Movement as a bridge back to myself

Gilbert Elvis Oloo writes a personal essay about anxiety, loneliness, unemployment and why physical education must become a community lifeline.

I do not always think my way out of anxiety. Sometimes, I have to move my way through it.

When I am thoughtful, lonely, unemployed, or carrying too much stress, my mind can become crowded. Questions about the future repeat themselves. Time feels unusually heavy. Yet I have learned something important from my own body: if I step onto a soccer field, pick up a basketball, enter a swimming pool, or simply run, the pressure begins to change form.

The problem may not disappear. What changes is my relationship to it. Instead of sitting still inside anxious thoughts, I give that energy somewhere to go. My breathing grows loud, my heart works harder, and my attention returns to what is directly in front of me: the ball, the next stride, the water, the next breath. Afterward, I often return to my situation with a steadier mind and a clearer sense of direction.

The short burst that interrupts the spiral

I am especially drawn to high-intensity activity in short bursts, the kind that makes me breathe hard through my mouth. A sprint, a fast basketball sequence, a demanding swim interval, or a period of hard running creates an immediate physical task. During difficult periods, I can sometimes run five miles more easily than I would expect. It is as though the emotional pressure becomes fuel.

This is my lived experience, not a universal prescription. Still, it raises a serious research question: can carefully designed bursts of vigorous activity help some people interrupt rumination, regain attention, and feel capable again? Reviews of physical-activity research report reductions in anxiety and depressive symptoms across many forms of exercise, with some evidence that higher intensity may produce larger improvements for some people. But intensity is not automatically better for everyone, and the right dose, setting, health screening, and personal choice matter.

What interests me most is the transition: anxious energy becomes purposeful effort; breathlessness becomes evidence that I am present; and finishing the activity gives me a small but real achievement. That sequence may help explain why movement can restore a sense of control when unemployment has weakened routine, identity, confidence, and hope.

Courtesy of Victor Chijioke

Unemployment is more than the absence of a paycheck

Unemployment can remove several supports at once: income, daily structure, professional identity, social contact, and the feeling of being needed. Anxiety asks, "What happens next?" Loneliness answers with silence. The result can be a loop: stress leads to withdrawal; withdrawal reduces movement and connection; inactivity leaves more time for rumination; and rumination makes action feel harder.

Sport can interrupt that loop at several points. It creates a reason to leave the room. It gives the day an appointment. It offers visible progress when job applications produce no immediate result. Team activities create low-pressure social contact because people can

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connect around a shared task rather than having to explain their lives. Most importantly, movement can remind a person that unemployment is a circumstance—not a complete identity.

Why creativity sometimes arrives after exertion

I also notice that these periods of movement and reflection can make me highly creative. Ideas appear while I run, after I swim, or when I return from basketball. I do not believe exercise magically solves every problem. My working theory is simpler: demanding movement temporarily narrows attention to the body and the present moment. When the mental noise settles, thoughts that were competing for space may reorganize. The mind returns to the problem with distance, energy, and a fresh angle.

This relationship deserves careful study. Researchers could measure mood, rumination, perceived control, creative idea generation, and social connection before and after different activity formats. They could compare short vigorous drills, moderate continuous exercise, team play, swimming, and non-exercise social sessions. They should also ask participants what the experience means to them, because numbers alone cannot explain why one person feels liberated by a sprint while another feels safer beginning with a walk.

ABCDE: Anxiety Beaten Correctly through Drills and Exercise

ABCDE is the community concept I want to develop from this experience. The word "beaten" expresses determination, but "correctly" is essential: the goal is not to punish the body, deny emotion, or claim that sport replaces therapy. It is to use safe, progressive, enjoyable movement as one practical tool within a wider network of support.

ABCDE would welcome people experiencing anxiety, loneliness, unemployment, major life transitions, or loss of routine. It would be affordable, beginner-friendly, and connected to local parks, schools, recreation centers, pools, gyms, coaches, employment services, and mental-health professionals.

The goals I intend to achieve

- Help participants interrupt anxious rumination through structured, achievable movement.
- Rebuild weekly routine, confidence, and a sense of progress during unemployment or transition.
- Reduce loneliness by creating consistent, welcoming activity groups with shared goals.
- Offer several entry points—soccer, basketball, swimming, walking, running, and adaptable drills—so people can choose what feels safe and meaningful.
- Explore when short high-intensity bursts are helpful, for whom they work, and how they compare with moderate activity.
- Measure changes in anxiety, mood, belonging, self-efficacy, attendance, creativity, and readiness to re-engage with work or education.
- Train physical educators and coaches to recognize distress, respond without stigma, and refer participants to qualified care when needed.
- Build an evidence-informed model that communities can adapt without expensive equipment or elite facilities.

Courtesy of Victor Chijioke

What a community ABCDE session could look like

1. Arrive and check in: A private, optional mood rating and a simple question: What does your body need today?
2. Choose an intensity lane: Gentle, moderate, or vigorous options, with no shame attached to any choice.
3. Move with purpose: Short drills, small-sided games, swim or run intervals, mobility work, and recovery breaks.
4. Connect without pressure: Partner or team activities that encourage names, encouragement, and cooperation rather than forced disclosure.
5. Reflect and reset: A brief cool-down, breathing period, and written or spoken reflection on mood, ideas, and the next constructive action.
6. Link to support: Clear pathways to counseling, crisis

services, employment assistance, education, and other community resources.

Making participation easier

Many programs fail before the first drill because they ask too much at the door. A person who is anxious, isolated, short of money, unfamiliar with a facility, or ashamed of being out of shape may not enter a competitive gym. Integration must therefore be designed, not assumed.

- Keep the first session free and allow walk-ins without complicated registration.
- Provide loaner equipment, transit support where possible, and sessions at different times.
- Use welcoming language such as "move and reset," not labels that make participants feel diagnosed.
- Offer buddy entry, women-only or culturally specific sessions where communities request them, and accessible adaptations for disability or chronic conditions.
- Celebrate attendance, consistency, courage, and teamwork—not only speed, weight, or athletic ability.
- Let participants help design the drills. Ownership strengthens dignity and belonging.
- Create referral partnerships while protecting privacy; coaches should support, not act as therapists.

A proposal to study the idea

I envision a 12-week pilot with adults experiencing unemployment, loneliness, or elevated everyday anxiety. Participants could attend two or three sessions each week and select a preferred activity lane. A responsible evaluation would combine short validated questionnaires with attendance, retention, interviews, and reflective journals. It would examine not only whether scores change, but why people stay, what makes them feel safe, whether social connections continue outside sessions, and whether participants re-engage with job seeking, study, volunteering, or community life.

The pilot should include medical readiness procedures, qualified instruction, emergency protocols, and a mental-health referral pathway. It should not promise a cure. Anxiety can require professional assessment and treatment, and vigorous exercise may be inappropriate for some people without clinical guidance. ABCDE should complement care—not compete with it.

The wider lesson

Physical education is often treated as a school subject, a fitness requirement, or preparation for competition. I see something larger. It can be education for emotional regulation, social connection, resilience, and return. A community does not need to wait until a person is employed, confident, or mentally settled before inviting them to move. Movement itself may be one of the bridges back.

My own experience begins with a crowded mind and a simple decision: find a ball, enter the water, or start running. I breathe hard. I focus. I return different—not because every problem is solved, but because I am again able to meet the problem as myself.

That is the promise I want ABCDE to investigate: not exercise as an escape from life, but movement as a way back into it.

Courtesy of Victor Chijioke

Evidence informing this perspective

1. World Health Organization. Physical activity. WHO notes that regular physical activity can improve mental health, quality of life, and well-being. https://www.who.int/health-topics/physical-activity
2. World Health Organization. Mental health at work. Decent work can provide livelihood, purpose, achievement, routine, relationships, and inclusion. https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work
3. World Health Organization. Social isolation and loneliness. WHO identifies loneliness as a widespread public-health concern across age groups. https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/social-isolation-and-loneliness
4. Singh, B., et al. (2023). Effectiveness of physical activity interventions for improving depression, anxiety and distress: an overview of systematic reviews. British Journal of Sports Medicine, 57(18), 1203–1209. https://bjsm.bmj.com/content/57/18/1203
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Author's note: This article combines lived experience with an evidence-informed proposal. It is not medical advice. Anyone with severe or persistent anxiety, thoughts of self-harm, concerning physical symptoms, or uncertainty about vigorous exercise should seek qualified professional support.