

CIRCLE DANCING IN THE EVERYDAY LIFE OF THE ELDERLY PERSON

Kelly Maciel Silva¹ 
Rosane Gonçalves Nitschke² 
Michelle Kuntz Durand² 
Ivonete Teresinha Schülter Buss Heidemann² 
Joanara Rozane da Fontoura Winters³ 
Adriana Dutra Tholl² 
Maria Josefa Arcaya Moncada⁴ 

¹Secretaria Municipal de Saúde de Florianópolis. Florianópolis, Santa Catarina, Brasil.

²Universidade Federal de Santa Catarina, Departamento de Enfermagem. Florianópolis, Santa Catarina, Brasil.

³Instituto Federal de Ciência e Tecnologia de Santa Catarina, Enfermagem. Joinville, Santa Catarina, Brasil.

⁴Universidad Nacional Mayor de San Marcos, Departamento de Enfermagem. Lima, Peru.

ABSTRACT

Objective: to understand the everyday life of the elderly person who practices circle dancing.

Method: a interpretative qualitative research based on Comprehensive sociology and the daily life. Data collection occurred between September 2016 and March 2017 through in-depth interviews and participant observation. There was a total of 20 participants, with 17 of them practicing the dancing and three circle dance leaders in the Basic Health Units of a municipality in southern Brazil. Data analysis included preliminary analysis, ordering, key links, coding and categorization.

Results: two thematic categories emerged: The daily life of the elderly person; Experiencing circle dancing in everyday life. The daily lives of the elderly are involved in domestic activities, family care, volunteer work, community groups and physical activities. The elderly expressed that circle dancing brought changes, made them more balanced, calm, cheerful, attentive, interactive, with pain relief and improved family and social relationships.

Conclusion: circle dancing in the daily life of the elderly person causes emotional, physical, social and, mainly, family changes in their everyday way of living, making them more positive, loving and sensitive, healthier, it also contributes to health promotion and a better quality life.

DESCRIPTORS: Elderly health. Primary health care. dance. Daily activities. Health promotion.

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A DANÇA CIRCULAR NO QUOTIDIANO DA PESSOA IDOSA

RESUMO

Objetivo: compreender o cotidiano da pessoa idosa que vivencia a Dança Circular.

Método: pesquisa qualitativa, do tipo interpretativo, fundamentada na Sociologia Compreensiva e do Quotidiano. A coleta de dados ocorreu entre setembro de 2016 e março de 2017 por meio de entrevistas em profundidade e observação participante. Os participantes da pesquisa totalizaram 20 pessoas, sendo 17 idosas praticantes e três focalizadoras de Dança Circular nas rodas das Unidades Básicas de Saúde de um município do sul do Brasil. A análise dos dados contemplou momentos de análise preliminar, ordenação, ligações-chave, codificação e categorização.

Resultados: foram evidenciadas duas categorias temáticas: O cotidiano da pessoa idosa; Vivenciando a Dança Circular no cotidiano. O cotidiano das pessoas idosas é envolvido por atividades domésticas, cuidados à família, trabalho voluntário, grupos de convivência e atividades físicas. Vivenciando a Dança Circular, os idosos expressaram que esta trouxe mudanças, tornando-os mais equilibrados, tranquilos, alegres, atentos, interativos, com alívio das dores e melhora das suas relações familiares e sociais.

Conclusão: a Dança Circular no cotidiano da pessoa idosa traz modificações emocionais, físicas, sociais e, principalmente, familiares na sua maneira de viver o dia a dia, tornando-o mais positivo, amoroso e sensível, mais saudável, contribuindo para a promoção da saúde e uma vida com melhor qualidade.

DESCRITORES: Saúde do idoso. Atenção primária à saúde. Dança. Atividades cotidianas. Promoção da saúde.

DANZA CIRCULAR EN LA VIDA COTIDIANA DEL ANCIANO

RESUMÉN

Objetivo: comprender la vida cotidiana del anciano que experimenta la Danza Circular.

Método: investigación cualitativa, de tipo interpretativo, basada en la Sociología Integral y Cotidiana. La recolección de datos se llevó a cabo entre septiembre de 2016 y marzo de 2017 a través de entrevistas en profundidad y observación participante. Los participantes de la investigación totalizaron 20 personas, 17 de las cuales eran practicantes de edad avanzada y tres enfocadas en Danza Circular sobre ruedas de Unidades Básicas de Salud en un municipio del sur de Brasil. El análisis de datos incluyó momentos de análisis preliminar, ordenamiento, enlaces clave, codificación y categorización.

Resultados: se destacaron dos categorías temáticas: la vida cotidiana del anciano; Experimentar la Danza Circular en la vida cotidiana. La vida cotidiana de las personas mayores está involucrada en las actividades domésticas, el cuidado familiar, el voluntariado, los grupos sociales y las actividades físicas. Experimentando la Danza Circular, los ancianos expresaron que les trajo cambios, haciéndolos más equilibrados, tranquilos, alegres, atentos, interactivos, con alivio del dolor y mejora de sus relaciones familiares y sociales.

Conclusión: la Danza Circular en la vida diaria de las personas mayores trae cambios emocionales, físicos, sociales y, principalmente, familiares en la forma en que viven su vida diaria, haciéndolos más positivos, cariñosos y sensibles, más saludables, contribuyendo a la promoción de la salud y una mejor calidad de vida.

DESCRIPTORES: Salud de los ancianos. Primeros auxilios. Baile. Actividades diarias. Promoción de la salud.

INTRODUCTION

The Brazilian population has been experiencing a more expressive aging pattern, thus, changing the predominant image of being a young country. The number of elderly people has increased significantly when compared to other age groups in the total population. According to projections by the Brazilian Institute of Geography and Statistics (IBGE), in 2043, a quarter of the Brazilian population will be over 60 years of age, while the proportion of people up to 14 years of age will be only 16.3%¹.

Thus, in daily health practice, it is essential to contemplate these significant changes in the demographic and epidemiological patterns that the Brazilian population has presented with the increasing presence of elderly people in our health services, considering that these changes influence and are influenced by people's way of living, as well as by the way public policies are organized.

In this sense, Primary Health Care (PHC) needs to be highlighted as the preferred entry point for users into the Unified Health System (SUS), as it highlights the need to offer care directed at the demands of the elderly population, implying specific training, as well as the integration of other practices that involve the integrality of the elderly in their daily lives².

A study conducted from 2003 to 2012, involving different regions of Brazil, aimed to analyze the number, proportion and percentage of the reduction of hospitalizations due to conditions sensitive to primary health care of the elderly. The conclusions showed that advances in PHC influenced the reduction of hospitalizations of the elderly person³.

Thus, the importance of investments in PHC is emphasized, in particular health promotion strategies that can contribute to improve the quality of life, providing direct benefits to the elderly people, their families and society, and may also contribute to reduced public spending. Thus, it is essential to know and recognize how the elderly experience their everyday lives, how they give meaning and signify their lives, considering individual and collective subjectivities that can guide care contemplating health promotion and a dignified life.

The National Health Promotion Policy (PNaPS) guides, the values and principles essential for its implementation, and the recognition of the subjectivity of people and collectives in the process of health and life care, in addition to solidarity, happiness, ethics, respect for diversities, humanization, co-responsibility, justice and social inclusion⁴, that reiterate and enable the construction of a new paradigm in the context of public health in the country.

In this scenario and perspective, the Integrative and Complementary Health Practices (PICS) are located, which have been gradually inserted in the Unified Health System (SUS), consolidating mainly from the National Policy of Integrative and Complementary Practices (PNPICs), instituted in 2006, through Ordinance No. 971/2006. In addition to this ordinance, in 2017, the Ministry of Health included other practices to the PNPICs in the SUS through Ordinance No. 849/2017⁵, including circle dancing.

Circle dancing was created in Europe and originates in the tradition of folk dance, carrying, in its roots, the ancestry of the dance of the peoples, in a community and gregarious dimension. With the purpose of dancing together, circle dancing is performed in a circle, with a repertoire of traditional dances from various countries and cultures, including contemporary choreographies.

When the members are dancing together in a circle, most often holding hands, there is the intention that everyone will take the same step. The choreography of each dance is passed on to the group by the leader, a person with experience in circle dancing who has the responsibility of supporting and guiding the participants in the dance. However, the choreography is not intended to be presented to an audience.

Circle dances are not anchored in technique, but on the premise that, dancing is what is learned. This enables a learning and a harmonious interconnection between the members who, when beginning the internalization of their movements, can feel a liberation from both the body and the mind, as well as the heart and spirit. In this way, through melody, rhythm, delicate and deep movements, the participants of the circle are encouraged to respect, accept and honor diversities⁶. Thus, when dancing in circles, not only the gestures and songs are shared, but especially meanings of different cultures, with their rites, symbols and imaginary.

The comprehensive sociology of everyday life supports the importance of understanding social phenomena considering the imaginary and everyday life in postmodernity. Blurring technical and rational aspects of modern science, this current of thought underlines the here and now, emphasizing the emotional, the affection, the order of passion, in other words, aspects that cannot be measured and contemplated by traditional rationality. Thus, considering life in its entirety, this theoretical perspective starts from the lived, with its interactions, beliefs, images and imagery, to maintain that an intellectual procedure in epistemological correspondence with everyday knowledge is necessary⁷.

Everyday life, intertwined with health, can be understood as the way human beings live in the present, expressed in everyday life through interactions, values, beliefs, symbols and images, which outline their process of living in a movement of being healthy and falling ill, their life cycle. This journey through the life cycle has a certain compass that defines our way of living, influenced both by the duty to be and by the needs and desires of everyday life, which is designated as a rhythm of life and of living. Everyday life is not only a scenario, but, above all, it reveals both the scenes of living and coexistence⁸.

Thus, the objective is to understand the daily life of the elderly person who experiences the circle dancing. It is understood that circle dancing brings possibilities of building effective care, because it passes through the affective reality lived, contributing to health promotion and healthy living for the elderly.

METHOD

This is an interpretative study with a qualitative approach. The choice for qualitative research was due to the fact that this modality incorporates the question of meaning and intentionality as inherent to actions, relationships and social structures, while at the same time concerns the reality that cannot be quantified, with the intention of revealing the structures of meanings, as well as the representations of the subjects of the object under study⁹.

In this research, comprehensive and everyday sociology was adopted as a theoretical-methodological reference, bringing some ideas and theoretical assumptions of sensitivity (the criticism of the schematic dualism, the form, the relativistic sensitivity, the stylistic research, the libertarian thinking), given the possibility that this reference provides for the understanding of human experience, involving meanings, symbols, images and imaginary, as well as the sensitive reason.

The research scenario integrated the location of circle dances that occur in three Basic Health Units of a municipality in southern Brazil. Twenty people participated in this study, 17 of which were elderly who practiced in circle dances regularly, at least once a week, for at least 3 months and three circle dance leaders, during the data collection period between September 2016 and March 2017. The inclusion of the leaders as study participants occurred throughout the data collection and analysis process due to the perception of the researchers regarding the personal characteristics of each one that could influence both the conduction and the characteristic of the circle dance itself. Thus, one leader from each circle dance in the respective Basic Health Units, was intentionally invited to participate in the research. All elderly circle dancing members, in the studied scenario, were invited and accepted to be part of the research.

To obtain the data, we used in-depth interview techniques and participant observation. The interviews used guided questions and semi-structured scripts. The instrument that guided the interviews with the elderly addressed questions about the participants' daily lives, the meaning of circle dancing and the aspects related to their health. The script that guided the interviews with the leaders included questions related to the planning and development of the circle dance, as well as the time and specific training of the leaders to develop the activity. The interviews lasted an average of 50 minutes each. They were performed at a scheduled time and place according to the preference of each participant. Thus, 10 interviews took place in the location where the circle dance was performed and 10 interviews were conducted at people's homes. The interviews were recorded digitally and later transcribed in full.

Participant observation was used to complement the interviews, which also followed a script that included elements that needed to be observed, such as the number of participants, the interaction between them and verbal and non-verbal reactions after each dance. This information was recorded, in detail, through a field diary, involving interaction notes, methodological notes, theoretical notes and reflective notes. In total, 10 observation sessions were carried out, on alternate days, in the three locations, with an average duration of 1 hour and 40 minutes each. The data analysis method involved the processes of preliminary analysis, ordering, key links, coding and categorization, guided by Comprehensive Everyday Sociology.

This research was grounded in Resolution No. 466/12 of the National Health Council, which provides for the guidelines and regulatory norms of research involving human beings, respecting the references of bioethics, such as autonomy, non-maleficence, beneficence, justice and equity. It was approved by the Ethics Committee on Research with Human Beings of the Federal University of Santa Catarina (UFSC). Participant consent was obtained by signing the Informed Consent Form. In order to ensure the subject anonymity their names were replaced by inspirational words taken from Angel Cards.

RESULTS

Understanding the profile of participants

Among the total of 20 study participants, 17 elderly people and three circle dance leaders were part of the research.

Regarding the characteristics of the elderly people, 16 participants were female, and only one participant was male. They were between 64 and 82 years old, and the mean age was 70 years. Regarding education, nine elderly people had incomplete elementary school; three had complete elementary school; three had complete high school; two had complete higher education. Regarding marital status, 13 participants were married and four were widows. They all had children. The number of children ranged from two to 14, with 4.6 being the mean number of children. Considering the occupation, eight reported that they were always housewives, eight were retired and one was artisan.

Regarding the leader, three participants were part of the study, one from each circle dance location. All were female and were 71, 57 and 29 years old. Regarding education, two had completed higher education and one had incomplete higher education. Regarding the occupation, one reported being a nurse and being retired, another self-employed and the last was a physical education instructor. Considering the link with the institution in which the circle dance locations were developed, one leader was a public servant, while the other two were volunteers.

Circle dancing in the everyday life of the elderly person

After analyzing the data that emerged from the questions “How is your day to day? And “How is your day to day after starting dancing?”, came the thematic axis “Circle dancing in the everyday life of the elderly person”, deriving the following *categories*: *The daily life of the elderly person*; *Experiencing circle dancing in everyday life*.

The everyday life of the elderly person

This category portrays the everyday life of the elderly people who participated in the study, involving the understanding of the current everyday life permeated by different activities. The elderly were not idle, distributed their time between domestic activities, family care, volunteer work, coexistence groups and physical activities.

The performance of household chores appeared as an everyday activity for which most of the people interviewed devoted much of their time, as can be seen from the statements.

I take care of the house, I do everything (Force).

I have a lot of activities, all the jobs in the house (Transformation).

I do what any housewife does, I do dishes, I cook, I do laundry (Celebration).

I do everything at home, my house is big, I do the cleaning, everything (Goodness).

I have an active day-to-day as a housewife (Contentment).

Helping their children and grandchildren was also present in the lives of the elderly people. The elderly described this help in activities, such as bringing their grandchildren to school as well as picking them up at the end of the day. The elderly women, in turn, performed direct care to children and domestic functions, as mentioned by the participants.

I'm doing for my grandchildren what I didn't do for the children, I take them to school, I'm part of the family, I feel very good to do these things for the grandchildren (Faith).

I'm not going into the elderly group because my daughter had a baby and I go home early to do laundry and help out at home, I only come back at night (Simplicity).

My day to day is at home taking care of my grandchildren. I stay with my two granddaughters every morning. Last year, I took care of another grandchild too, but I told my daughter I couldn't do it anymore, because he was still a baby and just wanted to be held. I stayed with him for a year and four months, it was a very difficult period. But it seemed like I wanted to take care of all the grandkids, but you know, we want to do these things but our bodies don't help. As I helped a son, I wanted to help others, but I could not (Giver).

Despite showing satisfaction in developing these activities, the feeling of being overloaded also became evident, at the risk of the elderly people neglecting their health due to the priority of meeting family demands.

In health care, some elderly people reported being able to regularly maintain physical activity in their daily lives. In addition to circle dance, they practiced gymnastics, hiking, water aerobics, among others, as can be seen in the following statements:

My day to day is very hectic, because I exercise every day (Inspiration).

I go to the gym, I come to dance (Fun).

I also go to the gym to do stretching and walk on the treadmill (Transformation).

First, I started going to the water aerobics, then I started dancing, in the middle of the year, I started in the gym (Giver).

The offer of physical activities free of charge was essential for the elderly people to do these practices. They pointed out the impossibility of paying for the classes in the gym, showing a feeling of gratitude for the opportunity to partake in the Circle Dance in the SUS.

We come here to the dance and, whether you like it or not, you're doing some exercise. Today, I am not able to pay for the gym (Faith).

When I started to find out that there is so much for free, it was good, right, because everything is expensive (Inspiration).

I am so thankful for living here and being close and being able to enjoy this space, that this is not free, someone fought for it (Trust).

The elderly people were inserted into the community, participating in coexisting groups, performing volunteer work and activities related to religious practices, maintaining social engagement. They demonstrated contentment in performing these activities and highlighted the importance of the exchange between people and being together, as can be observed in the following expressions:

I'm the coordinator of a craft group. We do everything, it's an exchange. People teach other. People who want to go to talk can come just to talk, you do not need to do anything (Fun).

On Tuesday, I work in the part of making medicine in Pastoral Health, Wednesday, I work in social action, Thursday, I go to the senior group, on Monday, I dance there with you (Beauty).

I participate in two elderly groups. I also visit the sick, I like it a lot (Support).

I teach crochet and knitting classes to the needy people in the community. I do not charge anything, who wants to go, the class is there open to everyone (Forgiveness).

Experiencing circle dancing in everyday life

According to their reports, circle dancing brings changes in the daily life of the elderly person. They expressed changes in emotional, physical and social aspects, including improved family relationships.

When addressing the practice of circle dancing in the daily lives of the elderly, aspects related to the perception about themselves and how they related to other people emerged. The participants described themselves as calmer, cheerful, optimistic, attentive and more talkative, as seen in the statements.

I've been more relaxed, I'm calmer, especially to talk to. I'm not explosive anymore.

I started to interact better with other people (Contentment).

I pay more attention, because sometimes I used to forget things (Simplicity).

I am more optimistic, joyful (Transformation).

Family relationships became more positive by participating in circle dance activities in the community. They reported being able to deal better with situations, having more peace, patience, joy and positioning in daily life, involving interactions with children and partner, according to the following statements:

It improved the family relationship, because I feel more relaxed, especially with the children. I know how to deal more with situations, I have more patience (Trust).

My husband came to dance, that's a great joy, as it helped in other aspects of our relationship (Fun).

I think I've become more relaxed, talkative. I was always very polite and did not answer some questions my children asked me (Balance).

My kids have noticed the difference in me since I got into this dance. I am no longer that sad, weeping woman (Transformation).

The elderly people show us that circle dancing is good for emotions, mind, spirit and body. They reported that physical benefits involve pain relief, improved balance and motor coordination.

I realize that when I do the dance, I get very tired, but the next day the pain is better (Purpose).

I had a lot of joint pain, but it improved after I started dancing (Kindness).

I think it helped my motor coordination, which didn't have much, and balance. I was very still, always doing the same things (Faith).

During circle dancing, some feelings experienced in the past may come to light, bringing memories from their youth, of previous positive experiences that gave new meaning to living in the present.

This dance uses songs from the past. It's got the oldest songs. I think these memories do us well; things that were forgotten. They have songs that remind me of when I was younger, a positive memory; it was good for me in this respect (Fun).

The little contact with dance that some elderly people had during their life experience due to the lack of support and encouragement of the family was also evidenced in the following expressions:

I realize I have quite a rhythm problem, I don't have rhythm. But also, when I was a girl, my parents put all their children into a nun school. We did not develop this part of dance (Balance).

I never danced in my life because my father wouldn't let me. They didn't let us dance in the old years. So I didn't know anything, not that step from there to here, not the waltz, nothing. And here, at least we try, either by making mistakes or getting it right. I thought I improved a lot (Spontaneity).

I love to dance, but I married a man who does not like to dance. I'm doing it all now. I started doing ballroom dancing, but I couldn't, because I had to have a date. I'm finding myself with the circle dancing (Fun).

Thus, circle dancing becomes an opportunity to fulfill postponed desires and encourage skills that were not developed in their youth.

DISCUSSION

The daily life of the aging process is permeated by changes in the biological, psychological and social level. The ways in which each person adapts to these changes are fundamental to improved satisfaction and a greater interest in the continuation and meaning of life¹⁰.

Being healthy is understood as the individual's ability to respond to the needs of everyday life, the physical and psychological possibility to continue in the search for new personal and family goals and achievements¹¹.

Contemporary everyday life is permeated by several factors that reflect the way society has organized itself. Our society is that of haste, speed, immediacy and lack of time¹².

Currently, the health-disease-care process refers to several possibilities, from the hegemonic strand, which sees it with a mainly biological view to other forms that seek to expand this interpretation. Among these advances, the PNPIC rescues health care and health promotion practices that legitimize and give visibility to circle dancing in Brazil, following a movement present in several countries of the world in contemporary times.

Thus, in this line of thinking, circle dancing in the context of health aligns with *relativistic sensitivity*, demonstrating that it brings with it comparisons and is possible by the existence of a methodological *relativism*. History occurs in cycles. There is an exchange that integrates change, novelties, developments, which we prefer to call involvements, the opposite direction of modernity, with its fragmentation. That is, there is a return with "something more". Classical instrumentalization is no longer enough. Relativistic sensitivity¹³ excludes nothing from the social whole, proceeds by concentric approach, by successive sedimentations, integrating ways that manifest an attitude of respect for imperfections and gaps that, on the one hand, are empirically observable, but, on the other, are structurally necessary to existence as we experience it.

According to the research data, both in the performance of household chores and in the care of grandchildren, the influence of gender issues is perceived, demonstrating that the greater workload with the house and family falls on the woman. The relationship with the grandchildren can be a source of motivation for the elderly, but it can also generate tiredness and pressure if the elderly person has to assume the role of caregiver of the grandchildren. A study that investigated whether the existence of grandchildren has implications for the quality of life of the elderly concludes that social relationships are important for the elderly to enjoy quality of life. Thus, the presence of grandchildren will only make a difference if they are the link between grandparents, family and society¹⁰.

In the daily life of the old, *mechanical solidarity* is reused with *organic solidarity*. The *mechanical solidarity*, that of the order of *being*, of the instituted, is shown in the performance of domestic tasks and in the compulsory care of the grandchildren. On the other hand, *organic solidarity*, that of the order of *wanting and having pleasure in being together*, is presented when the care with the grandchildren refers to the moments of leisure, when they participate in coexistence groups, performing voluntary work and activities related to religious practices, maintaining social engagement¹³.

Regarding the participation of the elderly in regular physical activities, it is known that this provides many benefits at the anthropometric, neuromuscular, metabolic, psychological and social level, contributing to the delay of functional declines, in addition to reducing the onset of chronic diseases¹⁴.

Thus, circle dancing is a power house in the everyday life of the elderly person. Power, as a *force of wanting to live*, allows another way of thinking, of changing the rhythm of life, living the present, with its limitations, but striving to seek a better quality of life¹⁵.

Despite all these benefits, a large proportion of elderly people lead a sedentary life. The motivational aspects of maintaining the elderly in physical activity programs are often related to the socialization process among people. This process, in turn, can be generated and maintained through collective practices involving dance, music, religious rituals, recreational activities, sports, among others¹⁶.

The elderly people who participated in the study were active and independent, with the capacity to perform daily activities, including social engagement activities. Everyday life is permeated by successive eternal moments, in which the moment that one lives with the other predominates, the so-called *presenteeism*, in other words, living here and now in the best possible way¹⁷.

A study that investigated the praxis of nurses in the Family Health Strategy and the care of the elderly identified that, despite the nurses' perception that the majority of the elderly for whom they cared were healthy and independent, nursing care was focused on diseases such as hypertension and diabetes. The authors consider the need for nursing to approach health promotion practices for the elderly¹⁸.

In another study, the nurses of the Family Health Strategy recognized that care for the elderly is focused on chronic conditions, but highlighted the will and importance of including prevention actions and health promotion for those who still maintain preserved functional capacity, since the elderly in that study were mostly in good physical health conditions. However, it is emphasized that, as they get older, they become more likely to weaken and need help for self-care activities, which does not exclude the possibility and importance of health promotion¹⁹. Therefore, circle dancing can be seen as an activity to promote elderly health, since it provides many benefits to their daily lives, and it is important to be integrated into the everyday care, especially in the health promotion practices carried out by nursing. According to the participants' reports, daily life has become more positive, loving and sensitive, referring to the notion of acceptance of life, which allows the recognition of oneself, more flexible, declared, necessarily contradictory, but which finds more astute ways of looking at life. Thus, the experience of circle dancing can cause impacts of meaning, identified in the way in which they embrace, tolerate error, solidary understanding and the flow of dance²⁰. The experience of circle

dancing can be understood as an experience that emphasizes the here and now, the valorization of the present moment, of being together anchored in the sensitive reason and in the ethics of *aesthetics*, i.e., in the emphasis of *feeling* together, in communion. Thus, it is shown as a reconnection with emotions, with shared pleasure where affections are cause and effect of the meeting, configuring moral emotions⁷.

Thus, circle dancing, enables a way of acting that meets *urban tribes*, which highlight the need for an empathic sociality in which there is a sharing of affections and emotions. Thus, in the same way as *tribalism*, circle dancing empirically epitomizes the importance of the sense of belonging to a place, to a group, as a fundamental basis of all social life²¹.

Therefore, circle dancing underlines the *societal power* that becomes a common will, in which the different human capacities are mobilized to guarantee the maintenance of living together⁷.

The understanding of the daily life of the elderly person who experiences circle dancing validates that it is in the experience of everyday life that there is a *know-how*, *knowing how* to live and knowing the collective. Thus, everything that concerns the everyday life of the elderly, their lived experiences, their beliefs, their interactions with other people and the environment needs to be taken into account in order for the elderly to be understood in its entirety⁸.

It is worth emphasizing the relevance of the use of Comprehensive Sociology in health and nursing research, since this theoretical framework allowed a more comprehensive view about the relationships and way of living of the older people, focusing on the sensitive reason. The study of daily life and the imaginary permeates what can be measured, attributing importance and meaning to impalpable aspects and intersubjectivities, emphasizing feelings and the experienced.

Finally, considering its local character as a limitation of this study, it is recommended to expand research on circle dancing, involving daily life, the imaginary and its integration with other PICs as health promoters in other SUS scenarios.

CONCLUSION

The results of this study highlight the importance of taking into account the daily life of elderly people in order to advance health care practices aimed at health promotion in their daily lives.

The daily life of the elderly person who practices circle dancing is permeated by a set of activities and relationships that have been positively resignified. Circle dancing makes it possible to rescue a healthier being, that is, a being who feels less pain, relates better to other people, feels more peaceful, patient, relaxed, talkative, participatory and optimistic, able to learn new things, remember good memories of the past to live a happier present.

Circle dancing, similar to PIC in health, is a health promoting activity that contributes to the interdisciplinary work of health professionals, expanding their view on the health-disease process and the strengthening of the SUS.

Finally, circle dancing is a resource that can contribute both in care and teaching, research, extension and management, expanding the knowledge of an area currently on the rise and transforming the hegemonic care model, passing through the powerful threads of sensitive reason.

REFERENCES

1. Instituto Brasileiro de Geografia e Estatística (BR). Longevidade: viver bem e cada vez mais. Retratos – A Revista do IBGE [Internet]. 2019 [cited 2021 Mar 05];16. Available from: https://agenciadenoticias.ibge.gov.br/media/com_mediaibge/arquivos/d4581e6bc87ad8768073f974c0a1102b.pdf
2. Borba AKOT, Arruda IKG, Marques APO, Leal MCC, Diniz AS. Knowledge and attitude about diabetes self-care of older adults in primary health care. *Ciênc Saúde Coletiva* [Internet]. 2019 [cited 2020 Jul 22];24(1):125-36. Available from: <https://doi.org/10.1590/1413-81232018241.35052016>

3. Amorin DNP, Chiarello MD, Vianna LG, Moraes CF, Vilaça KHC. Interactions through conditions sensitive to primary attention of elderly persons in Brazil, 2003 to 2012. *Revista de Enf UFPE* [Internet]. 2017 [cited 2020 Jul 29];11(2):576-83. Available from: <https://doi.org/10.5205/1981-8963-v11i2a11976p576-583-2017>
4. Malta DC, Reis AAC, Jaime PC, Morais Neto, OL, Silva MMA, Akerman M. Brazil's Unified Health System and the National Health Promotion Policy: prospects, results, progress and challenges in times of crisis. *Ciênc Saúde Coletiva* [Internet] 2018 [cited 2020 June 25];23(6):1799-809. Available from: http://www.scielo.br/scielo.php?script=sci_abstract&pid=S1413-81232018000601799&Ing=pt&nrm=iso
5. Ministério da Saúde (BR). Portaria nº 849, de 27 de março de 2017. Política Nacional de Práticas Integrativas e Complementares: PNPICS [Internet]. 2017 [cited 2020 June 25]. Available from: https://bvsmms.saude.gov.br/bvs/saudelegis/gm/2017/prt0849_28_03_2017.html
6. Andrada PC, Souza VLT. Body and teaching: a circular dance as a promoter of development of consciousness. *Psicol Esc Educ* [Internet] 2015 [cited 2020 Jun 25];19(2):359-68. Available from: <https://doi.org/10.1590/2175-3539/2015/0192855>
7. Maffesoli M. Pactos emocionais: reflexões em torno da moral, da ética e da deontologia. Curitiba, PR(BR): PUC Press; 2018.
8. Nitschke RG, Tholl AD, Potrich T, Silva KM, Michelin SR, Laureano DD. Contributions of Michel Maffesoli's Thinking to Research in Nursing and Health. *Texto Contexto Enferm* [Internet]. 2017 [cited 2020 Jul 21]; 26(4):e3230017. Available from: <https://doi.org/10.1590/0104-07072017003230017>
9. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo SP(BR): Editora Hucitec; 2014.
10. Fernandes I, Duque E. Quality of life in the elderly and the existence of grandchildren: a comparative study in the Lisbon district. *Kairós Gerontol* [Internet] 2017 [cited 2020 Jul 25];20(1):171-85. Available from: <https://doi.org/10.23925/2176-901X.2017v20i1p171-185>
11. Fin TC, Rodrigues MP, Scortegagna S A. Old age and physical beauty among elderly women: a conversation between women. *Rev Bras Geriatr e Gerontol* [Internet]. 2017 [cited 2020 June 23];20(1):77-87. Available from: <https://doi.org/10.1590/1981-22562017020.150096>
12. Costa JC, Nitschke RG, Tholl AD, Henckemaier LM, Silva APM. Imaginary of family health promotion: family's look in the everyday life of Primary Care. *Cienc Cuid Saude* [Internet] 2017 [cited 2020 Jul 29];16(2):1-8. Available from: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/33006>
13. Mafessoli M. O tesouro escondido: carta aberta aos franco-maçons e a outros. Porto Alegre, RS(BR): Sulina; 2019.
14. Santos GLA, Santana RF, Broca PV. Execution capacity of instrumental activities of daily living in elderly: Ethnonursing. *Esc Anna Nery* [Internet]. 2016 [cited 2020 Jul 21];20(3):e20160064. Available from: <https://doi.org/10.5935/1414-8145.20160064>
15. Maffesoli M. A Ordem das Coisas: pensar a pós-modernidade. Rio de Janeiro, RJ(BR): Editora Forense; 2016.
16. Carvalho FFB, Nogueira JAD. Body practices and physical activities from the perspective of Health Promotion in Primary Care. *Ciênc Saúde Coletiva* [Internet]. 2016 [cited 2020 Jul 21];21(6):1829-38. Available from: <https://doi.org/10.1590/1413-81232015216.07482016>
17. Maffesoli M. O conhecimento comum: introdução à sociologia compreensiva. Porto Alegre, RS(BR): Editora Sulina; 2010.

18. Ramos CFV, Araruna RC, Lima CMF, Santana CLA, Tanaka LH. Education practices: research-action with nurses of Family Health Strategy. *Rev Bras Enferm* [Internet]. 2018 [cited 2020 Jul 22];71(3):1144-51. Available from: <https://doi.org/10.1590/0034-7167-2017-0284>
19. Michelin SR, Nitschke RG, Martini JG, Tholl AD, Souza LCSL, Henckemaier L. (Re) Cognizing health center workers' routine: a path for burnout prevention and health promotion. *Texto Contexto Enferm* [Internet]. 2018 [cited 2020 Oct 02];27(1):e5510015. Available from: <https://doi.org/10.1590/0104-07072018005510015>
20. Farias J, Marinho A. Playful and circular dances: reflections on a group in one Florianópolis health center (SC). *Rev Bras Educ Fís Esporte* [Internet]. 2019 [cited 2020 Jul 19];33(1):61-70. Available from: <https://doi.org/10.11606/issn.1981-4690.v33i1p61-70>
21. Maffesoli M. *O tempo das tribos: o declínio do individualismo nas sociedades de massa*. Rio de Janeiro, RJ(BR): Editora Forense; 2014.

NOTES

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CONTRIBUTION OF AUTHORITY

Study design: Maciel KS, Nitschke RG.

Data collection: Maciel KS.

Data analysis and interpretation: Maciel KS, Nitschke RG.

Discussion of results: Maciel KS, Nitschke RG.

Writing and/or critical review of the content: Maciel KS, Nitschke RG, Durand MK, Heidemann ITSB.

Review and final approval of the final version: Maciel KS, Nitschke RG, Durand MK, Heidemann ITSB, Winters JRF, Tholl AD, Moncada MJA.

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There is no conflict of interest.

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CORRESPONDING AUTHOR

Michelle Kuntz Durand

michelle.kuntz.durand@ufsc.br