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A Mind–Body Approach to Healthy Aging: T'ai Chi Chih and Mindfulness in Older Adults

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Abstract

T'ai Chi Chih (TCChih) is a simplified Tai Chi/Qigong (TCQ) practice consisting of 19 gentle movements and one pose. Prior research links TCChih with improvements in several physical and mental health outcomes. TCQ and mindfulness-based practices share overlapping features including stress reduction, improved psychological well-being, enhanced social support, and relevance for aging populations. Previous studies using the Mindful Attention Awareness Scale (MAAS) survey in older TCQ practitioners report higher than normative mindfulness scores. Limited prior research has examined how frequency, duration, and longevity (years) of TCQ practice relate to mindfulness outcomes. This is the first study to examine mindfulness in relation to these same practice characteristics for TCChih. The study was designed as cross-sectional and self-reporting using the MAAS survey. The study included 418 TCChih practitioners. Participants had an average age of 72 and were mostly female (79%), Caucasian (90%), and North American (83%). Survey results were analyzed using statistical tools to determine the impact of TCChih practice characteristics including frequency of practice, session duration, and longevity of practice on MAAS scores. MAAS scores were positively associated with frequency of practice and longevity of practice. Findings show that practicing at least 4–6 times per week correlates with increased mindfulness scores, as does more than 10 years of practice. Dispositional mindfulness in TCChih practitioners appears more strongly associated with regular, high-frequency practice and long-term continuity of practice. Findings support the view that mindfulness may develop gradually and cumulatively through sustained engagement with TCChih.

Keywords: T'ai Chi Chih, frequency of practice, longevity of practice, MAAS, older adults

Introduction

T'ai Chi Chih (TCChih) is one of many simplified forms of Tai Chi/Qigong (TCQ). It consists of 19 gentle, repetitive movements with one pose and is considered a mind–body intervention.[1] It is easy to learn and particularly accessible to the aging population. The simplified form offers manageable and nonstrenuous training and practice schedules for older adults.[2] TCChih is taught by accredited instructors who complete intensive training that is standardized worldwide.[3] Numerous studies have associated TCChih practice with improvements in physiological and psychological conditions, including immunity to shingles virus, reduction in inflammatory markers, reductions in geriatric depression and chronic diseases, decrease in sympathetic nervous system activity, and more.[1–4]

TCChih is a Western adaptation of practices labeled as T'ai Chi/Qigong (TCQ), which have been used for health promotion and disease prevention for thousands of years. TCQ practices include not only physical but also mental and spiritual components. There is an emphasis on gentle movements, mental focus, deep breathing, and relaxation to achieve holistic health and self-awareness.[5] Simplified movements facilitate reaching a meditative state more easily than traditional TCQ forms that are more complex.[6]

Tai Chi Chih has many advantages compared to other forms of physical activity. It is low-impact, reducing potential injury to joints. It is suitable for all ages and fitness levels, particularly older adults and those with chronic conditions. TCChih can be adapted to activity tolerance and is more beneficial to older adults than activities designed for strengthening, aerobics, and dancing.[7–11] In terms of overall physical and mental health, studies have demonstrated enhanced health functioning in older adults in addition to decreased sympathetic output, improved viral immunity, and higher vaccine response.[12]

TCChih and the Domains of Healthy Aging

Healthy aging is increasingly understood as a multidimensional outcome spanning physical function, cognitive resilience, psychological well-being, immune competence, and social connectedness.[13,14] TCQ practice has been associated with favorable outcomes across each of these domains: physical benefits include low-impact movement suitable for older adults with reduced mobility or chronic disease[7,8]; cognitive

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benefits are suggested by improvements in memory and executive function[2]; psychological benefits include reductions in geriatric depression and anxiety[2,15]; immune benefits include enhanced viral immunity and vaccine response[4]; and social benefits stem from the group-based, community structure of TCChih classes, which supports the social engagement recognized as a pillar of healthy aging.[16] Because TCChih combines these benefits within a single, low-risk, and easily accessible practice, it is well positioned as a practical recommendation for clinicians working with older adults across a range of functional levels.

TCChih and Mindfulness

TCChih and mindfulness have significant crossover with regard to benefits. Both interventions are beneficial for alleviating stress and improving psychological well-being. Both can serve as an alternative or complementary treatment for anxiety, depression, and other psychopathologies.[1,15] Both encourage emotional and physical health within the context of advanced aging. Both have been found to increase social support.[13,14,16]

In an observational study using the Mindful Attention Awareness Scale (MAAS) with older T'ai Chi practitioners, Miller and Taylor-Piliae found associations between mindfulness and perceived health benefits. The sample consisted of primarily Caucasian women with a mean age of 73 years. Results for mindfulness/attention as measured by the MAAS and self-perceived health benefits were significantly higher in the study participants than normative reference values.[9] The sample in the Miller and Taylor-Piliae study mirrors characteristics in our mindfulness and TCChih study sample, in terms of age, gender, race, and education.

Our cross-sectional, observational study of 418 TCChih practitioners found significant positive associations with mindfulness and age, mindfulness and frequency of practice, and mindfulness and longevity of practice, with longevity representing how many years a person has practiced. This is the first study of TCChih to look at these factors. However, a 2025 study of T'ai Chi examined variables that impact the frequency of practice and found significant correlations with frequency and age, gender, health issues, distance to the practice site, among others.[17]

Frequency and Longevity of Practice

According to recent researchers, there is a need for systematic studies that explore how the duration, frequency, and intensity of TCQ practices affect the health of older adults.[18] Among very few such studies, a review of 31 studies with a total of 2501 participants published in 2025 concluded that TCQ practices significantly improved anxiety and depression symptoms in older adults. Notably, subgroup analyses revealed that the duration, frequency, and intensity of exercise had varying effects on the intervention outcomes. The researchers found through subgroup analyses that there are significant differences in the intervention effects of TCQ practices on anxiety and depression, with optimal intervention protocols varying for each.[19] Larkey et al. found that changes in mood are achieved after both long- and short-term practice. Duration of practice sessions (ranging from five minutes to over an hour per session) may produce less reliable benefits than frequency of practice.[20] Further studies on frequency, duration, and longevity are needed.

The purpose of this study was to explore relationships between TCChih practitioners and mindfulness. Findings echo previous studies of TCQ showing associations of increased mindfulness scores with increased age and frequency of practice. Our study additionally showed a positive association with increased mindfulness scores and longevity as defined by years of practice. We did not find a notable association with duration of individual practice sessions; however, the frequency and longevity of practice were strongly associated with higher mindfulness scores in our study.

Materials and Methods

This study investigated the relationship between engagement in meditative movement practices, particularly TCChih, and dispositional mindfulness in everyday activities. A cross-sectional, self-report survey design was used.

Participants and Recruitment

TCChih practitioners, including students, teacher candidates, and teachers, were recruited between May and December 2025 via the 2025 International T'ai Chi Chih Teachers Conference. Teachers of TCChih and related meditative movement practices (e.g., Qigong and T'ai Chi) distributed the survey to their communities. The survey stated that results would be used for this study and that participation was completely voluntary. All data were collected anonymously, and responses cannot be linked or attributed to any specific individual. By December 2025, over 400 responses had been collected. After data cleaning, to remove duplications and incomplete responses, the final sample comprised 418 participants across the Americas, the United Kingdom, and Europe.

Measures

Participants completed demographic questions consisting of gender, age, race, education level, location, student/teacher status, length of normal practice sessions, frequency of practice, and months/years of TCChih practice.

The Mindful Attention Awareness Scale (MAAS) was used to assess dispositional mindfulness in everyday activities. The scale is a 15-item (1–6 Likert scale) questionnaire to assess dispositional (or trait) mindfulness. It was developed by Brown and Ryan in 2003 and has been psychometrically validated in diverse populations with good internal consistency and construct validity in community and clinical adult samples.[21–23]

A novel Intensity of Practice Score was developed by our research team, integrating three practice variables: frequency of practice, duration of individual practice sessions, and years of practice experience.

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Procedure and Data Analysis

Descriptive statistics were computed for all variables. One-way analysis of variance with Tukey's post hoc tests examined differences in MAAS scores across several categories including years and frequency of practice. All bivariate comparisons, as well as adjusted and unadjusted analyses, were completed using Stata (version 18).

Use of Artificial Intelligence

The "TCChih and the Domains of Healthy Aging" subsection of the Introduction and the "Clinical Implications for Practice" section were drafted with the assistance of Claude (Anthropic), a generative artificial intelligence (AI) large language model, which synthesized clinical framing based on the study's findings and existing literature under author direction. Table 5 (Summary of Findings and Clinical Implications for Practice) was also generated using Claude, drawing on the statistical results reported in Tables 1–4. All AI-assisted content was reviewed, fact-checked, and edited by the authors, who take full responsibility for its accuracy, interpretation, and integrity.

Results

Table 1 shows mean MAAS scores (standard deviation) and the number of individuals within each classification. Differences in mean MAAS scores were statistically significant ($P = 0.005$). There was a stepwise increase in MAAS averages as individual experience increased from 6–11 months and up, with MAAS scores increasing from 4.2 to 4.55, on average. Post hoc tests (Tukey) of pairwise differences in mean MAAS scores across each years-of-practice category were not statistically significant.

After adjusting for sex, age, race, student/teacher status, normal practice sessions, and frequency of practice, MAAS scores showed a similar but attenuated upward trend with greater years of practice (Figure 1). The wide confidence intervals (Figure 1) suggest variability and limited precision, so conclusions should be cautious, and this is reflected in the pairwise comparisons, which did not find statistically significant increases in adjusted MAAS scores when running individual comparisons of margins.

Table 1. Mindful Attention Awareness Scale Average by Years of Practice

	MAAS average		
Years of practice	Mean	SD	*N*
Less than 6 months	4.29	0.77	38
6–11 months	4.20	0.74	44
1–4 years	4.25	0.76	135
5–10 years	4.45	0.72	76
More than 10 years	4.55	0.65	125

MAAS, Mindful Attention Awareness Scale; SD, standard deviation.

Table 2. Statistical Significance of Mindful Attention Awareness Scale with Longevity of Practice

	MAAS average		
Years of practice	Beta	SE	*P*
Less than 6 months	Reference	—	—
6–11 months	–0.00	0.16	0.999
1–4 years	0.09	0.14	0.499
5–10 years	0.25	0.15	0.096
More than 10 years	0.39	0.14	0.006
_cons	4.21	0.12	0.000

MAAS, Mindful Attention Awareness Scale; SE, standard error.

As shown in Table 2, on average, the most meaningful difference in average MAAS scores is for individuals with more than 10 years of practice experience, which shows a statistically significant increase compared to those with less than 6 months of practice experience. On average, individuals with 5–10 years of practice experience had MAAS scores that were 0.25 higher than those with less than 6 months of practice experience, but these differences were marginally significant ($P = 0.096$). The cons (4.21) is the estimated MAAS score for the reference group (less than 6 months of practice).

Table 3 shows mean MAAS scores (standard deviation) and the number of individuals within each classification based on the frequency of practice. Differences in mean MAAS scores remained statistically significant ($P = 0.001$) when assessed against frequency of practice. Post hoc tests (Tukey) of pairwise differences in mean MAAS scores across frequency of practice categories were statistically significant among those who practiced daily or four to six times per week relative to less frequent practice. No other pairwise comparisons were statistically significant.

Table 3. Mindful Attention Awareness Scale Average by Frequency of Practice

	MAAS average		
Frequency of practice	Mean	SD	*N*[a]
1–3 times/month	4.32	0.65	38
1–3 times/week	4.28	0.76	211
4–6 times/week	4.61	0.61	81
Daily	4.55	0.72	60

[a]*N* = 390. This analysis was done prior to final data entry adjustments.
MAAS, Mindful Attention Awareness Scale; SD, standard deviation.

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Table 4. Mindful Attention Awareness Scale Scores by Student/Teacher Status

	MAAS average		
Student/Teacher status	Mean	SD	N[a]
Student	4.27	0.73	268
Teacher candidate	4.95	0.65	11
Teacher	4.62	0.64	91
TCQ teacher	4.65	0.61	21

[a]$N = 391$. This analysis was done prior to final data entry adjustments.
MAAS, Mindful Attention Awareness Scale; SD, standard deviation; TCQ, Tai Chi/Qigong.

Table 4 shows the average MAAS scores (standard deviation) and the number of individuals within each classification based on their student/teacher status. The majority of participants were students ($n = 268$). Differences in mean MAAS scores remained statistically significant ($P = 0.001$) when assessed against student/teacher status. Post hoc tests (Tukey) of pairwise differences in mean MAAS scores by student/teacher status categories were statistically significantly higher among TCChih teacher candidates and TCChih teachers, compared to students, but not when comparing TCQ teachers to students. No other pairwise comparisons were statistically significant.

Discussion

This study aims to show the effects of years of practice and frequency of practice on increased dispositional mindfulness with practitioners of TCChih, a structured, simplified form of TCQ. Results of this study (Table 1) show that mindfulness generally improves with years of practice, with the most significant differences in mindfulness occurring for practitioners with more than 10 years of practice when compared to beginners with fewer than 6 months of practice (Table 2). The study was cross-sectional with 418 participants. The demographics of the respondents were as follows: 21–94 years of age with an average age of 72 years. The gender composition of the respondents was 79% female, with a race/ethnicity composition of 90% Caucasian. Eighty-three percent of the respondents were based in North America, while 17 percent were from the United Kingdom/Europe. The upward trend of the impact of years of practice held when data were adjusted for these demographic differences (Figure 1), although the confidence intervals are large. The large confidence intervals are likely impacted by the heterogeneity of the responders including variables that were not assessed such as mental and/or physical health status of the participants.[24] From a clinical perspective, this pattern suggests that TCChih may function best as a sustained, long-term practice rather than a short-course intervention, and that practitioners counseling older patients may wish to frame TCChih as a lasting lifestyle habit rather than a time-limited program.

In addition to years of practice, dispositional mindfulness also increased with frequency of practice for TCChih practitioners, as shown in Table 3. The group with the highest MAAS scores practiced at least four to six times weekly compared to groups with other levels of practice frequency. There was a significant difference in the MAAS scores of these individuals from those who practice less frequently. These results are additive to those reported in previous studies of TCQ practitioners that showed a statistically significant relationship between frequency of practice, stress reduction, and improved cognitive function in older adults.[25] For practitioners advising older adults, this finding offers a practical, low-risk target: Patients able to commit to TCChih practice four to six times per week or more may be more likely to experience measurable improvements in dispositional mindfulness than those practicing only occasionally, although less frequent practice may still confer some benefit.

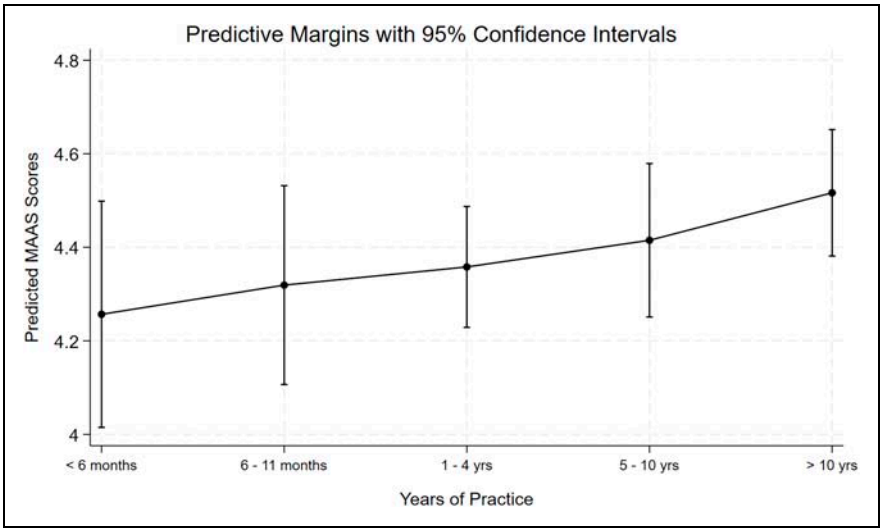


Figure 1. Adjusted MAAS scores by Frequency of Practice with Confidence Intervals. MAAS, Mindful Attention Awareness Scale.

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One interesting result of the reported results is that the student/teacher status of the respondents also shows a significant impact on mindfulness. This study is the first to link student/teacher status of a significant number of TCChih practitioners to their dispositional mindfulness scores. Compared with TCChih students, both TCChih teachers and teacher candidates showed significantly higher MAAS scores (Table 4). This finding raises the possibility that the deeper engagement associated with teaching, rather than frequency and longevity of practice alone, may itself support mindfulness, suggesting that clinicians might also encourage interested patients toward continued involvement in TCChih instruction or community teaching roles as their practice matures.

Clinical Implications for Practice

These findings offer several practical takeaways for clinicians and integrative health practitioners considering TCChih as part of a healthy aging plan. First, TCChih can be recommended broadly: Its low-impact, adaptable format makes it appropriate for older patients across a wide range of mobility, fitness, and frailty levels, including those with chronic conditions who may not tolerate higher-intensity exercise.[7,8,11] Second, when discussing practice goals with patients, clinicians may consider framing frequency of practice as a meaningful target, since patients practicing approximately four to six times per week showed the most favorable mindfulness outcomes in this sample; however, any regular practice is likely preferable to none. Third, because longevity of practice, as opposed to session duration, was most strongly associated with higher mindfulness scores, TCChih may be best presented to patients as a sustainable, long-term lifestyle practice rather than a short-term intervention, with the expectation that benefits to mindfulness may accrue gradually over years rather than weeks. Table 5 summarizes the key findings of this study and frames these in terms of their potential implications for clinical practitioners.

Clinicians may consider referring interested patients to ongoing TCChih communities and instruction rather than simply to one-time classes, given the additional association observed here between deeper engagement and mindfulness. Access to both in-person and virtual practice sessions led by accredited instructors may be found through sites such as TCCCommunity.net and Taichichih.org. Instructional videos, including multilingual videos, are also available on YouTube and accredited instructor websites. Clinicians may want to encourage patients who are drawn to deeper involvement to consider progressing toward study with additional instructors and classes and/or toward teacher training pathways over time to augment regular practice.

For patients already managing stress-related conditions, mild anxiety or depressive symptoms, or seeking to support cognitive and immune health in aging, TCChih may serve as a low-risk complementary practice alongside standard care, consistent with prior evidence supporting its use as an adjunct to conventional treatment.[2] As with any exercise or mind–body recommendation, clinicians should consider individual patient circumstances, including balance and fall risk, when introducing a new practice. For example, many seated versions of TCChih are available in video formats, as well as live practices with teachers. TCChih's gentle, adaptable movements make it accessible to most older adults with appropriate instruction.

Table 5. Summary of Findings and Clinical Implications for Practice

Practice characteristic	Key finding	Clinical takeaway for practitioners
Longevity of practice	MAAS scores were highest among practitioners with more than 10 years of practice (M = 4.55) versus less than 6 months (M = 4.29); the difference became statistically significant after 10 years of practice ($\beta = 0.39$, $P = 0.006$) (Tables 1–2).	Frame TCChih as a long-term, sustained lifestyle practice. Benefits appear to accrue gradually and are most evident after roughly a decade of practice.
Frequency of practice	Practitioners practicing 4–6 times per week had the highest MAAS scores (M = 4.61) versus one to three times per week (M = 4.28); overall differences were statistically significant ($P = 0.002$) (Table 3).	Suggest a practical target of four to six sessions per week where feasible. Less frequent practice may still offer some benefit and is preferable to none.
Depth of engagement (student/teacher status)	MAAS scores were higher among teacher candidates (M = 4.95) and teachers (M = 4.62–4.65) than among students (M = 4.27); differences were statistically significant ($P = 0.002$) (Table 4).	Encourage patients drawn to deeper involvement to consider progressing toward instruction through additional classes/instructors or through teacher training pathways over time.
Overall pattern	Mindfulness outcomes tracked consistently with the duration, frequency, and depth of TCChih engagement across all analyses.	Present TCChih recommendations around sustained, regular, and progressively deeper practice rather than as a short-term or one-time intervention.

Findings reflect associations observed in the present study (Tables 1–4) and are offered as clinical considerations rather than prescriptive treatment guidelines.
MAAS, Mindful Attention Awareness Scale; TCChih, T'ai Chi Chih.

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Conclusions

For clinicians and integrative health practitioners, this study reinforces TCChih as a low-risk, broadly accessible practice that supports healthy aging through both mindfulness-related and previously documented physical and psychological benefits, particularly when recommended as a sustained, long-term practice. This is the first study to examine the relationship between TCChih and mindfulness. A growing body of evidence supports an association between certain characteristics of TCQ and mindfulness, particularly reduced stress and improved psychological well-being.

Findings from this study point to higher mindfulness scores in TCChih practitioners who practice often and/or who have maintained regular practice for many years. Analysis of frequency of practice and longevity of practice indicated strong associations in TCChih practitioners (students, teachers, and teacher candidates), with mindfulness scores increasing with practice of —four to six times a week or more and 10 years or more of sustained practice.

Recommendations for Further Study

Longitudinal studies to clarify causal mechanisms would offer deeper insight. In addition, qualitative research is recommended to explore lived experience, motivation, and mechanisms underlying sustained practice and mindfulness development.

The design for this present study is simple and low-cost making it easily replicable by novice researchers or practitioners. We suggest that the study be replicated with cohorts where the respondents practice another form of T'ai Chi or Qigong.

Finally, there was some indication in our findings that student/teacher status (including teacher candidates) is worth further exploration. The depth of training that one brings to the practice may be a variable that is associated with mindfulness.

Authors' Contributions

M.A.V.: PI, concept, study design, authorship of introduction, conclusions, recommendations for further study. J.A.: Data interpretation, design of tables, authorship of discussion and clinical implications, editing, revision and submission of article. N.B.: Data analysis, interpretation, table/figure design and authorship of results. A.L.: Data entry, authorship of materials and methods section. Authors gratefully acknowledge: R.W., PhD: Methodology and statistical analysis. J.L.: Recruitment of participants; data entry and curation. G.B.: Data curation and analysis

Author Disclosure Statement

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