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Tai Chi vs. Cognitive Behavioral Therapy — Which Is More Effective for Chronic Insomnia Treatment?

Analysis by Dr. Joseph Mercola | January 13, 2026

STORY AT-A-GLANCE

- Chronic insomnia affects millions worldwide and raises risks for cardiovascular disease, mental illness, and cognitive decline. Effective nondrug treatments are essential for restoring sleep and protecting long-term health
- Cognitive behavioral therapy for insomnia (CBT-I) is the leading behavioral treatment for chronic insomnia. It uses structured therapy to change sleep-disrupting thoughts and habits
- A study directly compared tai chi with CBT-I for chronic insomnia, using the same treatment length, standardized instruction, and identical measures to evaluate sleep outcomes
- CBT-I led to faster improvements early on, while tai chi reached similar results by 12 months and showed higher rates of continued practice after the formal intervention ended
- Both approaches improved sleep duration, reduced nighttime awakenings, and eased anxiety and depression, offering different but sustainable options for managing chronic insomnia without medication

Insomnia is marked by difficulty falling asleep, staying asleep, or waking up too early. Most people experience occasional sleeplessness at some point, especially during periods of stress or disruption. But when these issues persist at least three nights a week for more than three months, the diagnosis shifts to chronic insomnia.[1]

Chronic insomnia affects more than 16% of the global population, making it one of the most common sleep disorders.[2] In the U.S., 12% of Americans report they've been diagnosed with the condition.[3] Beyond persistent sleep disruption, chronic insomnia leads to daytime exhaustion, mood disturbances, and impaired cognitive and physical function. It also increases the risk of mental illness, cardiovascular disease, and long-term neurological decline.

Cognitive behavioral therapy (CBT) has been the leading approach for chronic insomnia treatment because of its consistent effectiveness and safety. Recently, researchers from Hong Kong have turned their attention to tai chi, a traditional mind-body practice rooted in martial arts, to evaluate whether its gentle, meditative movements offer similar insomnia relief.[4]

How Does Cognitive Behavioral Therapy for Insomnia (CBT-I) Work?

CBT-I is an evidence-based therapy that addresses the underlying behavioral and cognitive patterns sustaining chronic insomnia. Rather than focusing on inducing sleep directly, CBT-I targets the processes that cause sleep difficulties to persist over time, including maladaptive thoughts, habits, and physiological arousal.[5,6,7,8]

- **CBT-I follows a structured, time-limited treatment format —** Standard treatment consists of six to eight sessions, typically delivered weekly in individual or group formats, either in-person or remotely. Each session follows a clear agenda that includes reviewing sleep data, delivering behavioral strategies, and adjusting treatment based on progress.

- **CBT-I targets the perpetuating drivers of insomnia rather than sleep itself —** The foundation of CBT-I is rooted in the "3P model" of insomnia, which identifies three categories of contributing factors:

    - Predisposing traits such as heightened emotional reactivity

    - Precipitating events like stress or illness that initiate sleep disruption
    - Perpetuating behaviors that maintain the disorder long after the initial cause has resolved

  CBT-I specifically addresses the perpetuating factors that sustain insomnia, such as spending too much time in bed, worrying about sleep, and using the bedroom for wakeful activities.

- **Treatment relies on four core components with distinct roles —** The core components of CBT-I are sleep restriction therapy, stimulus control, cognitive restructuring, and behavioral education around sleep hygiene. Each element plays a distinct role in consolidating sleep and reducing nighttime wakefulness.

- **Sleep restriction therapy (SRT) rebuilds sleep drive and efficiency —** SRT limits the time spent in bed to closely match your actual average sleep duration. This creates a mild, controlled form of sleep deprivation that builds sleep pressure and strengthens the homeostatic sleep drive. Over time, sleep becomes deeper and more efficient.

  The sleep window is gradually adjusted based on weekly sleep diaries. If your sleep efficiency exceeds 90%, your time in bed is extended by 15 minutes. If it falls below 85%, it's reduced. This data-driven process continues until sleep becomes stable and restorative.

- **Stimulus control reconditions the bed as a cue for sleep —** Prolonged wakefulness in bed trains the brain to associate the sleep environment with alertness. Stimulus control reverses this conditioning by reserving the bed for sleep and sexual intercourse only.

  Patients leave the bed if they're unable to fall asleep within 15 to 20 minutes and return only when sleepy. Waking at the same time daily and avoiding naps are also essential parts of this strategy.

- **Cognitive therapy reduces mental arousal that blocks sleep onset —** Insomnia often persists due to distorted beliefs about sleep, including catastrophic thinking, rigid expectations, and fear of daytime consequences.

  CBT-I teaches patients to identify these thoughts, evaluate their accuracy, and replace them with realistic interpretations that reduce cognitive arousal. The goal isn't to force positive thinking but to reduce cognitive arousal that prevents the onset of sleep.

- **Sleep hygiene supports behavioral change rather than driving it —** Education focuses on habits that interfere with sleep, including late caffeine use, light exposure, and bedroom conditions. Sleep hygiene alone does not treat insomnia but supports the effectiveness of the core behavioral strategies when applied alongside them.

- **CBT-I produces stable improvements across clinical populations —** A 2025 meta-analysis of more than 5,000 individuals with chronic illness showed significant reductions in insomnia severity and improvements in sleep efficiency and sleep onset latency. Outcomes matched those seen in otherwise healthy populations. Treatment adherence was strong, with a dropout rate of 13.3% and few adverse effects reported.[9]

- **Most improvements appear within weeks with sustained long-term benefit —** Sleep continuity often improves within the first few weeks when schedules are followed closely. Temporary increases in fatigue commonly occur during early sleep restriction and resolve as sleep consolidates. Clinical remission rates reach 65% to 70%, with improvements extending to fatigue, mood, pain, and inflammatory markers.

CBT-I requires consistent engagement and adherence to its behavioral prescriptions. Long-term success depends on maintaining the schedule and addressing the cognitive patterns that disrupt sleep. When performed correctly, it delivers lasting relief without medication dependence.

New Research Explores Tai Chi for Insomnia Relief

A randomized, non-inferiority trial published in The BMJ evaluated tai chi as a structured, nonpharmacological treatment for adults aged 50 and older with diagnosed chronic insomnia. The intervention was delivered in a standardized, closely monitored format over three months. Within this context, tai chi functioned as a defined therapeutic practice rather than a general wellness activity, with specific physical, cognitive, and physiological elements tied to sleep regulation.[10]

- **The trial tested tai chi as a formal therapeutic intervention —** Participants practiced a standardized form of tai chi rather than self-directed movement. The study used the widely researched 24-form Yang style, delivered through structured sessions that included breathing and relaxation exercises, guided movement sequences, and cool-down periods. This format integrated physical activity, attentional control, and relaxation within each session.

- **Tai chi provided low-intensity movement suitable for complex clinical populations —** The intervention involved low-to-moderate intensity activity that participants sustained safely over time. The study population included individuals with common comorbidities such as hypertension, diabetes, anxiety, and depression.

  High attendance and adherence rates with no reported adverse events showed that the physical demands remained manageable across the intervention period.

- **Practice influenced physiological arousal and inflammatory signaling —** Chronic insomnia is associated with heightened physiological and cognitive arousal. Mechanistic studies cited in the trial linked sustained tai chi practice to reductions in systemic and cellular inflammatory markers, including lower production of cytokines such as interleukin-6 and tumor necrosis factor-α following immune stimulation.

  These effects emerged gradually and persisted over extended follow-up, aligning with biological pathways involved in sleep disruption.

- **Neuroimaging studies revealed changes in brain networks tied to sleep regulation —** Research referenced alongside the trial showed altered resting-state functional connectivity after sustained tai chi practice. Changes appeared in networks involved in cognitive control, default mode processing, and memory regulation.

  Shifts in hippocampal and frontal connectivity and low-frequency neural activity corresponded with reduced cognitive hyperarousal and improved emotional regulation, both central to sleep initiation and maintenance.

- **Psychological benefits addressed emotional drivers of insomnia —** Tai chi combines focused attention with bodily awareness, which has been associated with reductions in perceived stress, anxiety, and depressive symptoms. In the featured study, participants practicing tai chi showed significant improvements in anxiety and depression scores, outcomes that matter clinically given the tight bidirectional relationship between insomnia and emotional distress.

- **Sustained engagement supported long-term sleep improvement —** Many participants continued practicing tai chi after supervised sessions ended, though at lower weekly volumes. This continued engagement coincided with sustained reductions in insomnia severity at long-term follow-up. The findings suggest that tai chi transitions effectively from guided instruction to self-directed practices that are integrated into daily routines.

These findings position tai chi as a multifaceted intervention that simultaneously engages movement, attentional training, emotional regulation, and biological stress pathways. Learn more about the benefits of this practice in "**Tai Chi Surpasses Aerobic Exercise for Lowering Blood Pressure**."

Tai Chi vs. CBT-I for Chronic Insomnia

The BMJ trial directly compared tai chi with CBT-I using identical treatment duration, session frequency, and outcome measures, offering a clear look at how these two interventions stack up clinically over time rather than in theory. Their findings

demonstrated how quickly improvements appear with each approach, how durable they are, and what is required to sustain them.[11]

- **CBT-I delivers faster symptom relief in the short term —** At the end of the three-month intervention period, both groups showed meaningful improvement on the Insomnia Severity Index (ISI), a standardized questionnaire used to measure how severe insomnia symptoms are and how much they interfere with daily life. At this stage, people receiving CBT-I had a larger average drop in scores than those practicing tai chi.

  The difference between the two groups was large enough to exceed the study's predefined non-inferiority margin, which is the statistical threshold used to determine whether one treatment performs similarly to another. This meant that tai chi did not demonstrate results equivalent to CBT-I immediately after treatment.

- **Tai chi catches up over time and matches long-term outcomes —** During the 12 months that followed the supervised intervention, the pattern of improvement shifted. People in the tai chi group continued to see gradual reductions in insomnia severity even after formal sessions ended, while improvements in the CBT-I group largely held steady without further gains.

  After 15 months, the gap between the two groups' ISI scores had narrowed substantially. The remaining difference fell well within the study's non-inferiority margin, meaning it was small enough to be considered clinically equivalent. At this point, tai chi met the study's statistical standard for performing as well as CBT-I in reducing long-term insomnia severity.

- **Durability favored tai chi through continued engagement —** A key divergence appeared after formal treatment ended. More than one-third of tai chi participants continued practicing independently, compared with a much smaller proportion of CBT-I participants who actively maintained behavioral strategies.

This ongoing engagement likely contributed to the strengthening of tai chi's effects over time and supports its role as a self-sustaining intervention rather than a finite therapeutic course.

- **Subjective sleep diary outcomes aligned with symptom trajectories —** Both interventions improved sleep onset latency, wake after sleep onset, nighttime awakenings, total sleep time, and sleep efficiency. CBT-I produced larger gains during the active treatment phase, particularly for reductions in nighttime wakefulness and improvements in sleep efficiency. Continued improvement in the tai chi group during follow-up led to similar sleep diary outcomes between groups at 12 months.

- **Accessibility, scalability, and cost differ meaningfully —** CBT-I requires trained clinicians and structured delivery, which limits availability in many healthcare settings. Tai chi, once learned, transitions more easily into community or home-based practice without ongoing professional oversight. This distinction matters for chronic conditions where long-term adherence, affordability, and sustained access shape outcomes over time.

- **Broader health outcomes also improved —** Measures of anxiety, depression, physical activity, quality of life, and sleep medication use improved in both groups. Physical activity increased, sedentary behavior declined, and hypnotic drug use fell without rebound at long-term follow-up. By 12 months, no meaningful differences remained across these secondary outcomes between the two groups.

These comparative findings support tai chi as a viable option for the long-term management of chronic insomnia, especially for individuals focused on treating insomnia without medication and maintaining improvements through a sustainable, self-directed practice. The table below can help you determine which approach fits your lifestyle better:

Which Suits You Better — CBT-I or Tai Chi?

Key Considerations	CBT-I	Tai Chi
Speed of improvement	Produces faster reductions in insomnia severity during the first three months	Improvements develop more gradually, with continued gains after supervised sessions end
Long-term effectiveness	Improvements are typically maintained after treatment ends, without substantial further change	Insomnia severity continues to decline over the year following treatment
Ease of long-term adherence	Lower rate of continued self-practice after treatment ends	Higher rate of continued independent practice
Need for professional guidance	Requires trained therapists and structured sessions	Transitions easily to self-directed practice after instruction
Integration into daily routine	Relies on ongoing behavioral discipline and scheduling	Fits naturally into movement and daily habits
Physical activity benefits	Does not rely on physical movement beyond daily routines	Improves physical activity and functional capacity
Suitability for older adults with comorbidities	Effective but cognitively demanding	Well-tolerated even with medical and psychological comorbidities
Long-term cost	May involve ongoing expenses tied to	Tends to remain low once basic skills are learned

Key Considerations	CBT-I	Tai Chi
	professional care	
Best fit if you want	Strong early improvement and a clinically structured approach	A sustainable long-term practice that supports sleep over time

What Does a Safe 7-Day Starter Plan Look Like?

Clinical trials and treatment guidelines show that both CBT-I and tai chi begin with an orientation phase focused on observation, consistency, and skill acquisition rather than immediate symptom resolution. A short starter plan reflects this approach by helping you establish rhythm and familiarity.[12,13,14]

- **Days 1 to 2 —** During the first two days, your goal is becoming more aware of your baseline. Track your sleep using a simple sleep diary, noting when you go to bed, how long it takes to fall asleep, how often you wake during the night, when you wake up for the day, and how rested you feel.

  This mirrors the initial assessment phase used in CBT-I trials and provides a reference point for any approach you choose. At the same time, you keep your usual routine unchanged. Avoid adjusting bedtimes, wake times, or habits yet. Establishing an accurate baseline helps you see patterns without adding pressure to "sleep better" immediately.

- **Days 3 to 4 —** At this stage, introduce a single, low-burden anchor into your routine. If you are leaning toward CBT-I, this means setting a consistent wake time and sticking to it both days, regardless of how you slept. Continue tracking sleep but focus only on wake time consistency rather than multiple behavioral changes at once.

If you are leaning toward tai chi, this means practicing a short, guided session lasting about 20 to 30 minutes on both days. The focus stays on learning basic movements and breathing rather than perfect form or intensity. Practice earlier in the day or early evening, not immediately before bed.

- **Days 5 to 6 —** These days are for reinforcing what you started. For CBT-I, you maintain the same wake time and begin paying attention to how time in bed compares to time asleep, using your diary observations only, without attempting sleep restriction yet. This mirrors how CBT-I gradually introduces behavioral adjustments rather than stacking them early.

  For tai chi, you repeat the same session length and movement sequence used on days 3 and 4. Repetition matters more than variety at this stage, as studies emphasize consistency over novelty in early practice.

- **Day 7 —** On the final day of the starter week, review your sleep diary and subjective experience. Look for small signals such as changes in sleep timing, daytime alertness, or how manageable the practice felt, rather than dramatic sleep improvements. This reflection helps you decide how to proceed.

  If structured guidance and measurable targets feel motivating, continuing with a full CBT-I program may suit you. If the practice felt sustainable and easy to continue independently, expanding tai chi sessions over the following weeks may be the better fit.

This seven-day plan does not aim to treat chronic insomnia on its own. In clinical trials, both CBT-I and tai chi required several weeks of guided practice to produce meaningful changes. The purpose of this first week is to help you engage safely, understand what the process feels like, and choose a direction that you can realistically maintain.

Simple Environmental and Lifestyle Shifts to Support Better Sleep

In addition to structured therapies, several supportive strategies help stabilize sleep over time by reducing physiological strain and environmental disruption. These steps are simple but powerful ways to train your body to fall asleep faster and stay asleep through the night.

1. **Get bright sunlight within 15 minutes of waking up —** Regular exposure to natural daylight, especially during the morning hours, supports your body's internal clock, also known as the circadian rhythm. Morning light exposure helps anchor sleep-wake timing by suppressing melatonin during the day and promoting its release at night.

2. **Avoid late-night light exposure —** Just as morning light resets your internal clock, dimming lights in the evening reinforces your body's readiness for rest. Reducing exposure to overhead lighting and screens at least one hour before bed helps avoid melatonin suppression. If that's not possible, wear amber-tinted glasses or adjust device displays to emit the warmest, dimmest light.

3. **Eliminate sources of electromagnetic fields (EMFs) from your room —** Your gadgets give off constant EMFs that keep your nervous system on alert, even when you're trying to rest. That said, unplug devices near your bed, turn off your Wi-Fi router, and put your phone in another room or on airplane mode. If you're willing to go further, consider turning off the bedroom circuit breaker at night.

4. **Time your meals and workouts wisely —** If you snack after dinner or push dinner to 9 p.m. or 10 p.m., you're forcing your body to digest when it should be focusing on nighttime repair. Aim to finish your last meal at least three hours before bedtime to let your body shift into overnight metabolic and cellular maintenance processes.

   Physical activity supports sleep quality, but intense exercise late in the evening can raise core body temperature and delay the cooling process that helps initiate sleep. Try to complete workouts at least three hours before bedtime. If you prefer to move in the evening, choose gentler options such as tai chi, stretching, walking, or restorative yoga.

5. **Keep your sleeping environment dark, cool, and quiet —** Use blackout curtains to block outside light and keep your bedroom truly dark at night — dark enough that you cannot see your hand in front of your face. Set the room temperature between 60 degrees Fahrenheit (F) and 68 degrees F (15 degrees Celsius [C] to 20 degrees C) to support the natural cooling of your body. If outside noise or light is difficult to control, an eye mask and earplugs provide a simple and effective backup.

For additional strategies to get high-quality sleep, read "**Sleep — Why You Need It and 50 Ways to Improve It**."

Frequently Asked Questions (FAQs) About Insomnia Relief

Q: Is tai chi as effective as CBT-I for chronic insomnia?

A: Tai chi and CBT-I both improve chronic insomnia, but they work on different timelines. CBT-I tends to reduce symptoms faster during active treatment, while tai chi reaches comparable results over the long term when you continue practicing consistently.

Q: How long does CBT-I take to work?

A: You may begin noticing changes within the first few weeks, especially in sleep timing and nighttime awakenings. Full benefits typically develop over six to eight weeks as behavioral and cognitive patterns stabilize.

Q: Which tai chi forms are best for sleep?

A: Most clinical research on sleep uses standardized Yang-style tai chi, particularly the 24-form sequence. This form emphasizes slow, continuous movements and controlled breathing, which makes it suitable for supporting sleep regulation.

Q: Is online CBT-I as effective as in-person?

A: Research shows that digital or online CBT-I produces improvements similar to face-to-face treatment for many people. Effectiveness depends on your engagement and consistency rather than the delivery format itself.

Q: What are the risks of sleep restriction therapy?

A: Sleep restriction can temporarily increase daytime fatigue and sleepiness during the early phase. These effects usually resolve as your sleep consolidates, but the approach needs to be adjusted carefully if you have conditions that make sleep loss risky.

Q: Can tai chi help if I have anxiety?

A: Tai chi has been shown to reduce anxiety symptoms, which often overlap with insomnia. If anxiety contributes to your sleep difficulties, regular tai chi practice may support both emotional regulation and sleep quality over time.

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