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Reliability and Validity of the Turkish Form of the Personality Inventory for DSM-5

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ABSTRACT

Objective: This study aimed to establish the validity and reliability of the Turkish version of the DSM-5 Personality Inventory (PID-5) and to evaluate it by comparing it with categorical personality assessments obtained through the Structured Clinical Interview for DSM-III-R Axis II Personality Disorders Questionnaire (SCID-II-PQ).

Methods: The sample consisted of 1736 participants, including 560 psychiatric patients diagnosed through clinical evaluation according to DSM-5 diagnostic criteria in a psychiatry outpatient clinic and 1176 healthy controls. In addition to the PID-5, a sociodemographic data form and the SCID-II-PQ were administered. Reliability was assessed using Cronbach's alpha coefficients for both domains and facets. Given the inventory's predefined domains and facets, confirmatory factor analysis (CFA) was conducted to examine structural validity. Convergent validity was tested through correlations between PID-5 domain and facet scores and both the dimensional scores and self-report questionnaire scores of the SCID-II-PQ.

Results: The overall Cronbach's alpha coefficient for the inventory was 0.932, indicating high internal consistency. Confirmatory factor analysis indicated that the findings of the present study demonstrated a structure consistent with the personality domains identified in the original PID-5 study. At the facet level, higher RMSEA values were observed for the facets of 'emotional lability' and 'manipulativeness', whereas the 'risk-taking' facet showed lower fit indices compared to the other facets. In terms of discriminant validity, all domains and all facets except 'manipulativeness' yielded higher mean scores among the patient group compared to healthy controls.

Conclusions: The findings of this study indicate that the Turkish version of the PID-5 demonstrates generally acceptable levels of validity and reliability and may be used as an assessment tool for the dimensional evaluation of personality traits.

Keywords: personality, personality disorder, personality domains, PID-5

INTRODUCTION

The DSM personality categories provide criteria for the classification and diagnosis of personality traits and disorders; however, they have certain limitations in routine practice. During the development of the DSM-5 diagnostic classification system, a dimensional assessment approach was proposed alongside the categorical organization of personality in an effort to address these limitations.

Within dimensional assessment, personality was first defined for use in routine practice. Personality refers to enduring patterns of thinking, perceiving, responding, and relating that remain relatively stable over time (American Psychiatric Association 2013). The theoretical foundation of the

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dimensional approach was inspired by the five-factor model of personality (Costa and McCrae 1992). In this approach, personality is evaluated at two levels: personality functioning (Criterion A) and maladaptive personality traits (Criterion B) (Krueger and Hobbs 2020). The validity and reliability of the Turkish assessment of personality functioning were established by Dereboy et al. (2018). The second level of dimensional assessment defines maladaptive personality traits, which comprise five domains and 25 facets (Krueger et al. 2012). The five maladaptive personality trait domains are negative affect, detachment, antagonism, disinhibition, and psychoticism. The defining facets of negative affect are emotional lability, anxiousness, and separation insecurity. The defining facets of detachment are withdrawal, anhedonia, and intimacy avoidance. The defining facets of antagonism are manipulativeness, deceitfulness, and grandiosity. The defining facets of disinhibition are irresponsibility, impulsivity, and distractibility. The defining facets of psychoticism are unusual beliefs & experiences, eccentricity, and perceptual dysregulation. Several additional facets are not assigned exclusively to a single domain: attention seeking, callousness, depressivity, hostility, perseveration, restricted affectivity, rigid perfectionism, risk taking, submissiveness, and suspiciousness. A recent meta-analysis demonstrated that dimensional assessment of personality dysfunction is highly useful for predicting and investigating psychiatric disorders (Gioletti and Bornstein 2024).

Assessment instruments have been developed to facilitate and broaden the application of the alternative model of personality (Krueger et al. 2012). The Personality Inventory for DSM-5 (PID-5) is widely used and is available in several forms. The full version contains 220 items, whereas the brief form contains 25 items. The PID-5 has been translated and adapted into at least 16 languages, including Arabic, Czech, Danish, Dutch, French, German, Indonesian, Italian, Norwegian, Persian, Polish, Portuguese (European and Brazilian), Russian, Spanish, and Swedish (Somma et al. 2019).

A review of 25 previous studies reported overall internal consistency coefficients ranging from 0.80 to 0.95 and domain-level coefficients ranging from 0.72 to 0.96 (Al-Dajani et al. 2016). Structural validity analyses have shown very good model fit for the domain structure (Montes and Sanchez 2023). Some facets, including risk taking and suspiciousness, have demonstrated poorer model fit. Nevertheless, the domain and facet structures of the PID-5 appear to represent the five maladaptive personality trait domains adequately while also capturing general psychopathology.

Although an instrument assessing personality functioning within the dimensional model proposed in DSM-5 had been validated in Turkish, the PID-5, developed to assess maladaptive personality traits, had not yet been adapted into Turkish or evaluated for validity and reliability. This study therefore aimed to establish the validity and reliability of the Turkish PID-5 and to test it by comparison with categorical personality assessments obtained using the SCID-II-PQ.

METHODS

Translation Procedure

The PID-5 was translated by author Ö. A., who had experience in psychiatry and advanced proficiency in English. The final version was produced after all authors reviewed the translated form. The translation was examined and agreed upon with consideration of semantic, cultural, conceptual, and linguistic equivalence. The scale was then back-translated into English by a linguist. The back-translated version was reviewed and evaluated by the authors, after which the final Turkish version of the PID-5 was approved.

Participants

Before the study began, the research protocol was approved by the Clinical Research Ethics Committee of the Faculty of Medicine at Manisa Celal Bayar University (approval date: October 10, 2015; No. 20478486-366). All participants provided written informed consent.

A total of 618 patients with psychiatric disorders who presented to the outpatient unit of the Department of Psychiatry at Manisa Celal Bayar University were enrolled through convenience sampling. Data from 58 participants were excluded because they had left at least 25% of the items unanswered or had completed the forms incorrectly.

The healthy control group initially comprised 1382 volunteers who were either users of the university hospital's health services or students on the health sciences campus. Data from 206 healthy control participants were excluded because their questionnaires were incomplete or incorrectly completed. The health status of the healthy participants was determined by self-report.

The inclusion criteria were being 18–65 years of age and having sufficient cognitive capacity to complete the PID-5. Exclusion criteria included intellectual impairment, severe neurological disease, and cognitive impairment of a degree that would prevent compliance with the study instructions. The final sample comprised 1736 participants: 560 patients with psychiatric disorders and 1176 healthy controls.

Assessment Instruments

In addition to the PID-5, a sociodemographic data form and the Structured Clinical Interview for DSM-III-R Axis II Disorders Personality Questionnaire (SCID-II-PQ) were administered (Coşkunol et al. 1994).

Personality Inventory for DSM-5 (PID-5)

The PID-5 is a 220-item inventory assessing the five domains and 25 maladaptive personality trait facets proposed in Section III of DSM-5 (Krueger et al. 2012). Sixteen items are reverse-scored. Each item is rated on a four-point Likert scale ranging from 0 to 3.

The PID-5 assesses five domains: negative affect, detachment, antagonism, disinhibition, and psychoticism. It includes 25 facets describing these domains: emotional lability, anxiousness, separation insecurity, withdrawal, anhedonia, intimacy avoidance, manipulativeness, deceitfulness, grandiosity, irresponsibility, impulsivity, distractibility, unusual beliefs & experiences, eccentricity, perceptual dysregulation, attention seeking, callousness, depressivity, hostility, perseveration, restricted affectivity, rigid perfectionism, risk taking, submissiveness, and suspiciousness.

Accordingly, a high score on any facet or domain indicates a significant problem in that area and warrants further assessment, treatment, and follow-up.

Structured Clinical Interview for DSM-III-R Axis II Disorders—Personality Questionnaire (SCID-II-PQ)

The SCID-II-PQ is a 120-item self-report instrument developed by Spitzer et al. (1990) to assess personality disorders. It was translated into Turkish by Sorias et al. (1990), and the validity and reliability of the Turkish form were established by Coşkunol et al. (1994).

Statistical Analysis

Statistical analyses were conducted using data from 1736 participants (560 patients with psychiatric diagnoses and 1176 healthy controls). The Shapiro-Wilk test was used to assess normality. Categorical or nominal demographic and clinical variables were analyzed using the chi-square test. Continuous or numerical demographic and clinical variables were analyzed using the independent-samples t test. Independent-samples t tests were also used to compare the patient and healthy control groups in terms of PID-5 domain and facet scores. Effect sizes were calculated to strengthen interpretation of the between-group comparisons. Cohen's d was reported for independent-samples t tests and the phi coefficient for chi-square tests. Cohen's d values of 0.20, 0.50, and 0.80 were interpreted as small, medium, and large effect sizes, respectively. Phi coefficients of 0.10, 0.30, and 0.50 were interpreted as small, medium, and large effect sizes, respectively.

Cronbach's alpha internal consistency analyses were conducted for both domains and facets. In accordance with generally accepted psychometric criteria, a Cronbach's alpha coefficient of 0.70 or higher was considered to indicate adequate internal consistency. Because Cronbach's alpha is sensitive to the number of items, facet-total score correlations were also considered when evaluating reliability.

Because the scale has predefined domains and facets, confirmatory factor analysis was used to examine structural validity. Bartlett's test of sphericity and the Kaiser-Meyer-Olkin test were first performed to determine whether the sample size was suitable for factor analysis. The comparative fit index (CFI), goodness-of-fit index (GFI), and chi-square/degrees-of-freedom ratio (χ^2/df) were calculated to evaluate model fit. Coefficients of 0.90 or higher were considered to indicate good fit, and values between 0.80 and 0.90 acceptable fit. A χ^2/df ratio below 3 was considered to indicate good fit and a ratio below 5 acceptable fit. The root mean square error of approximation (RMSEA) was calculated to estimate model error. RMSEA values of 0.05 or lower were considered to indicate very good fit, values of 0.05–0.08 good fit, and values of 0.08–0.10 acceptable fit (Köroğlu and Aydemir 2012). Concurrent validity was also examined through correlations between PID-5 domain and facet scores and both the dimensional and self-report questionnaire scores of the SCID-II-PQ. Pearson correlation coefficients of 0.00–0.30 were interpreted as indicating no correlation, 0.30–0.50 as low, 0.50–0.70 as moderate, 0.70–0.90 as high, and values above 0.90 as very high (Witz 1990).

Although numerous correlation analyses were conducted, Bonferroni or false discovery rate corrections were not applied for multiple comparisons because the analyses were considered exploratory. All analyses were performed in Jamovi version 2.4.1, which is based on the R statistical environment.

RESULTS

The study included 560 patients and 1176 healthy participants. Demographic comparisons showed no significant difference between the groups in sex ($\chi^2(1)=1.26$, $p=0.28$), whereas significant differences were observed in age ($t(1734)=-8.42$, $p<0.001$) and educational level ($\chi^2(2)=172.51$, $p<0.001$). The demographic and clinical characteristics of both groups are presented in Table 1. Effect sizes for between-group

Table 1. Sociodemographic and clinical characteristics of the study groups

	Patient n: 560		HC n: 1176			Effect size (d/ϕ)
Age (mean ± SD)	31.62±11.20		27.12±10.02		t (1734)=-8.42, p <0.001**	0.43
Sex	Number (n)	Percentage (%)	Number (n)	Percentage (%)	$\chi^2(1)=1.26$, p=0.28	0.03
Female	292	52.1	647	55		
Male	268	47.9	529	45		
Education					$\chi^2(2)=172.51$, p <0.001**	0.32
Primary education	157	28	127	10.8		
High school	242	43.2	332	28.2		
University	161	28.7	717	61		
Family history of mental disorder					$\chi^2(1)=103.33$, p <0.001**	0.24
Yes	139	24.8	88	7.5		
No	421	75.2	1088	92.5		
Psychiatric diagnosis#						
Depressive disorders	270	48.2				
Anxiety disorders	160	28.6				
Alcohol/substance use disorder	56	10				
Other	74	13.2				
Comorbid medical conditions					$\chi^2(1)=21.79$, p <0.001**	0.11
Yes	85	15.2	93	7.9		
No	475	84.8	1083	92.1		
PID-5 total score (mean ± SD)	1.17±4.22		0.77±0.37		t (1734)=-19.49, p <0.001**	1.01

PID-5: personality inventory for DSM-5; SD: standard deviation; HC: healthy control d: Cohen's d; ϕ: phi coefficient.
#Assessed only in the patient group. *p<0,05 ; **p<0,01

comparisons ranged from small to medium. Based on clinical evaluation according to DSM-5 diagnostic criteria, 48.2% of the patient group met criteria for depressive disorders and 28.6% for anxiety disorders.

Table 2 presents a comparison of PID-5 domain and facet scores between the two study groups. All domain and facet scores except 'manipulativeness' (p=0.15) were significantly higher in the patient group compared to the healthy control group (p<0.001). Effect sizes for between-group differences ranged from small to large.

Reliability Analyses

In the primary reliability analysis, the Cronbach's alpha internal consistency coefficient for the entire inventory was 0.932. Cronbach's alpha coefficients for each domain and facet are presented in Table 3. Item–total score correlations ranged from 0.67 to 0.97 for the personality domains and from 0.26 to 0.85 for the facets; all correlation coefficients were significant (p<0.001).

Validity Analyses

Construct validity was examined first. Because the personality domains and facets of the PID-5 were predefined, confirmatory factor analysis was conducted. The fit indices and RMSEA coefficients obtained from the analysis are presented in Table 4. Overall, the personality domains demonstrated acceptable fit. At the facet level, RMSEA values for 'emotional lability' (RMSEA=0.136; CFI=0.852) and 'manipulativeness' (RMSEA=0.181; CFI=0.861) exceeded the threshold for acceptable fit, and their CFI values were lower than those of the other facets. For risk taking, the RMSEA value was close to the upper threshold of acceptability (RMSEA=0.098), and the CFI was particularly low compared with the other facets (CFI=0.755). The remaining facets generally demonstrated acceptable levels of fit.

Within criterion validity, concurrent validity was examined by correlating PID-5 personality domain scores with SCID-II-PQ checklist scores. The correlation coefficients are presented in Table 5. Negative affect domain showed moderate correlations

Table 2. Comparison of PID-5 personality domain and facet scores between the patient and healthy control groups

	Patient : 560		HC n: 1176			
Personality Trait Facet	**Mean**	**SD**	**Mean**	**SD**		**Cohen's d**
Anhedonia	1.42	0.66	0.75	0.50	t (1734)=-23.23, p <0.001**	1.20
Anxiousness	1.64	0.63	0.97	0.56	t (1734)=-22.23, p <0.001**	1.15
Attention Seeking	1.06	0.74	0.86	0.64	t (1734)=-6.06, p <0.001**	0.31
Callousness	0.64	0.54	0.46	0.44	t (1734)=-7.62, p <0.001**	0.39
Deceitfulness	0.58	0.54	0.47	0.47	t (1734)=-4.49, p <0.001**	0.23
Depressivity	1.21	0.75	0.50	0.50	t (1734)=-23.60, p <0.001**	1.22
Distractibility	1.36	0.70	0.71	0.56	t (1734)=-20.73, p <0.001**	1.07
Eccentricity	0.96	0.73	0.50	0.59	t (1734)=-13.99, p <0.001**	0.72
Emotional Lability	1.75	0.67	1.10	0.65	t (1734)=-19.49, p <0.001**	1.01
Grandiosity	1.15	0.71	1.02	0.63	t (1734)=-3.60, p <0.001**	0.19
Hostility	1.34	0.67	0.84	0.58	t (1734)=-15.88, p <0.001**	0.82
Impulsivity	1.18	0.72	0.75	0.60	t (1734)=-13.02, p <0.001**	0.67
Intimacy Avoidance	0.96	0.64	0.69	0.51	t (1734)=-9.38, p <0.001**	0.48
Irresponsibility	0.72	0.58	0.48	0.47	t (1734)=-9.08, p <0.001v	0.47
Manipulativeness	1.07	0.59	1.03	0.57	t (1734)=-1.45, p=0.15	0.07
Perceptual Dysregulation	0.96	0.69	0.47	0.50	t (1734)=-16.83, p <0.001**	0.87
Perseveration	1.39	0.65	0.76	0.57	t (1734)=-20.52, p <0.001**	1.06
Restricted Affectivity	1.21	0.61	0.85	0.54	t (1734)=-12.36, p <0.001**	0.64
Rigid Perfectionism	1.55	0.66	1.10	0.63	t (1734)=-13.62, p <0.001**	0.70
Risk Taking	1.30	0.54	1.37	0.44	t (1734)=-2.59, p <0.001**	0.13
Separation Insecurity	1.10	0.69	0.63	0.54	t (1734)=-15.43, p <0.001**	0.80
Submissiveness	1.18	0.65	0.84	0.53	t (1734)=-11.72, p <0.001**	0.60
Suspiciousness	1.48	0.65	1.04	0.53	t (1734)=-14.89, p <0.001**	0.77
Unusual Beliefs & Experiences	0.80	0.63	0.49	0.51	t (1734)=-10.73, p <0.001**	0.55
Withdrawal	1.21	0.70	0.66	0.54	t (1734)=-18.13, p <0.001**	0.94
Personality Trait Domain						
Negative Affect	1.50	0.56	0.90	0.49	t (1734)=-22.70, p <0.001**	1.17
Detachment	1.20	0.55	0.70	0.43	t (1734)=-20.50, p <0.001**	1.06
Antagonism	0.93	0.50	0.84	0.46	t (1734)=-3.83, p <0.001**	0.20
Disinhibition	1.08	0.55	0.65	0.45	t (1734)=-17.56, p <0.001**	0.91
Psychoticism	0.91	0.62	0.49	0.48	t (1734)=-15.33, p <0.001**	0.79

PID-5: personality inventory for DSM-5; HC: healthy control; SD: standard deviation.
The possibility of Type I error due to multiple comparisons should be considered. *p<0,05 ; **p<0,01

with avoidant, dependent, obsessive-compulsive, paranoid, schizotypal, and borderline personality patterns (r=0.41-0.54). Detachment domain showed moderate correlations with avoidant, schizoid, and borderline personality patterns (r=0.42-0.50). Antagonism domain showed a moderate correlation with the narcissistic personality pattern (r=0.51). Disinhibition domain showed moderate correlations with avoidant and schizotypal personality patterns (r=0.44-0.48) and a stronger correlation with the borderline personality pattern (r=0.62). Psychoticism domain showed moderate correlations with schizotypal, narcissistic, and borderline personality patterns (r=0.44-0.59). These findings suggest associations in the expected direction between the traits represented by the PID-5 domains and the corresponding personality patterns.

Regarding discriminant validity, all domains and all facets except manipulativeness had higher mean scores in the patient group compared to the healthy control group (p<0.001) (Table 2).

Table 3. Cronbach's Alpha coefficients and facet/domain-total score correlation coefficients for the PID-5 facets and domains

	Facet/domain-total score correlation coefficients	Cronbach's alpha coefficients
Personality Trait Facet		
Anhedonia	0.69	0.80
Anxiousness	0.74	0.78
Attention Seeking	0.50	0.86
Callousness	0.70	0.82
Deceitfulness	0.65	0.80
Depressivity	0.83	0.92
Distractibility	0.78	0.86
Eccentricity	0.82	0.92
Emotional Lability	0.70	0.78
Grandiosity	0.52	0.73
Hostility	0.82	0.83
Impulsivity	0.70	0.76
Intimacy Avoidance	0.52	0.61
Irresponsibility	0.65	0.68
Manipulativeness	0.45	0.57
Perceptual Dysregulation	0.84	0.86
Perseveration	0.85	0.84
Restricted Affectivity	0.67	0.67
Rigid Perfectionism	0.65	0.83
Risk Taking	0.26	0.73
Separation Insecurity	0.65	0.76
Submissiveness	0.45	0.59
Suspiciousness	0.71	0.68
Unusual Beliefs & Experiences	0.74	0.78
Withdrawal	0.74	0.86
Personality Trait Domain		
Negative Affect	0.82	0.84
Detachment	0.79	0.78
Antagonism	0.67	0.72
Disinhibition	0.86	0.76
Psychoticism	0.89	0.83

PID-5: personality inventory for DSM-5.

Table 4. Confirmatory factor model fit indices for the PID-5 facets and domains

	RMSEA	CFI	GFI	χ^2 /df	p
Personality Trait Facet					
Anhedonia	0.060	0.967	0.971	7.329	<0.001**
Anxiousness	0.097	0.934	0.940	17.295	<0.001**
Attention Seeking	0.090	0.947	0.956	15.054	<0.001**
Callousness	0.060	0.914	0.953	7.272	<0.001**
Deceitfulness	0.079	0.915	0.954	11.814	<0.001**
Depressivity	0.091	0.911	0.903	15.259	<0.001**
Distractibility	0.053	0.974	0.980	5.949	<0.001**
Eccentricity	0.078	0.940	0.934	11.586	<0.001**
Emotional Lability	0.136	0.852	0.918	33.042	<0.001**
Grandiosity	0.050	0.977	0.991	5.360	<0.001**
Hostility	0.073	0.930	0.957	10.226	<0.001**
Impulsivity	0.072	0.965	0.982	10.095	<0.001**
Intimacy Avoidance	0.051	0.964	0.990	5.474	<0.001**
Irresponsibility	0.023	0.992	0.995	1.943	<0.001**
Manipulativeness	0.181	0.861	0.932	57.731	<0.001**
Perceptual Dysregulation	0.074	0.923	0.945	10.385	<0.001**
Perseveration	0.077	0.941	0.961	11.387	<0.001**
Restricted Affectivity	0.050	0.959	0.988	5.346	<0.001**
Rigid Perfectionism	0.055	0.958	0.975	6.170	<0.001**
Risk Taking	0.098	0.755	0.872	17.630	<0.001**
Separation Insecurity	0.070	0.950	0.979	9.418	<0.001**
Submissiveness	0.000	1.000	0.999	0.922	<0.001**
Suspiciousness	0.080	0.907	0.973	12.102	<0.001**
Unusual Beliefs & Experiences	0.090	0.904	0.954	14.970	<0.001**
Withdrawal	0.078	0.936	0.952	11.516	<0.001**
Personality Trait Domain					
Negative Affect	0.051	0.974	0.987	6.269	<0.001**
Detachment	0.079	0.942	0.971	13.496	<0.001**
Antagonism	0.101	0.948	0.946	21.321	<0.001**
Disinhibition	0.081	0.900	0.950	14.239	<0.001**
Psychoticism	0.024	0.992	0.996	2.194	<0.001**

PID-5: personality inventory for DSM-5; RMSEA: root mean square error of approximation; CFI: comparative fit index; GFI: goodness-of-fit index. *p<0,05 ; **p<0,01

Table 5. Correlation coefficients between PID-5 personality domains and SCID-II-PQ personality disorder categories

	AvPD	DPD	OCPD	PPD	STPD	SPD	HPD	NPD	BPD	ASPD
Personality Trait Domain										
Negative Affect	0.543	0.537	0.407	0.449	0.414	0.248	0.222	0.296	0.484	0.151
Detachment	0.459	0.205	0.353	0.373	0.365	0.503	-0.044	0.262	0.423	0.215
Antagonism	0.075	0.112	0.206	0.266	0.257	0.179	0.395	0.514	0.386	0.341
Disinhibition	0.441	0.334	0.340	0.368	0.477	0.320	0.216	0.372	0.620	0.394
Psychoticism	0.362	0.331	0.366	0.395	0.536	0.335	0.239	0.439	0.591	0.387

PID-5: personality inventory for DSM-5; SCID-II-PQ: structured clinical interview for DSM-III-R axis II disorders-personality questionnaire; PD: personality disorder; AvPD: avoidant PD; DPD: dependent PD; OCPD: obsessive-compulsive PD; PPD: paranoid PD; STPD: schizotypal PD; SPD: schizoid PD; HPD: histrionic PD; NPD: narcissistic PD; BPD: borderline PD; ASPD: antisocial PD.

DISCUSSION

With the shift from a categorical to a dimensional model of personality assessment in DSM-5, the introduction of diagnostic instruments was considered necessary to facilitate implementation of the new model. The PID-5, developed in accordance with this model, consists of two components. The first evaluates personality functioning, and the validity and reliability of its Turkish assessment have been demonstrated (Dereboy et al. 2018). The present study established the validity and reliability of the Turkish inventory assessing the personality traits represented in the second component of the PID-5.

Internal consistency was examined first in the reliability analyses. The overall internal consistency of the inventory was very high, and Cronbach's alpha coefficients for all domains exceeded 0.70. Across cultures and populations, domain-level internal consistency coefficients have generally exceeded 0.70 and often 0.80. A meta-analysis of six Iranian studies reported coefficients of 0.82–0.90 for the domains (Komasi et al. 2025); corresponding ranges were 0.68–0.88 in a Latvian study (de Starceva-Apele and Rascevska 2022), 0.85–0.98 in a Norwegian study (Thimm et al. 2016), 0.89–0.95 in a Polish study (Cieciuch et al. 2022), and 0.84–0.96 in the initial development studies (Al-Dajani et al. 2016). As with the domains, internal consistency of the facets has varied across cultures, although coefficients have not generally been as high as those obtained for the domains. In the present study, facet-level coefficients ranged from 0.57 to 0.92. Manipulativeness and submissiveness had coefficients below 0.60, whereas intimacy avoidance, irresponsibility, restricted affectivity, and suspiciousness had coefficients below 0.70. Restricted affectivity showed low reliability in Arabic (Coelho et al. 2020), Chinese (Fang et al. 2021), and Egyptian (Aboul-Ata et al. 2021) studies. Suspiciousness has also shown low reliability in several studies (Al-Dajani et al. 2016, Coelho et al. 2020, Aboul-Ata et al. 2021, Fang et al. 2021, Komasi et al. 2025). Manipulativeness and intimacy avoidance have shown low reliability in studies conducted in Eastern cultures (Coelho et al. 2020, Aboul-Ata et al. 2021). Overall, the internal consistency coefficients were very good for domain scores and ranged from acceptable to very good for facet scores, supporting the reliability of the inventory.

Construct validity was evaluated by examining model fit through confirmatory factor analysis. All domains generally demonstrated acceptable fit. However, some facets had lower fit indices than others: RMSEA values for emotional lability and manipulativeness exceeded acceptable thresholds, whereas the CFI for risk taking was relatively low.

The Norwegian study likewise reported lower-than-expected fit indices for the domains (Thimm et al. 2016). In the Chinese sample, domains were treated as items in one confirmatory factor analysis and facets as items in another, and both analyses demonstrated good fit (Fang et al. 2021). In the Argentinian study, risk taking, suspiciousness, and hostility showed poor fit (Montes and Sanchez 2023). In the Polish study, fit indices were generally below 0.90 (Cieciuch et al. 2022). A meta-analysis also found that the risk taking facet failed to demonstrate good fit in confirmatory factor analysis (Barchi-Ferreira Bel and Osório 2020). Overall, the Turkish PID-5 demonstrated good fit at both the domain and facet levels, providing support for its validity.

The SCID-II-PQ was used to evaluate criterion validity. Correlations were examined between personality category scores obtained from this instrument and PID-5 personality domain scores. Overall, the observed correlations were consistent with the psychopathology represented by the respective constructs. A Chinese study also examined correlations between PID-5 personality domains and personality categories and reported patterns almost identical to those observed in the present study (Fang et al. 2021). A systematic review of PID-5 validity studies examined correlations between personality domains and DSM-IV or DSM-5 personality categories and found, similarly to the present study, correlations between negative affect domain and borderline, obsessive-compulsive, and avoidant personality patterns; detachment domain and obsessive-compulsive, schizotypal, and avoidant patterns; antagonism domain and antisocial, borderline, and narcissistic patterns; disinhibition domain and borderline and antisocial patterns; and psychoticism domain and schizotypal patterns, with weaker correlations for borderline and paranoid patterns (Barchi-Ferreira Bel and Osório 2020). These findings indicate that the PID-5 personality domains provide consistent and valid measurements.

The relationships between PID-5 personality facets and DSM-5 personality categories were not examined directly using multivariable statistical models in this study. Nevertheless, when facet-level distributions are considered together with clinical evaluations, some facets appear to show patterns that conceptually overlap with particular personality configurations. Facets related to social withdrawal, such as anxiousness and withdrawal, are prominent in avoidant personality patterns; separation insecurity and characteristics associated with seeking interpersonal approval are prominent in dependent personality patterns; and rigid perfectionism and perseveration are prominent in obsessive-compulsive personality patterns. Suspiciousness and hostility are notable in paranoid personality patterns, whereas withdrawal, unusual

beliefs & experiences, and perceptual dysregulation are relevant to schizoid and schizotypal patterns. Characteristics related to attention seeking and grandiosity are prominent in histrionic and narcissistic personality patterns; impulsivity and risk taking in borderline personality patterns; and irresponsibility and deceitfulness in antisocial personality patterns. Fang et al. (2021), who examined relationships between DSM-5 personality categories and PID-5 facets, similarly reported that some facets overlapped with particular personality patterns, although facet distributions could differ across cultural samples. Taken together, these findings suggest that the characteristics described in DSM-5 personality patterns can be represented dimensionally through PID-5 facets and that the PID-5 offers a clinically meaningful framework for dimensional assessment of personality traits.

In terms of discriminant validity, mean PID-5 domain scores and all facet scores except manipulativeness were higher in the patient group than in the healthy control group. The small number of studies comparing patient and healthy control groups have produced varying results. In the study of the Arabic form, all domains and all facets except anxiousness, rigid perfectionism, callousness, and manipulativeness were higher in the patient group than in the healthy control group (Coelho et al. 2020). Bach et al. (2018), by contrast, found higher mean scores in the patient group for all domains and facets compared to the nonclinical group. Despite the limited evidence, both domains and facets appear capable of distinguishing clinical from nonclinical groups.

Taken together, these findings support the validity of the Turkish PID-5.

This study has several limitations. Neither the patient group nor the healthy control group underwent structured diagnostic interviews in addition to the self-report instruments, and psychiatric diagnoses were based on clinical evaluation. Personality assessment was therefore based on self-report, and the absence of diagnostic confirmation through structured interviews is an important limitation. In addition, assessment of psychiatric status by self-report in the healthy control group may have increased the risk of diagnostic heterogeneity in the nonclinical sample. Because the study had a cross-sectional design, temporal stability of the instrument could not be evaluated. Another limitation is that the SCID-II-PQ used to evaluate criterion validity is based on DSM-III-R. However, at the time ethical approval was obtained and data collection was conducted, the Turkish translation and validity and reliability study of the DSM-5-based SCID for personality disorders had not yet been completed; therefore, the SCID-II-PQ, for which Turkish validity and reliability had been established, was used.

The strengths of the study include the inclusion of both patient and healthy control participants, as very few studies in this field have examined both groups concurrently. Another strength is the large sample size, which permitted a broad range of statistical analyses.

Future studies using structured diagnostic interviews and including different clinical samples will contribute to a more comprehensive evaluation of the psychometric properties of the Turkish PID-5.

CONCLUSION

The findings of this study largely support the validity and reliability of the Turkish PID-5 self-report form. The instrument was found to be valid and reliable at both the domain and facet levels and to constitute a useful assessment tool. It may be useful in research and in the dimensional assessment of personality in clinical practice.

Ethics Committee Approval: The study protocol was approved by the Clinical Research Ethics Committee of the Faculty of Medicine at Manisa Celal Bayar University on 10/10/2015, with decision number 20478486-366.

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