment practice, emphasizing the importance of maintaining test security and considering the impact of virtual assessment on test data (Wright et al., 2020). The COVID-19 Task Force to Support Personality Assessment published additional guidelines in June 2020, addressing strategies for conducting various assessments, including self-report and performance-based tests, and guiding collateral reporters in virtual settings (Society for Personality Assessment [SPA], 2020).

While these efforts did not constitute a wholly novel approach to psychological care delivery, the COVID-19 pandemic heightened attention to the topic. Notably, over the past two decades, technological advancements have been progressively investigated as means of delivering both medical and psychological services. In fact, guidelines for virtual psychological assessment were established before the pandemic (e.g., Hilty et al., 2013; Luxton et al., 2014), and research had previously explored the difference between in-person and online psychological services. Studies conducted before the pandemic onset repeatedly highlighted a general equivalence of online psychological programs and treatments (e.g., de Zwaan et al., 2017; Zerwas et al., 2017), considering both effectiveness (e.g., Arjadi et al., 2018; Drago et al., 2016, Ruskin et al., 2004) and client satisfaction (Backhaus et al., 2012).

Moreover, research has also specifically focused on the evaluation of the equivalence between in-person assessment procedures and tele-assessment. Results showed positive outcomes, reporting a general equivalence between the two approaches in terms of reliability, clinical utility, and validity, concerning methods such as structured interviews (e.g., Luxton et al., 2014; Manguno-Mire et al., 2007; Oromendia et al., 2015), self-report measures (e.g., Garb, 2007; Giromini et al., 2021), and neuropsychological testing (e.g., Binoy et al., 2024; Feenstra, 2018). Not only have online assessment methods been proven to be reliable and valid, but they may also provide extra benefits: Aside from overcoming logistical issues concerning patients or clinicians, tele-assessment procedure may also allow some clients to feel more at ease with self-disclosure (David et al., 2022).

Despite such upsides, virtual psychological care delivery also presents several drawbacks that clinicians and researchers have to deal with. First, on the practical side, for patients and clinicians alike, the non-availability of necessary

technological tools or their usage could represent a logistical obstacle; second, although effective, an online psychological treatment or assessment involves challenges in maintaining a complete overview of the client's behavioral responses, with possible limitations in creating a deeper connection or in-the-moment interaction (David et al., 2022). In relation to psychological assessment, a survey conducted by the SPA among US clinicians in May 2020 highlighted that 52% of respondents paused their activity, and only 26% continued their activity via virtual assessment (SPA, 2020). Moreover, the survey reported the administration of specific measures to be a main challenge; among these are performance-based tasks, requiring an in-the-moment spatial, visual, and in-person interaction with a given stimulus.

The issue of tele-assessment has been assessed in regard to the Rorschach Test, as one of the most widely used tools in personality assessment procedures (Wright et al., 2017). Considering the nature of the task and the procedures it requires, the online administration of the Rorschach entails substantial challenges both for professionals and clients. The first concern is the visuospatial nature of the task (Andronikof, 2023; Meyer & Friston, 2022). To maintain the validity of the task, the visual and spatial features of the stimuli (e.g., right size of the cards, the exact chromatic and achromatic shades and luminosity of the screen, the right distance between the respondent and the screen, the possibility to turn the cards) need to be equivalent. Secondly, several issues regarding the interpersonal nature of the administration of the test (Fantini et al., 2022) might be altered when switching to a virtual mode (e.g., the position of the assessor in front of the client during the task, indicating the description of the location of each response on the inkblot, a limited overview of the client's reactions to the stimuli). According to Kline (2015), factors associated with online administration are likely to involve non-negligible concerns regarding test validity. Furthermore, given that Rorschach interpretation relies on normative data collected exclusively in person, issues may arise in interpreting a protocol administered virtually, which could impact both the validity and clinical utility of the test. To date, as suggested by the Rorschach Performance Assessment System (Meyer et al., 2011) author guidelines (https://www.r-pas.org), the available options for online administration of the Rorschach entail slightly different procedures than a traditional in-person administration, with potential threat to the validity and utility of the test. The CSIRA position paper (CSIRA/ARISI, n.d.) summarizes these threats and warns against online assessment as an unethical practice that challenges the professional integrity of clinicians.

To date, the only study addressing the issue of equivalence between virtual administration and traditional administration of the Rorschach was conducted by Ales and colleagues (2023), who explored the remote administration of the

R-PAS via a beta version of an online app designed to enable online assessment. The app represents a possible facilitator of remote administration, addressing several downsides assumed for online testing: Not only does it ensure accurate and proper representation of colors and shapes – guaranteed by the collaboration with Hogrefe AG, the historic publisher of Rorschach cards – but it also includes a screen calibration tool, controlling the right size of the inkblot on the user's device. Moreover, clients are able to turn cards properly and the assessor can move from one card to another; finally, thanks to its interface with the R-PAS site, after completion of the test, the app securely transmits data to the R-PAS platform for further analyses. The app also protects the intellectual property of the test, preventing unauthorized access or reproduction.

To explore possible differences between a traditional in-person administration and administration via the app, Ales and colleagues in 2021 (in the middle of COVID-19 pandemic in Italy) recruited 60 Italian non-clinical adults. They tested differences between the Rorschach results of their online sample and normative data. Their results showed that 24 out of 60 variables diverged significantly from the normative scores ($d > 0.30$), with an average absolute value of d of |0.50|. Considering only variables with moderate or large effect size differences ($d > 0.40$; Cohen, 1988), the online sample in the study by Ales and colleagues (2023) exhibited a generally higher psychological impairment (EII-3: $d = 0.46$), more pathological thinking processes (TP-Comp: $d = 0.41$), more problematic human representations (PHR/GPHR: $d = 0.57$; M-: $d = 0.45$), more health concerns (An: $d = 0.65$), more peculiar perceptions (FQ-%: $d = 0.67$; WD-%: $d = 0.52$; FQo%: $d = -0.62$), and a higher tendency toward cognitive ideation rather than emotional reactivity to stimuli (M/MC: $d = 0.51$; WSumC: $d = -0.41$). The online sample was also more prone to passivity and passive ideation (Mp/[Ma-p]: $d = 0.62$; p/[a+p]: $d = 0.57$). Also, the online sample highlighted less reactivity to shading as a basis for texture responses (T: $d = -0.55$) and lower manipulation of the stimuli (CT: $d = -0.68$). Finally, results showed a reduction in the use of defenses based on personal justification (PER: $d = -0.46$) and in intellectualization (IntCont: $d = -0.59$) as well as lower scores on suicidality (SC-Comp: $d = -0.44$).

One of the confounding factors that might have had an influence on their results was the presence of the COVID-19 pandemic at the time of the administration: In Italy, the state of emergency lasted 26 months, from January 2020 to March 2022, having severe effects on people's lives and mental health. Also, considering that Italy was one of the most severely affected countries during the pandemic, several mental health issues emerged, such as an increase in general psychological distress, anxiety, depression, and hypochondria (e.g., Ausserhofer et al., 2023; Passavanti et al., 2021. The authors hence questioned the possibility of attributing their findings only to the different administration modes, irrespective of the pandemic.

Considering the striking impact of the pandemic and of the related health safety measures on mental health, Aschieri and colleagues (2023) analyzed the impact of COVID-19 contrasting different typologies of personality assessment methods. In particular, their study explored the difference between R-PAS and Personality Assessment Inventory (PAI) norms – both administered before the onset of the pandemic in 2020 – with new data collected during COVID-19. In general, Rorschach variables seemed to be less impacted by the pandemic than the self-report counterpart. R-PAS results showed that 17 variables (i.e., approximately 30%) were statistically significant after applying the Bonferroni–Holm correction, with a mean absolute value of *d* equal to |0.65|. Compared to the normative sample – considering only variables with differences greater than .40 – the in-person COVID-19 sample showed higher productivity (Pu: $d = 0.81$) as well as enhanced emotional reactivity ((CF+C)/SumC: $d = 0.65$) and expression of emotional distress (YTVC': $d = 0.75$; Y: $d = 0.52$; PPD: $d = 0.45$; C': $d = 0.72$, V: $d = 0.46$). Concerning thinking and perceptual clarity, participants from the pandemic sample exhibited more psychopathology (EII-3: $d = 0.56$) and more pathological thinking processes (TP-Comp: $d = 0.61$) as well as more unconventional perceptions (FQ-%: $d = 0.79$; WD-%: $d = 0.65$). Also, the Aschieri et al. sample (2023) showed more passivity concerning ideation (Mp/(Mp+Ma): $d = 1.00$) and interpersonal relationships (p/(p+a): $d = 1.05$) and more bodily preoccupations (An: $d = 0.44$). The COVID-19 in-person sample reported lower synthesis (Sy: $d = -0.67$) and unusual details (Dd%: $d = -0.47$), fewer justifications based on personal experience (PER: $d = -0.41$), and less intellectualization (IntCont: $d = -0.42$).

Taken together, despite the different administration modes between the studies by Ales et al. (2023) and Aschieri et al. (2024), some variables seem to show similar patterns of differences with the norms, suggesting an effect of the COVID-19 pandemic on the Rorschach results. The pandemic worsened respondents' general psychopathology and thought processes (EII-3 and TP-Comp), diminished reality testing and conventionality (FQ-% and WD-%), weakened intellectual and personal experience-based defenses (IntCont and PER), and augmented somatic concerns (An) and passivity in thinking and interpersonal representations (Mp/(Ma+Mp) and p/(a+p)).

Considering that in both studies (Ales et al., 2023, and Aschieri et al., 2024), Rorschach data were collected during the COVID-19 pandemic with different administration modes, a comparison between the two samples could also shed light on the effect of remote Rorschach administration. In view of the recommendations concerning the administration modes and their implications for the validity of the results (e.g., CSIRA Position Paper on Psychological Tele Assessment by CSIRA/ARISI, n.d.), providing a comparison between online and traditional in-person administration of the Rorschach Test during the COVID-19

pandemic would highlight the extent of non-equivalence between the two administration modes.

In the present work, we performed an analysis of the secondary data shared by the authors of these studies, focusing on the effects of the administration mode.

Method

Participants

In this study, we used secondary data previously published by Aschieri et al. (2024) and Ales et al. (2023). The two samples comprised 60 Italian adult non-clinical volunteers, who took the Rorschach Test during the COVID-19 pandemic, between 2020 and 2022. In both studies, the Rorschach coding system was the Rorschach Performance Assessment System. The studies used convenience sampling and participation was not rewarded. To reflect the features of the non-clinical adult normative R-PAS sample, participants in both studies were at least 18 years old and were not following any pharmaceutical treatment for mental health issues or any psychological treatment (in Aschieri et al., 2023). The inclusion criteria differed, since in the study by Ales and colleagues the participants had no previous Rorschach administration or knowledge about the test; they did not present with dyschromatopsia, achromatopsia, or color-blindness; and they were not taking any psychotropic drug.

The characteristics of the two samples are presented in Table 1. The two samples differed in terms of gender distribution ($\chi^2 = .034$), age ($d = 1.67$), and years of education ($d = 1.2$). These observed differences between the two samples might be due to the high percentage of university students participating as volunteers in Ales and colleagues' research.

Measures

Rorschach Performance Assessment System

Administered through the Rorschach Performance Assessment System (R-PAS; Meyer et al., 2011), the Rorschach Test provides interpretation for a total of 60 variables, divided into two summary pages. Page 1 presents variables with robust research support and behavioral foundation, while Page 2 lists those with less evidence or behavioral grounding.

The scoring program provided by R-PAS (https://www.r-pas.org) computes all protocol-level summary scores based on response-level codes entered by the examiner, subsequently assigning percentiles derived from normative reference

Table 1. Descriptive and inferential statistics for age, years of education, and gender

Characteristic	*N*	Missing	Minimum	Maximum	*M*	*SD*	In-person vs. online comparison
Age							*t* est for age
In-person	59	1	20	85	47.88	18.23	$p < .001$, $\alpha < .05$;
Online	60	0	19	37	25.75	4.52	$d = 1.67$
Years of education							*t* test for education
In-person	57	3	5	21	12.72	4.06	$p = .010$; $\alpha < .05$;
Online	60	0	10	25	16.90	2.83	$d = 3.50$
Gender							chi-square for gender
In-person							
Female	32	1					
Male	27						$p = .010$, $\alpha < .05$;
Online							$d = 3.50$
Female	33	1					
Male	26						

data and converting them into a standard score (SS) metric ($M = 100$; $SD = 15$) for visual representation. Hence, scores closer to 100 indicate closer alignment with normative expectations. The normative reference sample exhibits cultural and geographical diversity, with approximately one-fifth from the United States; two-thirds from nine European countries including Italy; and the rest from Israel, Argentina, or Brazil, ensuring representation of Western countries, cultures, and languages.

Designed as an updated version of the Comprehensive System (CS; Exner, 2003), R-PAS facilitates comprehensive personality assessment, allowing examiners to observe cognitive, affective, and interpersonal aspects in action. Despite historical skepticism surrounding the psychometric validity of Rorschach scores, recent systematic reviews and meta-analyses refute such criticism, highlighting the robustness of the test (e.g., De Ruiter et al., 2023; Mihura et al., 2013; Viglione et al., 2022). Similarly, while normative data for the CS have been criticized, emerging evidence suggests that R-PAS has largely overcome these concerns (e.g., Pianowski et al., 2023).

Data Analysis

We used a three-step procedure to disentangle the effects of the COVID-19 pandemic and of the administration mode on Rorschach data. First, we conducted a series of independent-sample *t* tests on the 60 R-PAS variables comparing

Table 2. Inferential strategy for the interpretation of results of between-group comparisons

	Ales et al. (2023) vs. Aschieri et al. (2024)	Ales et al. (2023) vs. normative sample	Aschieri et al. (2024) vs. normative sample
Row (A)	✓	✓	✗
Row (B)	✓	✗	✗
Row (C)	✓	✗	✓

Aschieri and colleagues' sample (2024; collected in person during the pandemic) with Ales and colleagues' sample (2023; collected via the app during the pandemic). To control for the risk of Type 1 errors, given the high number of comparisons, we applied the Bonferroni–Holm correction to alpha initially set at .05. Also, we calculated Cohen's *d* effect sizes for each variable: The effect size differences in R-PAS codes between the two samples were interpreted according to Cohen (1988), considering effect sizes lower than 0.30 as *small*, around 0.50 as *moderate,* and above 0.80 as *large*. Positive effect sizes indicate higher scores in Ales and colleagues' sample (2023).

Second, as previously highlighted, differences concerning demographic features emerged between the two samples. In this study, we controlled for the influence of age and education on all Rorschach variables included in the first analysis with an ANCOVA, in which the administration mode was set as fixed factor and age and education as covariates. We set alpha at .05 and adjusted it by applying Bonferroni–Holm correction with the aim of controlling for the risk for Type 1 error.

Third, the interpretation of the variables that showed statistically significant differences between the two samples – once age and education effects were accounted for – was performed considering the findings from the two original studies, as illustrated in Table 2. Row (A) depicts the case of a variable differing between the online sample (Ales et al., 2023) and the normative data – but not differing between the Aschieri et al. (2024) in-person sample and the normative data. In this case, the interpretation of these results points to the effect of the online administration. The effect of the administration mode would also account for the variables that fall in Row (B), when no differences were observed between any of the two samples and the normative data but variables showed differences between the online sample and the in-person sample. Row (C), on the contrary, depicts the case of a variable for which a difference between Aschieri and colleagues' sample (2024) and Ales and colleagues' sample (2023) was only observed between the COVID-19 in-person sample (Aschieri et al., 2024) and the normative data – but not between Ales et al. (2023) and the normative data. In this case, it is likely that the online administration counterbalanced the effects of COVID-19, making its effects less evident.

Results

First, as shown in Table 3 (for Page 1 variables) and in Table 4 (for Page 2 variables), of the 60 R-PAS variables examined, 15 (Pu, CT, Sy, T, MC-PPD, M/MC, (CF+C)/SumC, WSumC, YTVC', Y, C', C, SC-Comp, FQu%, PPD) showed a significant difference between the two samples after applying the Bonferroni–Holm correction. The mean of the absolute value of *d* for variables that showed statistically significant differences was .77 (*SD* = 0.15; range = .61–1.16). Eight variables showed large effect sizes ($d > 0.70$; e.g., Cohen, 1988) – namely, CT ($d = 0.81$), T ($d = 0.85$), (CF+C)/SumC ($d = 1.17$), YTVC' ($d = 0.91$), C ($d = 0.81$), C' ($d = 0.70$), FQu% ($d = -0.86$), and SC-Comp ($d = 0.85$), – and seven variables showed moderate to large effect sizes ($d > 0.60$) – namely, Pu ($d = 0.64$), Sy ($d = -0.69$), MC-PPD ($d = 0.69$), M/MC ($d = -0.64$), Y ($d = 0.65$), WSumC ($d = 0.61$), and PPD ($d = 0.68$).

Second, after controlling for the effect of age and education, and applying Bonferroni–Holm alpha correction, the main effect of administration was significant for seven variables, with an average partial η^2 of .11 and a moderate to large range of .09–.13 (see Table 5 and Table 6). Only five variables showing statistically significant differences in the *t* test – Pu (partial $\eta^2 = .11$), CT (partial $\eta^2 = .12$), T (partial $\eta^2 = .09$), YTVC'(partial $\eta^2 = .10$), and FQu%(partial $\eta^2 = .12$) – showed a statistically significant effect of administration mode after controlling for the effects of age and education. Conversely, Sy, (CF+C)/SumC, MC-PPD, M/MC, Y, WSumC, C', C, PPD, and SC-Comp lost their significance after adjusting for confounding variables.

Instead, two variables that did not previously show any statistically significant differences between the two groups – SevCog and FD – revealed a significant effect of administration after controlling for the effect of age and education. SevCog (partial $\eta^2 = .13$) and FD (partial $\eta^2 = .13$) were significantly higher in the in-person administration sample.

Discussion

On the basis of the complementary efforts made by Ales et al. (2023) – in providing a preliminary examination of remote Rorschach administration – and by Aschieri et al. (2024) – focusing on highlighting the differences between pre-COVID-19 in-person data and those collected during the pandemic – our study aimed to clarify the impact of administration conditions on Rorschach results. Specifically, we analyzed the influence of adopting different administration modes. While Ales et al. (2023) aimed at providing an initial overview of the

Table 3. Two-sample *t* test and effect size results for Page 1 R-PAS scores

	In-person (Aschieri et al., 2024)			Online (Ales et al., 2023)			Two-sample *t* test (*df* = 118)		
Variable	*N*	*M*	*SD*	*N*	*M*	*SD*	*t*	*p*	*d*
Administration Behaviors and Observations									
Pr	60	1.25	1.73	60	0.57	0.70	2.83	<.01	0.52
Pu	60	1.48	2.22	60	0.42	0.74	3.53	<.01*	0.64
CT	60	5.15	5.88	60	1.17	3.66	4.46	<.01*	0.81
Engagement & Cognitive Processing									
Complexity	60	72.82	24.27	60	74.92	18.47	−0.53	.595	−0.10
R	60	25.32	5.73	60	25.28	2.97	0.04	.968	0.01
F%	60	37.25	15.59	60	46.15	15.63	−3.12	<.01	−0.57
Blend	60	4.30	3.30	60	3.23	2.85	1.90	.061	0.35
Sy	60	4.28	3.10	60	6.60	3.56	−3.80	<.01*	−0.69
MC	60	7.39	3.57	60	7.24	3.25	0.24	.810	0.04
MC-PPD	60	−4.79	6.39	60	−1.06	4.20	−3.78	<.01*	0.69
M	60	363	2.41	60	4.73	2.83	−2.29	.024	−0.42
M/MC	59	48.47	25.52	57	63.04	19.59	−3.44	<.01*	−0.64
(CF+C)/SumC	45	69.02	26.19	40	38.30	26.58	5.36	<.01*	1.17
Perception & Thinking Problems									
EII-3	60	0.38	1.07	60	0.26	0.88	0.65	.517	0.12
Tp-Comp	60	1.17	1.14	60	0.96	0.92	1.11	.271	0.20
WSumCog	60	7.95	8.59	60	5.93	5.93	1.50	0.137	0.27

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Table 3. (Continued)

	In-person (Aschieri et al., 2024)			Online (Ales et al., 2023)			Two-sample *t* test (*df* = 118)		
Variable	*N*	*M*	*SD*	*N*	*M*	*SD*	*t*	*p*	*d*
SevCog	60	0.45	1.02	60	0.08	0.28	2.70	.01	0.49
FQ-%	60	16.02	9.77	60	14.73	8.07	0.78	.434	0.14
WD-%	60	13.30	9.05	60	12.07	7.52	0.81	.419	0.15
FQo%	60	53.95	11.84	60	50.12	11.10	1.83	.070	0.33
Popular	60	4.97	1.95	60	4.93	1.38	0.11	.914	0.02
Stress & Distress									
YTVC'	60	7.52	4.72	60	3.95	2.84	5.01	<.01*	0.91
m	60	1.93	1.70	60	1.58	1.52	1.19	.237	0.22
Y	60	2.37	1.91	60	1.23	1.54	3.57	<.01*	0.65
MOR	60	1.43	1.33	60	1.25	1.26	0.78	.440	0.14
SC-Comp	60	5.22	1.61	60	4.08	1.00	4.67	<.01*	0.85
Self & Other Representation									
ODL%	60	10.10	9.09	60	10.12	6.28	−0.01	.991	0.00
SR	60	0.85	1.31	60	0.73	0.90	0.57	.571	0.10
MAP	60	0.28	0.64	60	0.63	0.82	−2.60	.011	−0.48
PHR/GPHR	54	42.63	23.74	56	47.16	18.79	−1.11	.269	−0.21
M-	60	0.70	0.85	60	0.83	1.15	−0.72	.472	0.13
AGC	60	2.55	1.68	60	3.07	2.12	−1.48	.142	0.27
H	60	2.43	1.66	60	2.85	2.00	−1.24	.217	0.23
COP	60	1.12	1.30	60	1.07	0.78	0.26	.799	0.05
MAH	60	0.55	0.81	60	0.55	0.62	0.00	1.000	0.00

Note. *Statistically significant at .05 after applying Bonferroni–Holm correction.

Table 4. Two-sample *t* test and effect size results for Page 2 R-PAS scores

	In-person (Aschieri et al., 2024)			Online (Ales et al., 2023)			Two-sample *t* test		
Variable	*N*	*M*	*SD*	*N*	*M*	*SD*	*t*	*p*	*d*
Engagement & Cognitive Processing									
W%	60	38.12	18.22	60	40.28	19.20	−0.63	.53	−0.12
Dd%	60	10.32	8.91	60	13.05	8.36	−1.73	.09	−0.32
SI	60	2.15	1.83	60	1.82	1.47	1.10	.27	0.20
IntCont	60	1.57	2.09	60	1.05	1.13	1.68	.10	0.31
Vg%	60	4.27	5.04	60	2.40	3.43	2.37	.02	0.43
V	60	1.22	1.65	60	0.78	1.03	1.73	.09	0.32
FD	60	0.77	0.98	60	0.35	0.63	2.77	.01	0.50
R8910%	60	32.05	4.09	60	31.03	3.52	1.46	.15	0.27
WSumC	60	3.76	2.37	60	2.51	1.66	3.35	.00*	0.61
C	60	0.72	0.96	60	0.13	0.34	4.44	.00*	0.81
Mp/(Ma + Mp)	40	70.63	24.89	45	59.47	21.73	2.21	<.01*	0.48
Perception & Thinking Problems									
FQu%	60	25.53	10.37	60	34.23	9.78	−4.73	<.01*	−0.86
Stress & Distress									
PPD	60	12.18	6.87	60	8.30	4.30	3.71	<.01*	0.68
CBlend	60	1.05	1.40	60	0.45	0.79	2.90	.00	0.53

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Table 4. (Continued)

	In-person (Aschieri et al., 2024)			Online (Ales et al., 2023)			Two-sample *t* test		
Variable	*N*	*M*	*SD*	*N*	*M*	*SD*	*t*	*p*	*d*
C'	60	3.20	2.18	60	1.88	1.53	3.83	<.01*	0.70
CritCont%	60	22.22	13.42	60	22.95	12.32	−0.31	.76	−0.06
Self & Other Representation									
SumH	60	6.03	3.12	60	7.15	3.14	−1.95	.05	−0.36
NPH/SumH	53	58.60	21.70	56	61.27	20.17	−0.66	.51	−0.13
V-Comp	60	2.92	1.43	60	3.60	1.09	−2.94	.00	−0.54
r	60	0.43	0.93	60	0.63	1.31	−0.96	.34	−0.18
p/(a+p)	60	65.96	20.85	58	54.86	19.72	2.91	.00	0.55
AGM	60	0.33	0.66	60	0.55	0.81	−1.61	.11	−0.29
T	60	0.73	1.12	60	0.05	0.22	4.65	<.01*	0.85
PER	60	0.13	0.50	60	0.07	0.25	0.92	.36	0.17
An	60	2.25	2.10	60	2.48	1.75	−0.66	.51	−0.12

Note. *Statistically significant at .05 after applying Bonferroni–Holm correction.

Table 5. ANCOVA results for Page 1 R-PAS scores

Variable	F	*p*	Partial Eta Squared
Administration Behavior & Observations			
Pr	0.883	.35	.01
Pu	14.483	.00	.11*
CT	15.793	.00	.12*
Engagement & Cognitive Processing			
Complexity	2.398	.12	.02
R	6.911	.01	.06
F%	1.836	.18	.02
Blend	3.593	.06	.03
Sy	3.346	.07	.03
MC	0.272	.60	.00
MC - PPD	4.787	.03	.04
M	0.962	.33	.01
M/MC	2.369	.13	.02
Perception & Thinking Problems			
EII-3	3.091	.08	.03
(CF+C)/SumC	5.443	.02	.06
TP - Comp	4.861	.03	.04
WSumCog	4.382	.04	.04
SevCog	17.004	.00	.13*
FQ-%	3.639	.06	.03
WD-%	5.446	.02	.05
FQo%	4.212	.04	.04
Popular	1.664	.20	.02
Stress & Distress			
YTVC'	12.237	.00	.10*
m	0.098	.76	.00
Y	4.996	.03	.04
MOR	1.24	.27	.01
SC - Comp	11.395	.00	.09
Self & Other Representation			
ODL%	1.41	.24	.01
SR	0.61	.44	.01
MAP	4.952	.03	.04
PHR/GPHR	0.027	.87	.00
M-	0.032	.86	.00
AGC	0.006	.94	.00

(Continued on next page)

Table 5. (Continued)

Variable	F	*p*	Partial Eta Squared
H	0.328	.57	.00
COP	1.418	.24	.01
MAH	0.706	.40	.01

Note. *The Administration effect is statistically significant after applying Bonferroni–Holm correction.

features of remote Rorschach administration comparing it with normative data, Aschieri et al. (2024) traced the differences between the pre-COVID-19 in-person normative data and a COVID-19 sample.

Our study represents a comparison between secondary data from the samples collected in the two studies, with the aim of shedding light on the effect of administration conditions on the Rorschach data. Our results suggest that the online administration has an impact on specific aspects of the Rorschach task, namely, those connected with the behaviors respondents display during the administration and the resulting synthesis between the response components, and on some determinants based on specific features of the cards, namely, their shadings and the dimensionality suggested by the blot shape.

Our results indicate that – compared to the in-person sample – participants assessed online displayed lower mean levels of emotional reactivity, distressing feelings, and dependency on others, alongside reduced exploratory and productive behaviors during the administration. At the same time, they exhibited a stronger inclination toward unconventional perceptions, enhanced synthesis, and greater psychological resources. The findings also highlight how the online setting influenced participants' engagement and behavior during the administration, leading to less exploration and productivity as well as a decreased tendency to use the card shadings and tridimensionality, paralleled by a more focused thinking process.

Our results suggest that the sample assessed online showed less emotional reactivity, less disturbing feelings, less dependency on others, less exploratory and productive behaviors during the administration as well as more unconventional perceptions, synthesis, and psychological resources. Furthermore, the results highlight the effect of the online administration on respondents' lower exploratory behaviors and productivity, their reduced use of the card shadings in formulating their responses, and their more unconventional perceptions. Finally, a more focused thinking process and a lower use of the card tridimensionality to determine the responses were observed in the online sample.

Table 6. ANCOVA results for Page 2 R-PAS scores

Variable	F	*p*	Partial Eta Squared
Engagement & Cognitive Processing			
W%	0.189	.66	.00
Dd%	0.673	.41	.01
SI	6.405	.01	.05
IntCont	7.756	.01	.06
Vg%	1.443	.23	.01
V	5.177	.03	.04
FD	16.709	.00	.13*
R8910%	0.519	.47	.01
WSumC	4.504	.04	.04
C	1.772	.19	.02
Mp/(Ma+Mp)	6.931	.01	.08
Perception & Thinking Problems			
FQu%	15.595	.00	.12*
Stress & Distress			
PPD	5.565	.02	.05
CBlend	4.643	.03	.04
C'	4.518	.04	.04
CritCont%	1.41	.24	.01
Self & Other Representation			
SumH	0.979	.32	.01
NPH/SumH	0.459	.50	.00
V - Comp	0.712	.40	.01
r	0.206	.65	.00
p/(a+p)	7.423	.008	.065
AGM	0.912	.34	.01
T	11.741	.00	.09*
PER	0.115	.74	.001
An	6.37	.01	.053

Note. *The Administration effect is statistically significant after applying Bonferroni–Holm correction.

Framing these results in the context of the work by Ales et al. (2023) and Aschieri et al. (2024; Table 2), our findings fall in Row (A) and Row (C) and are presented in Table 7. Row (A) depicts the case of variables differing between the online sample (Ales et al., 2023) and the normative data – but not differing between the Aschieri et al. (2024) in-person sample and the normative data. There was a statistically significant difference in CT, T, FD, SevCog, and FQu%

Table 7. Inferential strategy for the interpretation of results of between-group comparisons and variables displaying significant differences between in-person and online samples

Inference	Variables displaying significant differences
Administration effect	CT, T, FD, SevCog, FQu%
Administration effect	None
COVID-19 effect masked by online administration	Pu, YTVC'

compared to the normative data in Ales and colleagues' (2023) sample; conversely, none of the variables was found to be different in the study by Aschieri and colleagues (2024). This provides additional evidence about the effect of the online administration reducing scores in the use of dimensionality, dysfunctional thought processes, exploratory behaviors during the administration, loneliness, and need for emotional contact while increasing proneness to unconventional perceptions.

Row (C) includes variables for which a difference between Aschieri and colleagues' sample (2024) and Ales and colleagues' sample (2023) was only observed between the COVID-19 in-person sample (Aschieri et al., 2024) and the normative data – but not between Ales et al. (2023) and the normative data. In this study, the differences that emerged for Pu and YTVC' were also observed by Aschieri and colleagues (2024) but not by Ales and colleagues (2023). This might suggest that virtual administration reduced productivity in the response process and emotional reactivity, compared to a traditional in-person sample, and it is likely that the online administration counterbalanced the effects of COVID-19, making its effects less evident.

Further research is needed to determine the most effective approaches for using online Rorschach as a valid and reliable assessment tool. Without available data from better controlled studies, there is an array of options regarding online Rorschach assessment. One "radical" option could be to avoid administering the Rorschach Test online altogether, adhering strictly to the original administration guidelines and treating any deviation from normative procedures as a potential threat to the validity of test results. Another approach might involve focusing only on variables that are not affected by online administration, limiting the interpretation to a smaller set of variables, with the risk of producing less informative results. Alternatively, developing separate online normative data could be considered, although this would prevent direct comparison with the traditional in-person normative sample. However, the most trustworthy approach to the virtual use of the Rorschach Test is perhaps to support further research into alternative testing tools and methods, toward an equivalence in validity and reliability between online and in-person administrations modes.

Limitations and Future Directions

There are limitations that should be taken into consideration for the interpretation of our results. First, the current study represents only an "indirect" comparison between two distinct R-PAS administration modes and the normative sample. Since to date there are no published studies comparing an online app-based administration mode with the normative sample, collecting data in a period different from the pandemic, it is difficult to isolate the effect of both COVID-19 and the administration procedures. Further studies providing a "direct" comparison between an online sample and the normative sample are needed to clarify the outcomes that vary when adopting a remote administration.

Second, samples from the two studies were not balanced and were statistically different in terms of age and education. While Aschieri and colleagues' in-person sample was balanced for age, the online student sample in the study by Ales and colleagues had a higher average number of education years and was significantly younger. These non-negligible features of the samples allow us to form only tentative conclusions. Furthermore, considering the extreme peculiarity of the historical context – with particularly dramatic outcomes in Italy where data were collected – means our conclusion can be regarded as tentative, or at least limited to the pandemic period.

A final threat to the validity of our conclusions is the potentially differing impact that the pandemic had on the two samples given the existing significant differences in their demographics. It is possible that a younger and more educated sample reacted differently to the pandemic itself and to lockdown-related policies.

Conclusion

Despite its limitations, this study might represent the first attempt in understanding the differences between traditional R-PAS administration and remote administration. The pandemic fostered the widespread use of virtual healthcare and telemedicine procedures, which represent a priority for healthcare providers today. Considering that tele-assessment is already present for the most widespread self-report tests, further research on the potential virtual use of a powerful performance-based test like the Rorschach could not only facilitate its application in clinical practice, but also extend the possibility of a more complete virtual assessment.

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Luciano Giromini owns a share in the corporation (LLC) that possesses rights to the Rorschach Performance Assessment System. All other authors declare no competing interests.

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Summary

The COVID-19 pandemic dramatically reshaped the delivery of mental health services, accelerating the transition to online modalities, including psychological assessment. While tele-assessment guidelines had been developed before the pandemic, the outbreak necessitated the widespread adoption of virtual assessments, raising critical questions about the equivalence between in-person and remote test administration. This study focuses on the Rorschach Performance Assessment System (R-PAS; Meyer et al., 2011), a performance-based task that poses unique challenges in online formats due to its visual and interpersonal nature. The research compares data from two studies conducted during the pandemic in Italy: one involving traditional in-person R-PAS administration (Aschieri et al., 2024) and the other using a beta version of an app designed for remote Rorschach administration (Ales et al., 2023). The comparison identified significant differences in 15 Rorschach variables across the two administration methods. Specifically, participants in the in-person group exhibited more pathological features and greater reactivity to the stimuli compared to those assessed remotely. These findings underscore the potential impact of the administration mode on test results, raising concerns about the validity and clinical utility of remote Rorschach assessments. The study highlights the inherent complexity of adapting performance-based assessments like the Rorschach to remote formats. The visual and interpersonal demands of the test – such as ensuring the accurate presentation of inkblots and observing nuanced client reactions – are challenging to replicate in virtual settings. Despite the practical advantages of tele-assessment, such as accessibility and safety during the pandemic, the results suggest that remote administration may compromise certain aspects of test validity.

The findings emphasize the need for further research to explore innovative solutions that maintain the reliability and integrity of Rorschach assessments in online contexts. This includes developing standardized protocols for remote administration and investigating whether specific variables or adjustments can mitigate the differences observed. As tele-assessment continues to evolve, understanding and addressing these challenges will be critical to ensuring equitable and effective mental health care delivery.

Riassunto

La pandemia da COVID-19 ha trasformato radicalmente l'erogazione dei servizi di salute mentale, accelerando il passaggio alla modalità online delle attività cliniche, inclusa la valutazione psicologica. Sebbene le linee guida per il tele-assessment fossero già state sviluppate prima della pandemia, l'emergenza sanitaria ha reso sempre più necessaria l'adozione delle valutazioni virtuali, sollevando importanti interrogativi sull'equivalenza tra la somministrazione in presenza e quella a distanza dei test. Questo studio si focalizza sul Rorschach Performance Assessment System (R-PAS; Meyer et al., 2011), un compito basato sulla performance che presenta sfide significative nella somministrazione online a causa della sua natura visiva e interpersonale. La ricerca confronta i dati di due studi condotti durante la pandemia in Italia: uno prevedeva la somministrazione tradizionale del R-PAS in presenza (Aschieri et al., 2024) e l'altro che utilizzava una versione beta di un' app progettata per la somministrazione del Rorschach da remoto (Ales et al., 2023). Il confronto ha evidenziato differenze significative in 15 variabili del Rorschach tra i due metodi di somministrazione. In particolare, i partecipanti del gruppo in presenza hanno mostrato caratteristiche più patologiche e una maggiore reattività agli stimoli rispetto a coloro che sono stati valutati da remoto. Questi risultati sottolineano il potenziale impatto della modalità di somministrazione sui risultati del test, sollevando dubbi sulla validità e sull'utilità clinica del Rorschach somministrato a distanza.

Lo studio mette in evidenza la complessità intrinseca nell'adattare valutazioni basate sulla performance come il Rorschach a formati remoti. Le esigenze visive e interpersonali del test — come garantire la corretta presentazione delle tavole e osservare le sfumature delle reazioni del paziente — risultano difficili da replicare in contesti virtuali. Nonostante i vantaggi pratici della tele-assessment, come l'accessibilità e la sicurezza durante la pandemia, i risultati suggeriscono che la somministrazione a distanza possa compromettere alcuni aspetti della validità del test.

I risultati evidenziano la necessità di ulteriori ricerche per esplorare soluzioni innovative che mantengano l'affidabilità e l'integrità delle valutazioni Rorschach in contesti online. Ciò include lo sviluppo di protocolli standardizzati per la somministrazione remota e l'indagine su eventuali variabili o adattamenti in grado di ridurre le differenze osservate. Con l'avanzamento e lo sviluppo nel campo del tele-assessment, comprendere e affrontare tali sfide sarà fondamentale per garantire un'assistenza psicologica equa ed efficace.

Résumé

La pandémie de COVID-19 a transformé de manière spectaculaire la prestation des services de santé mentale, accélérant la transition vers les modalités en ligne, y compris l'évaluation psychologique. Bien que des lignes directrices pour la téléévaluation aient été développées avant la pandémie, l'éclatement de la crise a nécessité l'adoption généralisée des évaluations virtuelles, soulevant des questions cruciales sur l'équivalence entre l'administration en personne et à distance des tests. Cette étude se concentre sur le Système d'Évaluation de la Performance de Rorschach (R-PAS; Meyer et al., 2011), une tâche basée sur la performance qui présente des défis uniques dans les formats en ligne en raison de sa nature visuelle et interpersonnelle. La recherche compare les données de deux études menées pendant la pandémie en Italie: l'une impliquant l'administration traditionnelle en personne du R-PAS (Aschieri et al., 2024) et l'autre utilisant une version bêta d'une application conçue pour l'administration à distance de Rorschach (Ales et al., 2023). La comparaison a identifié des différences significatives dans 15 variables de Rorschach entre les deux méthodes d'administration. Plus précisément, les participants du groupe en personne ont montré plus de caractéristiques pathologiques et une plus grande réactivité aux stimuli par rapport à ceux évalués à distance. Ces résultats soulignent l'impact potentiel du mode d'administration sur les résultats des tests, soulevant des préoccupations concernant la validité et l'utilité clinique des évaluations à distance de Rorschach. L'étude met en évidence la complexité inhérente à l'adaptation des évaluations basées sur la performance, telles que Rorschach, aux formats à distance. Les exigences visuelles et interpersonnelles du test, telles que garantir une présentation précise des taches d'encre et observer les réactions nuancées des clients, sont difficiles à reproduire dans des environnements virtuels. Malgré les avantages pratiques de la téléévaluation, tels que l'accessibilité et la sécurité pendant la pandémie, les résultats suggèrent que l'administration à distance pourrait compromettre certains aspects de la validité des tests. Les résultats soulignent la nécessité de mener des recherches supplémentaires pour explorer des solutions innovantes qui maintiennent la fiabilité et l'intégrité des évaluations de Rorschach dans les contextes en ligne. Cela inclut le développement de protocoles standardisés pour l'administration à distance et l'investigation de la possibilité que des variables spécifiques ou des ajustements puissent atténuer les différences observées. À mesure que la téléévaluation continue d'évoluer, comprendre et relever ces défis sera essentiel pour garantir une prestation équitable et efficace des soins de santé mentale.

Resumen

La pandemia de COVID-19 transformó drásticamente la entrega de servicios de salud mental, acelerando la transición a modalidades en línea, incluida la evaluación psicológica. Aunque las pautas para la teleevaluación ya se habían desarrollado antes de la pandemia, el brote de la enfermedad obligó a adoptar de manera generalizada las evaluaciones virtuales, lo que planteó cuestiones críticas sobre la equivalencia entre la administración presencial y la remota de pruebas. Este estudio se centra en el Sistema de Evaluación del Rendimiento de Rorschach (R-PAS; Meyer et al., 2011), una tarea basada en el rendimiento que presenta desafíos únicos en formatos en línea debido a su naturaleza visual e interpersonal. La investigación compara los datos de dos estudios realizados durante la pandemia en Italia: uno que involucró la administración tradicional presencial del R-PAS (Aschieri et al., 2024) y el otro que utilizó una versión beta de una aplicación diseñada para la administración remota del Rorschach (Ales et al., 2023). La comparación identificó diferencias significativas en 15 variables de Rorschach entre los dos métodos de administración. Específicamente, los participantes en el grupo presencial mostraron más características patológicas y una mayor reactividad a los estímulos en comparación con los evaluados de manera remota. Estos hallazgos subrayan el impacto potencial del modo de administración en los resultados de la prueba, generando preocupaciones sobre la validez y la utilidad clínica de las evaluaciones remotas de Rorschach. El estudio resalta la complejidad inherente de adaptar evaluaciones basadas en el rendimiento, como el Rorschach, a formatos remotos. Las demandas visuales e interpersonales de la prueba, como garantizar la presentación precisa de las manchas de tinta y observar las reacciones matizadas de los clientes, son difíciles de replicar en entornos virtuales. A pesar de las ventajas prácticas de la teleevaluación, como la accesibilidad y la seguridad durante la pandemia, los resultados sugieren que la administración remota podría comprometer ciertos aspectos de la validez de la prueba. Los hallazgos enfatizan la necesidad de realizar más investigaciones para explorar soluciones innovadoras que mantengan la confiabilidad y la integridad de las evaluaciones de Rorschach en contextos en línea. Esto incluye el desarrollo de protocolos estandarizados para la administración remota e investigar si variables específicas o ajustes pueden mitigar las diferencias observadas. A medida que la teleevaluación sigue evolucionando, comprender y abordar estos desafíos será crucial para garantizar una entrega equitativa y eficaz de atención en salud mental.

要約

COVID-19の大流行は、メンタルヘルスサービスの提供を劇的に変化させ、心理アセスメントを含むオンライン方式への移行を加速させた。パンデミック以前から遠隔アセスメントのガイドラインは作成されていたが、パンデミックの発生により、バーチャルアセスメントの広範な導入が必要となり、対面式と遠隔式のテスト実施の同等性について重大な疑問が提起された。本研究では、視覚的かつ対人的性質を持つため、オンライン形式において独特の課題を伴うロールシャッハ・パフォーマンス・アセスメント・システム（R-PAS; Meyerら, 2011）に焦点を当てている。パンデミック中にイタリアで実施された2つの研究のデータを比較した。一つは従来の対面によるR-PASの実施（Aschieri,2024）、もう一つは遠隔でのロールシャッハ実施のために開発されたアプリのベータ版を使用した研究（Alesら, 2023）である。これらの比較の結果、両実施法間で15のロールシャッハ変数に有意な差が見られた。特に対面群の参加者は、より病理的な特徴を示し、刺激への反応性も高い傾向があった。これらの所見は、実施方法が検査結果に与える潜在的な影響を示しており、遠隔ロールシャッハアセスメントの妥当性及び臨床的有用性に対する懸念を提起している。

本研究は、ロールシャッハのようなパフォーマンスベースのアセスメントを遠隔形式に適応させることの本質的な困難さを浮き彫りにしている。インクブロットの正確な提示やクライエントの微妙な反応を観察するなど、視覚的・対人的な要求をバーチャル環境で再現することは困難である。パンデミック下での安全性や

アクセスの容易さといった遠隔アセスメントの実用的な利点にもかかわらず、結果は遠隔実施が検査の妥当性の一部を損なう可能性を示唆している。

これらの結果は、ロールシャッハアセスメントの信頼性と一貫性をオンライン環境でも維持するための革新的な解決策を模索するさらなる研究の必要性を強調している。これには、遠隔管理のための標準化されたプロトコルの開発や観察された差異を軽減できる特定の変数や調整の検討が含まれる。遠隔アセスメントが今後も進化を続ける中で、これらの課題を理解し対処することは、公平で効果的なメンタルヘルスケアの提供を保証するために不可欠である。