

## Summary

**BACKGROUND.** Evidence is growing that subclinical psychotic symptoms exist in the general population. This has gained increasing support for the continuum theory in the past decennium. According to the stress-vulnerability theory psychotic symptoms develop as a result of the interaction between the person, the environment and (important) stressful events during the development of psychotic symptoms. It is expected that women will suffer more from positive and depressive subclinical psychotic symptoms than men and that men will suffer more from negative subclinical psychotic symptoms. Also it is expected that the association between stress and subclinical positive symptoms and between stress and subclinical depressive symptoms for women is greater than for men and that the relationship between stress and negative subclinical symptoms for men is greater than for women.

**GOAL.** This research intends to measure the occurrence and severity of depressive, positive and negative subclinical psychotic symptoms in a sample of psychology students in Norway. In addition, the current study investigates the association between subclinical psychotic symptoms and stress and between subclinical psychotic symptoms and gender. This may support the development of appropriate interventions.

**RESEARCHGROUP AND PROCEDURE.** The research group consisted of 184 Norwegian psychology students (36 male, 148 female) of the Universities in Bergen, Oslo and Trondheim. Ages varied between 18 to 39.

**INSTRUMENTS.** The following questionnaires were filled out online: the validated Norwegian translation of the Community Assessment of Psychic Experiences (CAPE-42)-questionnaire and the translation of the Perceived Stress Scale (PSS) which is called Opplevd Stress Skjema (OSS).

**RESULTS.** According to the measure of the wide prevalence as defined in this study, 32.1% of the respondents experiences positive, 64.7% negative and 60.9% depressive subclinical

psychotic symptoms. This study shows significant relations between positive symptoms and stress and depressive symptoms and stress. The relation between negative symptoms and stress appears to be secondary to the association between negative symptoms on the one hand and positive and depressive symptoms on the other hand. There are no significant gender differences in frequency of positive symptoms. Female gender is associated with higher frequency of negative symptoms, but this effect only appears after adjustment for positive and depressive symptoms. Female gender is associated with lower frequency of depressive symptoms, but this effect also appears only after adjustment for positive and negative symptoms. Gender doesn't influence the association between stress and subclinical psychotic symptoms except for female gender which is associated with lower frequency of negative symptoms.

**CONCLUSION.** For treatment and prevention of psychotic symptoms it can be important to reduce stress or improve stress coping mechanisms. Interventions that focus on coping with stress might contribute to the reduction of psychotic symptoms and the risk of transition from the subclinical level to a clinical disorder.