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Sommario/riassunto	<p>Psychiatric symptoms are considered to be distributed along a continuum, from mental health to a diagnosable psychiatric disorder. In the case of psychosis, subclinical psychotic experiences (which can include odd behaviours, strange speech, unusual perceptual experiences and social anhedonia) are often referred to as schizotypy. Research examining schizotypal traits in non-clinical populations is rapidly expanding. The exploration of schizotypy may help elucidate factors related to the predisposition to psychiatric disorders (schizophrenia and related disorders). Schizotypy is also a valuable model for exploring cognition as performance is not confounded by issues often present in schizophrenia samples, such as long-term antipsychotic medication usage, social isolation, and recurrent hospitalizations (Jahshan and Sergi, 2007). This is particularly important as cognitive symptoms in schizophrenia are strongly related to quality of life and functional outcomes, yet generally respond poorly to current treatment options. In this Research Topic, we welcome contributions that examine the relationship between cognition and the schizophrenia spectrum. Contributions can be either reviews of recent, relevant literature or experimental studies exploring the contribution of environmental, genetic and other biological factors associated with</p>

cognition and schizotypy. While some people with high levels of schizotypy exhibit adaptive strengths (such as creativity) and high levels of subjective well being (Goulding, 2004); other people with high levels of schizotypy who also possess other aetiological risk factors are considered to be at high risk for developing schizophrenia. Further insights into underlying protective factors (such as genetic, epigenetic, environmental, or other personality factors) are also welcomed in this edition. It is particularly important to determine factors that may protect some people with high levels of schizotypy from developing a psychotic disorder.
