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THE CONVERGENT VALIDITY OF INDONESIAN VERSION OF PERSONALITY INVENTORY FOR DSM-5 (PID-5)

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Abstract

Personality Inventory for DSM-5 (PID-5) is the latest personality inventory that measures pathological personality based on DSM-5 model. As a clinical instrument, validity testing is an essential procedure to be achieved, so the clinicians could ascertain the accuracy of the test results. This study aims to measure the convergent validity of Indonesian Version of PID-5. The relationship between PID-5 domains and Personality Psychopathology Five-revised (PSY-5-r) subscales from Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF) was being measured in this study. All participants were university students (n = 72, M = 22.24 years old, SD = 6.00, males 45.8% and females 54.2%). The PID-5 and MMPI-2-RF which have been adapted into Bahasa Indonesia was administered to all participants. Pearson correlation was used to measure the relationship between each domain from PID-5 (i.e. Negative Affectivity, Antagonism, Detachment, Disinhibition, and Psychoticism) with PSY-5-r subscales (i.e. Negative Emotionality, Aggressiveness, Introversion, Disconstraint, and Psychoticism). Most of the PID-5 domain showed the highest correlation with its conceptually expected PSY-5-r counterpart (r = .31 - .75; Mdn_r = .54; p < .01, *two tails*), except for Disinhibition domain, which showed higher correlation with Negative Emotionality (r = .59) than Disconstraint (r = .31). This slight variation of correlation pattern notwithstanding, the overall result still suffices to confirm a pattern of convergence between PID-5 domains and PSY-5-r subscales.

Keywords: PID-5; convergent validity; PSY-5-r

Abstrak

Personality Inventory for DSM-5 (PID-5) merupakan alat ukur kepribadian terkini yang mengukur kepribadian patologis berdasarkan model DSM-5. Sebagai alat ukur klinis, pengujian validitas sangat penting dilakukan untuk memastikan interpretasi atas skor-skor yang dihasilkan benar-benar akurat. Penelitian ini bertujuan untuk mengukur validitas konvergen dari PID-5 versi Bahasa Indonesia. Penelitian ini mengukur derajat hubungan antara domain yang terdapat pada PID-5 dengan subskala *Personality Psychopathology Five-revised* (PSY-5-r) dari *Minnesota Multiphasic Personality Inventory-2 Restructured Form* (MMPI-2-RF). Semua partisipan yang terlibat dalam penelitian ini merupakan mahasiswa (n = 72, M = 22,24 tahun, SD = 6,00, laki-laki 45.8% dan perempuan = 54,2%). PID-5 dan MMPI-2-RF yang telah diadaptasi sebelumnya dalam Bahasa Indonesia diadministrasikan pada tiap partisipan. Peneliti menggunakan teknik korelasi Pearson untuk mengukur hubungan dari tiap domain PID-5 (*Negative Affectivity*, *Antagonism*, *Detachment*, *Disinhibition*, dan *Psychoticism*) dengan subskala PSY-5-r (*Negative Emotionality*, *Aggressiveness*, *Introversion*, *Disconstraint*, dan *Psychoticism*). Hampir semua domain PID-5 menunjukkan indeks korelasi tertinggi dengan subskala PSY-5-r yang secara konseptual diekspektasikan (r = 0,31 - 0,75; Mdn_r = 0,54; p < 0,01, *two tails*), kecuali domain *Disinhibition*, yang mana menunjukkan korelasi lebih tinggi dengan *Negative Emotionality* (r = 0,59) daripada *Disconstraint* (r = 0,31). Meskipun terdapat sedikit variasi dalam hasil korelasi, secara umum hasil penelitian mengkonfirmasi adanya pola konvergensi antara domain PID-5 dengan subskala PSY-5-r.

Kata kunci: PID-5; validitas konvergen; PSY-5-r

INTRODUCTION

Diagnostic and Statistical Manual of Mental Disorder (DSM) was published by American Psychiatric Association (APA) to help psychologist and psychiatrist in making diagnosis for people with mental health issue. DSM-5 is the latest version of this manual, and it has major change in approach for diagnosing psychological disorder from categorical to dimensional. This change takes substantial effect on diagnosis of personality disorder, which explained in Section III about alternative model of personality disorder. It explains that personality disorders are characterized in impairments in personality functioning and pathological personality traits. This approach can also diagnose trait-specified personality disorder, which can be made when personality disorder seems to be present but not fulfil the criteria of specific personality disorder mentioned before (American Psychiatric Association, 2013a).

This change is still under evaluation by experts, and it was called a hybrid dimensional-categorical model (American Psychiatric Association, 2013b). It still could not be shifted fully from categorical to dimensional approach, but an integration of those approach was tried to be made. Categorical approach of personality disorder forces clinician to decide whether the disorder is present or absent. On the other hand, dimensional approach allows clinician to examine the severity of disorder, and not only focus on threshold that indicates presence of the disorder (American Psychiatric Association, 2013c). Hence, dimensional approach can help clinician to explain disorders in more comprehensive way.

There is a new instrument that was developed based on dimensional approach of personality disorder used in DSM 5. It is called Personality Inventory for DSM-5 (PID-5). PID-5 is a self-report instrument that able to assess 25 specific facets included in DSM-5 Section 3 (Watson, Stasik, Ro, & Clark, 2013). Those 25 facets come from five main factors included in Five-Factor Model (FFM) theory from McCrae and Costa. These five domains are Negative Affectivity (frequent and intense experiences of negative emotions and it manifests in either their behavioral or interpersonal aspects), Detachment (tendency to avoid socioemotional experience, including both withdrawal from interpersonal interactions and restriction of affective experience and expression), Antagonism (behaviors that put the individual at discord with others), Disinhibition (tendency to orient toward immediate gratification), and Psychoticism (exhibiting a wide range of culturally incongruent odd, eccentric, or unusual behaviors and cognitions). The pathological personality in PID-5 is developed based on Five Factor Model (Adhiatma et al., 2014).

As one of the attempt to develop DSM-5's dimensional approach of personality disorder in Indonesia, adaptation of PID-5 in Indonesian version had been conducted. The instrument was declared to be valid based on psychometry analysis using exploratory factor analysis (EFA) technique (Adhiatma et al., 2014). As a clinical instrument that assists clinicians to diagnose the patients with personality disorder, it can be deduced further validity testing for this instrument is necessary. Furthermore, by performing continual validity testing, it would bolster the clinicians in making accurate interpretation of test score.

Validity is an evolving property of an instrument and validation is an ongoing dynamic process (Brown, 2010). Hence, it is important for clinicians to always assure that instruments they have been using was valid enough, because it implies the interpretation made based on those test scores. However, there were some critics for the common-used validity testing, the tripartite view of validity. There were some drawbacks of this validity testing, as simple as there was no clear difference between each subtype (construct, content, and criterion-

referenced), ranging to misconception that validity is a static property of a test, instead of being influenced by the respondent sample. Generally, the tripartite view of validity was not in line with ideas of the "whole" validity theory (Brown, 2010).

The newest postulate of validity testing in psychometry was proposed by Messick (in Brown, 2010). It was stated that all components of validity methods can be explained by construct validity. All analysis and testing conducted with the traditional construct validity, content validity, and criterion-referenced validity could be covered by the current conceptualization of construct validity (Brown, 2010). Hence, validity testing for Indonesian version of PID-5 need to be conducted, because it is important to assure that interpretation made based on those test scores is adequately valid, especially because the diagnose made from those interpretations directly impact lives of individuals.

One of the most essential procedure to conduct construct validity testing is to relate the construct being measured with another convergent variable. There are several techniques to do this, one of which is convergent validity. Unfortunately, empirical study regarding convergent validity testing on Indonesian version of PID-5 never been performed. In this research, the convergent instrument that will be used for comparison is Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF). One of its scale is Personality Psychopathology Five-revised (PSY-5-r) which measures personality pathology based on Big Five model. Moreover, another research that assessed PID-5 convergent validity also used PSY-5-r from MMPI-2-RF as its convergent instrument because of similar theoretical background of these instruments. PSY-5-r consists of five subscales, including Negative Emotionality/Neuroticism (NEGE, tendency to experience a broad range of negative emotion), Introversion/Low Positive Emotionality (INTR, captures introverted social detachment), Aggressiveness (AGGR, tendency to be dominant, callous, grandiose, or aggressive), Disconstraint (DISC, measures behavioral disinhibition), and Psychoticism (PSYC, tendency to disconnect from reality). These dimensions resemble model of personality trait mentioned in DSM-5, which were Negative Affectivity, Detachment, Antagonism, Disinhibition, and Psychoticism (Anderson et al., 2012). Hence, PSY-5-r is appropriate as the convergent instrument used for validity testing of Indonesian Version of PID-5.

METHOD

The partisipants comprised 72 undergraduate students from Atma Jaya Catholic University of Indonesia (M = 22.24 years old, SD = 6.00, males = 33 and females = 39). The amount of sample was sufficient to run Pearson correlation (David, 1938). Similar sample characteristics were also found in the previous research (Anderson et al., 2012). All participants involved in this research voluntarily. They completed the study measures under researcher supervision. The measures were administered in class setting, in which both PID-5 and MMPI-2-RF were administered to all participants clasically. All participants exhibited valid response based on MMPI-2-RF protocols (participants response did not violate: Cannot Say Scale > 18, Variable Response Inconsistency > 75T, True Response Inconsistency > 75T, Infrequent Responses > 100T, and Infrequency Psychopathology Responses > 90T). The obtained result then was analyzed using Pearson correlation. Each PID-5 domains were correlated with their PSY-5-r subscales counterparts. As additional analyses, we correlated all PID-5 facets with the PSY-5-r subscales.

We used two measures, i.e. Indonesian version of PID-5 and Indonesian version of MMPI-2-RF. PID-5 was originally constructed by

Krueger, Derringer, Markon, Watson, and Skodol (2012). PID-5 consists of 220 items with self-report format (see Table 1). It has four scales response (ranging from 'Very False or Often False' [0] to 'Very True or Often True' [3]) based on Likert-type. PID-5 has five domains (i.e. Negative Affectivity, Antagonism, Detachment, Disinhibition, and Psychoticism) and each domain have several facets. The PID-5 has been adapted in Bahasa Indonesia by Adhiatma et al. (2014).

Table 1.
Example of PID-5 Items

Facet	Item
Hostility	32. Saya bisa menjadi kejam ketika dibutuhkan
Emotional Lability	102. Saya orang yang sangat emosional
Anxiousness	79. Saya sangat khawatir dengan hal-hal buruk yang mungkin terjadi
Separation Insecurity	50. Saya sangat khawatir ketika sendirian
Submissiveness	15. Saya biasanya melakukan hal-hal yang orang lain pikir sebaiknya saya lakukan.
Perseveration	60. Saya tetap menggunakan pendekatan yang sama meskipun hal itu tidak berhasil
Depressivity	27. Saya sering merasa bahwa tidak ada tindakan saya yang sungguh berarti
Suspiciousness	103. Orang lain akan memanfaatkan saya jika mereka bisa
Restricted Affectivity	45. Saya memiliki reaksi emosional yang tidak bertahan lama terhadap suatu hal
Withdrawal	10. Saya lebih suka untuk tidak terlalu dekat dengan orang lain
Intimacy Avoidance	89. Saya lebih suka menjauhkan romantisme dari kehidupan saya
Anhedonia	23. Sepertinya tidak ada yang dapat membuat saya sangat tertarik
Manipulativeness	107. Saya piawai membuat orang melakukan apa yang saya mau
Deceitfulness	41. Saya mengarang cerita mengenai suatu kejadian yang sama sekali tidak benar
Grandiosity	40. Sejujurnya, saya benar-benar lebih penting dari orang lain
Attention Seeking	14. Saya melakukan berbagai hal untuk memastikan orang lain menyadari saya ada
Callousness	11. Saya sering terlibat dalam perkelahian fisik
Irresponsibility	31. Orang lain melihat saya sebagai seseorang yang tidak bertanggung jawab
Impulsivity	17. Meskipun saya tahu lebih baik, saya tetap mengambil keputusan secara gegabah
Distractibility	29. Saya tidak dapat berkonsentrasi dalam apapun
Risk Taking	35. Saya menghindari berbagai olah raga dan aktivitas yang berisiko
Rigid Perfectionism	49. Menurut orang lain, saya terlalu berfokus pada detail-detail yang kecil
Unusual Beliefs and Experiences	99. Saya terkadang mendengar hal-hal yang tidak bisa didengar oleh orang lain
Eccentricity	24. Orang lain sepertinya berpikir bahwa tingkah laku saya aneh
Perceptual Dysregulation	44. Ini aneh, namun terkadang benda-benda biasa terlihat berbeda dari bentuk sebenarnya

(Adhiatma et al., 2014)

While, MMPI-2-RF is the revised version of MMPI-2 and it was published in 2008. It consists of 338 items with self-report format (Tellegen & Ben-Porath, 2008). One of MMPI-2-RF scale is the PSY-5-r that was developed by Harkness and McNulty (2007). PSY-5-r has five subscales, namely Negative Emotionality-r (NEGE-r), Introversion-r (INTR-r), Aggressiveness-r (AGGR-r), Discontraint-r (DISC-r), and Psychoticism-r (PSYC-r). In 2012, MMPI-2-RF was adapted in Bahasa Indonesia and it showed adequate psychometric properties (Halim, 2012).

RESULTS AND DISCUSSION

Internal consistency in PID-5 domains had range between .81 (Detachment) and .85 (Negative Affectivity) (*Mdn* = .84). At facet level, it ranged between .70 (Suspiciousness) and .78 (Emotional Lability) (*Mdn* = .76). Therefore, the Indonesian version of PID-5 had acceptable internal consistency, both in domain and facet level.

To analyze the correlation, we used an alpha level of .01 as statistical significance. Based on this alpha level, correlations ≥ .30 will be interpreted as significant. Furthermore, correlations ≥ .30 are considered to have a medium effect size (Cohen, 1988). These results are shown in Table 2.

Four of the five PID-5 domains (i.e. Negative Affectivity, Detachment, Antagonism, and Psychoticism) were highly correlated with their conceptually PSY-5-r counterpart. Disinhibition domain showed a significant correlation with DISC-r, however it exhibited higher correlation with NEGE-r. In addition, Antagonism domain likewise had significant correlation with NEGE-r, INTR-r and DISC-r, even though these two subscales weren't supposed to correlated significantly. Similar results were also found in Negative Affectivity (significantly correlated with PSYC-r) and Psychoticism domain (significantly correlated with NEGE-r and DISC-r). At the facet level, 16 of 25 PID-5 facets showed highest correlation with their PSY-5-r counterparts. These facets mostly derived from Negative Affectivity and Psychoticism domain. Facets under Disinhibition domains seemed to have the poorest convergence with the expected PSY-5-r subscale. Risk Taking facet was the only facet that showed the highest correlation with DISC-r compared with another Disinhibition facets.

There were six facets that showed a higher (and significant) correlation not with their PSY-5-r counterpart. These facets were Anhedonia (under Detachment domain), Deceitfulness and Callousness (under Antagonism domain), and Irresponsibility, Impulsivity, and Distractibility (under Disinhibition domain). Furthermore, three facets showed no significant correlation with all PSY-5-r subscales, namely Submissiveness (under Negative Affectivity domain), Intimacy Avoidance (under Detachment domain), and Rigid Perfectionism (under Disinhibition domain).

In general, the correlation result showed that there is a convergence between Indonesian version of PID-5 and Indonesian version of MMPI-2-RF. This convergence pattern could be seen in the significant correlation in domain level. All PID-5 domains correlated with their MMPI-2-RF counterparts significantly.

Antagonism and Disinhibition were two domains that showed higher correlation with another PSY-5 subscale(s) beside their PSY-5-r counterpart. Similar result was found in Anderson et al. (2012) research. The Antagonism domain was also found not to correlate straightforwardly. Furthermore, Antagonism domain showed significant correlation with four PSY-5-r subscales. It is possible that the significant correlation between Antagonism and DISC-r is due to their theoretical and empirical relationship in the Big Two personality pathology model (Markon, Krueger, & Watson, 2005; Wright et al., 2012).

Based on the Big Two model, Antagonism is supposed to have relationship with AGGR-r and DISC-r (Externalizing factor).

Table 2.
Correlation between Domain and Facets of PID-5 and PSY-5-r Subscales

	NEGE-r	INTR-r	AGGR-r	DISC-r	PSYC-r
Negative Affectivity Domain	.76**	.06	.29	.01	.35**
Emotional Lability	.70**	.01	.29	.06	.30*
Anxiousness	.71**	.07	.10	-.11	.37**
Separation Insecurity	.47**	-.32*	.29	.13	.35**
Perseveration	.60**	-.05	.20	.25	.33**
Hostility	.59**	.08	.38**	.08	.22
Depressivity	.55**	.21	-.01	.13	.46**
Suspiciousness	.51**	-.04	.18	.01	.40**
Submissiveness	.25	-.12	.05	-.03	-.12
Detachment Domain	.15	.53**	.01	.17	.20
Withdrawal	.16	.56**	-.02	.16	.20
Intimacy Avoidance	.17	.26	-.09	.00	.08
Anhedonia	.45**	.38**	-.07	.17	.32**
Restricted Affectivity	.00	.34**	.13	.21	.17
Antagonism Domain	.31**	-.34**	.53**	.35**	.15
Manipulativeness	.20	-.23	.34**	.28	.05
Deceitfulness	.20	-.01	.12	.33**	.05
Grandiosity	.23	-.30*	.43**	.39**	.17
Attention Seeking	.33**	-.33**	.54**	.26	.13
Callousness	.39**	.26	.26	.34**	.20
Disinhibition Domain	.56**	.10	.17	.32**	.21
Irresponsibility	.51**	.12	.12	.33**	.17
Impulsivity	.38**	.06	.12	.34**	.15
Rigid Perfectionism	.24	-.24	.14	-.10	.17
Risk Taking	-.08	-.11	.19	.40**	.10
Distractibility	.54**	.08	.18	.19	.21
Psychoticism Domain	.45**	.02	.20	.37**	.56**
Unusual Beliefs and Experiences	.24*	-.11	.19	.28	.49**
Eccentricity	.33**	.16	.10	.37**	.36**
Perceptual Dysregulation	.62**	-.08	.27	.26	.65**

* showed significant correlation at $p = .05$
** showed significant correlation at $p = .01$
The underlined number showed the expected relationship based on their conceptualization

Nevertheless, it was also found that Antagonism correlated with NEGE-r and INTR-r. Regarding its concept, NEGE-r and INTR-r have similarities with Internalizing factor from the Big Two model. Based on this result, Antagonism encompassed both Internalizing and Externalizing factor from the Big Two model. Moreover, Antagonism contradicts with

"Harmony", where people are expected to prevent a conflict arise by compromising. "Harmony" is one of essential ethics in Indonesians (Halim, Derksen, & van der Staak, 2004). It is possible that Antagonism features are the core of personality pathology in Indonesia context. Further research will be needed to support this notion.

Meanwhile, Disinhibition exhibited its highest correlation with NEGE-r, instead of DISC-r. As stated by Butcher (2005), NEGE subscale is intended to measure one's negative feelings and dysphoria. Nevertheless, in certain cases it also found that people with high score in NEGE subscale showed some impulsive behavior, such as consuming alcohol when they faced any problem. It showed that NEGE-r not only capture one's negative emotion, but also certain impulsive behavior that precipitated by the negative emotion itself.

Meanwhile, the Psychoticism domain also had a significant correlation with NEGE-r and DISC-r. Based on the hierarchical structure of the DSM-5 pathological personality (Wright et al., 2012), especially the two-factor model, facets under Psychoticism domain tend to diffuse in both the Externalizing and Internalizing factor. Similar impression was also found in Harkness, Finn, McNulty, and Shield (2012) finding, in which there were intercorrelations between Psychoticism and another PID-5 domains. This implies the PSYC-r domain shares certain level of variance with another PID-5 domains. In this research, it makes the Psychoticism has convergence with other PSY-5-r subscales beside PSYC-r.

The unexpected results from these three domains domain also attributable to the sample characteristics in this research. We only used university students as our participants. University students are expected to possess a high score neither in Antagonism, Disinhibition, nor Psychoticism. Using another sample, such as forensic or correctional, could be beneficial in identifying the convergence between these three domains and PSY-5-r subscales (Anderson et al., 2012).

We also could see the convergence between the PID-5 facets and the PSY-5-r subscales. Sixteen of 25 PID-5 facets were correlated significantly with their PSY-5-r subscales counterpart. Nevertheless, there were three facets that did not show any convergence with the PSY-5-r subscales, namely Submissiveness, Intimacy Avoidance, and Rigid Perfectionism.

In the previous study, Submissiveness facet inclined to be separated from the rest of PID-5 facets and became an independent factor. Submissiveness might reflect a unique personality trait in Indonesia and it could not be explained with the PID-5 five-factor (Adhiatma et al., 2014). It probably the reason the five-factor from PSY-5-r model couldn't explain the Submissiveness facet. It causes the Submissiveness facet didn't correlate with all PSY-5-r subscales.

Meanwhile, Intimacy Avoidance and Rigid Perfectionism didn't show any correlation with PSY-5-r subscales either. Comparable results were also found in Anderson et al. (2012) research, where these facets didn't have convergence with the PSY-5-r. Conceptually, Intimacy Avoidance has a very different meaning with Introversion/Low Positive Emotionality (INTR). INTR is more focused on the one's difficulty in experiencing good feeling and pleasure. On the other hand, Intimacy Avoidance emphasizes on one's reluctance toward romantic, intimate, or sexual relationship (American Psychiatric Association, 2013a).

Rigid Perfectionism, originally, consisted of three components, i.e. orderliness, perfectionism, and rigidity (Krueger et al., 2012). These components have more resemblance with anxiousness. Hopwood et al. (2013) conducted correlational analysis between PID-5 and Personality Assessment Inventory

(PAI) and they found that Rigid Perfectionism was correlated merely with Obsessive-Compulsive subscale. Crego, Samuel, and Widiger (2015) also found this facet converges with Five Factor Obsessive Compulsive Inventory, a tool which measures OCPD features using dimensional trait model. It suggests that Rigid Perfectionism has an anxiety nuances rather than impulsivity, risk taking, or lack of constraints which were measured by DISC-r. It becomes reasonable why Rigid Perfectionism showed higher correlation with NEGE-r rather than DISC-r.

Besides these three facets, several facets showed substantial cross-loadings (i.e. Anhedonia, Deceitfulness, Callousness, Irresponsibility, Impulsivity, and Distractibility). We have some explanations about these results. Firstly, it implies that these PID-5 facets are distributed not just in single PSY-5-r subscale, but it could be distributed in some subscales. Although PID-5 and PSY-5-r model using the Big Five model, there could be a different conceptualization between them (Anderson et al., 2012).

Secondly, the anomalous results were also found in many research of PID-5, specifically when PID-5 was correlated with other measures. In this case, the criterion measures had some limitations that influenced the correlation results (Crego, Gore, Rojas, & Widiger, 2015). In addition, as Crego, Samuel, and Widiger (2015) asserted, it is unrealistic to expect personality model has a perfect simple structure, as personality structure is very complex naturally.

Thirdly, it confirmed the existence cross-listing in pathological personality model. As Trull, Sheiderer, and Tomko (2013) stated, there is comorbidity among personality disorder (Axis II) in DSM-IV-TR. Even there is a change in paradigm towards dimensional model of personality disorder, it doesn't eliminate the comorbidity of symptom in the Section III of DSM-5 Personality Disorder (e.g. Anxiousness facet could appear in both Avoidant Personality Disorder and Borderline Personality Disorder) (American Psychiatric Association, 2013a). Lastly, it must be admitted the sample characteristics affect this research result. PID-5 is intended to measure pathological personality and our sample were derived from university students, in which they are not necessarily own these personality characteristics.

CONCLUSION

In general, we could state that there is convergence between Indonesian version of PID-5 and PSY-5-r from Indonesian version of MMPI-2-RF. The convergence is seen either at domain level or facet level. Nevertheless, it must be admitted the convergence is not perfect, owing to the cross-listing between PID-5 (domain and facet) and PSY-5-r subscale. There are comparable results between the Original version and the Indonesian version of PID-5 in convergent validity research. Notwithstanding that, we could see the uniqueness of Indonesian version of PID-5 convergent structure, specifically the Antagonism domain which demonstrated an unexpected result. Furthermore, this finding generates a bigger question about Indonesian personality pathology structure. As this research has limitation on research sample, we suggested for further research for testing the PID-5 validity, using participants from specific population, such as inpatient or outpatient population or criminal population.

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