Put Skilled Touch on the Schizophrenia Treatment Menu: A Communication Note

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ABSTRACT

This scientific communication presents an assessment of skilled touch as a valid treatment and therapeutic option for schizophrenia. Given the current state of challenges in mental health treatment and the current therapeutic gaps in current behavioral and antipsychotic treatments, the authors present the case for a rapid advancement and acceptance of touch-based care as a low risk and high potential reward treatment option.

(Keywords: mental health, schizophrenia, therapy, skilled touch, touch-based care, massage)

INTRODUCTION

Schizophrenia is still the 11th largest driver of global disability-despite antipsychotics, cognitive-behavioral therapy, and the avalanche of "novel" digital tools. The status quo leaves yawning therapeutic gaps: negative symptoms that blunt motivation, metabolic side-effects that chip away at physical health, and a loneliness epidemic psychiatrists struggle to address in 15-minute visits. Meanwhile, patients are voting with their feet (and wallets). A survey of adults living with serious mental illness found that one-third already purchase massage therapy to manage symptoms. In other words, touch-based care is happening-invisibly, outside the clinic, without guidance from the very professionals who preach "evidence-based practice." It's time to stop ignoring the evidence simply because it wears lotion.

A Neurobiological Rationale We Can No Longer Dismiss

Massage is not soft-focus self-care; it is a potent regulator of stress circuitry. Repeated Swedish massage sessions lower salivary and plasma cortisol while producing large increases in oxytocin and sustained drops in vasopressin. Why does this matter to schizophrenia? Because dysregulated HPA-axis reactivity and chronically low oxytocin levels predict poorer social functioning, harsher stress responses, and deeper negative symptoms in this diagnosis. Skilled touch directly targets the very hormones psychiatry journals tell us to normalize.

Early Clinical Signals Are Already Here

- Foot-bath and leg massage (3x/week, 4 weeks) cut PANSS-negative scores from 29.0 to 21.5 in in-patients with residual schizophrenia and tripled quality-of-life scores.

- Manualized body-oriented therapy - basically structured therapeutic massage plus guided movement - beat supportive counselling for negative symptoms and maintained gains 4 months later in a randomized controlled trial.

- Salivary-gland/oral-mucosa massage (2024 RCT) relieved antipsychotic-induced xerostomia, a side-effect that sabotages adherence and nutrition.

These are small studies, but they point in a single direction: skilled touch moves the needle on problems our gold-standard treatments leave behind.

Low-Risk, High-Return Integration Massage therapy is inexpensive, non-invasive, and pleasant, three adjectives rarely applied to clozapine titration. It can be:

- Adjunctive in community clinics. Contract licensed massage therapists for weekly sessions and bill under wellness grants or

pilot funds.

- Embedded in early psychosis programs. Prevent touch deprivation, boost oxytocin when social withdrawal is still plastic.

- Studied properly. Large-sample RCTs comparing standardized massage "doses" versus sham-touch are overdue. Include endocrine markers so psychiatry finally sees mechanism, not mysticism.

A Call to Action

One of the authors, Austin Mardon, lives with schizophrenia and the other co-author, Eric Hodgson ,is a practicing massage therapist. In the opinion of the authors, the therapeutic community doesn't require another decade of 'What if? papers, we need psychiatrists to roll up their sleeves and collaborate with manual-therapy professionals. The worst outcome is that patients feel relaxed after fifty minutes of focused human attention. The best? We finally chip away at the negative-symptom iceberg, reduce stress-hormone toxicity, and give people with schizophrenia an evidence-based reason to look forward to treatment. Schizophrenia care has been touch-averse for a century. The data - scant but consistent - tell us that therapeutic touch is biologically plausible, patient-driven, and clinically promising. Let's stop wringing our hands and use them.

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SUGGESTED CITATION

Hodgson, E. and A. Mardon. 2025. "Put Skilled Touch on the Schizophrenia Treatment Menu: A Communication Note". *Pacific Journal of Science and Technology*. 26(2): 159-160.


Pacific Journal of Science and Technology