



The meaning of circular dance in the imagination of older people

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Abstract

Objective: To understand the meaning of circular dance in the imagination of older people in their daily lives. *Method:* interpretative study, qualitative in nature, based on Michel Maffesoli's Comprehensive and Everyday Sociology. Data were collected through interviews and participant observation, with 17 older women practicing circular dance in *Rodas* (circular dance groups) in the Primary Health Units of Southern Brazil. Data were analyzed using the Shatzman and Strauss analysis precepts, bringing out two thematic categories: Attributing meaning to circular dance and feeling through circular dance. *Results:* Participants point out that circular dance, in the older person's imagination, is inclusive and welcoming, favoring the feeling of belonging and unity among everyone, without losing their individuality and that of the other who shares. To participate in the dance, it is necessary to be centered on oneself, in the moment, seeking not to stray from the vivid moment. *Final considerations:* circular dance as an expression of everyday life is a space for exchange, presence, play, collective living linked by emotional ties and affection that strengthens ties and positively resignifies living.

Keywords: Health of the Elderly. Dance. Health Promotion. Activities of Daily Living.

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Funding: Secretaria de Educação do Governo do Estado de Santa Catarina por meio de concessão de Bolsa de Doutorado através do Programa de Bolsas UNIEDU/FUMDES, chamada pública nº08/SED de 20/03/2014.

The authors declare there are no conflicts of interest in relation to the present study

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Received: April, 6, 2021
Approved: August 9, 2021

INTRODUCTION

Circular Dance (CD) is a traditional and contemporary dance practice performed in a circle, originating from the folklore tradition of different cultures. They are dances done in a circle with the purpose of dancing together, favoring learning and harmonious interconnection between participants who begin to internalize the movements, freeing the mind, heart, body and spirit. Through the rhythm, melody and delicate or vigorous movements, the members of the circle are encouraged to respect, accept and honor diversities^{1,2}.

For the practice of CD it is not necessary previous experience, nor specific skills to develop the movements. The circles are guided by a focuser, who is a member of the group who passes on the choreography of each dance, its history, music, intentions and symbols to the others^{3,4}.

The participation of older people in CD groups is an alternative to promote the improvement of their quality of life. Through this dance, there is a union between people, the movement of the circle and the hands that encourage the expression of feelings of trust, equality, mutual support, making each one understand their importance in time and space⁵.

Recently, CD was integrated into the offer of Integrative and Complementary Practices in Health (PICS), through Ordinance No. 849/2017, which expands the procedures offered in the Unified Health System (SUS)². This fact reiterates the therapeutic resource of this activity and enables the construction of a new paradigm in the context of public health in the country.

Integrative and complementary therapies emerge as a reinforcement of the assumption of comprehensiveness in health care, viewing the user in a holistic way, differentiating themselves from conventional therapies that place greater emphasis on the biomedical, curative and disease-centered model⁶.

The implementation of PICs is in line with SUS principles, such as integrality, universality and equity. It can be considered an important strategy for the construction of a care model that encourages and

seeks humanized ways of relating, with respect to the singularities and subjectivities of the subjects⁷.

The National Health Promotion Policy (PNaPS) points out as one of its objectives the need to value traditional knowledge and integrative and complementary practices, recognizing these actions as important for the population's Health Promotion⁸.

CD can be considered a practice that contributes to the field of action of Health Promotion. This activity is articulated with the five fields described in the Ottawa Charter: the creation of favorable environments, the development of personal skills, the reinforcement of community action, the reorientation of health services and the creation of healthy public policies⁹.

The practice of CD is open to all ages, however, in the daily life of health services, there is a greater demand for older people. The demographic and epidemiological transition process contributes to older people being perceived as the population group that most frequents the Health Centers. However, much of the care offered to this population is carried out in the logic of the biomedical model of care, centered on a curative proposal, which focuses on the disease and not the human being, clashing with the Health Promotion proposal¹⁰.

The benefits of dancing in old age indicate that dancing is a physical activity positively associated with improving the health and quality of life of older people, showing benefits in physical, social and emotional aspects¹¹. Among the Health Promotion activities that have been developed for older people in the SUS, it is relevant to know about the meanings and the imaginary of CD practice and how the realization of this activity affects the daily lives of older people. Everyday life is understood as the way of living of human beings that reveals itself in the interactions, beliefs, values, meanings, symbols and images that design their process of living, in a movement of being healthy and getting sick, punctuating their life cycle¹².

It is in everyday life that images and symbols are presented, integrating the imagination. In this study, the imaginary is understood as a world of meanings,

ideas, fantasies, evocation of figures already perceived or not perceived, beliefs, values, in which the human being is immersed. Anyway, the imaginary is a world of meanings, which are incorporated into images¹³.

The aim is to understand the meaning of CD in the imagination of older people in their daily lives, as well as to propose new possibilities of care, in the perspective of improving the quality of life of aging people, collaborating with the Health Promotion of this population.

METHOD

This is an interpretive study of a qualitative nature, based on Comprehensive and Everyday Sociology, bringing the notions and Theoretical Assumptions of Sensitivity (criticism of schematic dualism, form, relativistic sensitivity, stylistic research, libertarian thinking) proposed by Michel Maffesoli. The possibility that this framework provides for the understanding of human experience involves meanings, symbols, images and the imaginary, as well as sensitive reason¹².

The study was carried out in three Basic Health Units (UBS) in a city in southern Brazil, selecting a sample size of respondents capable of meeting the understanding of the object of study. The choice of Units was made intentionally, being selected those that offered CD Circles to the population, considering these health centers as an inclusion criterion. This study included 17 older people who practiced CD regularly, at least once a week, for at least three months.

It is noteworthy that all people aged 60 years or over, practitioners of CD, in the studied setting, were invited and voluntarily accepted to take part in the research. Through in-depth interviews and participant observation, data collection took place from September 2016 to March 2017, at a time and place scheduled according to the preference of each participant. The interviews were digitally recorded and later transcribed and had an average duration of 50 minutes, being guided by guiding questions about the participants' daily lives, the meaning of CD and aspects related to their health.

Participant observation was used as a complement to the interviews, following a script that included elements to be observed such as the number of participants, the interaction between them, as well as the verbal and non-verbal reactions after each dance. In total, 10 observation sessions were carried out, on alternate days, in the three Circles, with an average duration of 1 hour and 40 minutes each. A Field Diary involving Interaction Notes, Methodological Notes, Theoretical Notes and Reflective Notes was used to record the information.

As a method of data analysis, the model suggested by Shatzman and Strauss was used: preliminary analysis, ordering, key links, coding and categorization¹⁴. Through readings and re-readings of the texts generated from the transcripts of the interviews and observations, the significant speeches that gave rise to the initial codification process were highlighted. As a follow-up, the coding process was debugged, through the identification of classes and their connections, which guided the elaboration of the thematic categories.

The study was approved by the Ethics Committee for Research with Human Beings under n°. 1,744,314, and complied with the ethical principles provided for in Resolution n. 466/12 of the National Health Council¹⁵. Data were only collected with the consent of the participants by signing the Informed Consent Term, after reading and explanation.

To guarantee the anonymity of the participants, their names were replaced by the following codenames, in the case of the older people: Inspiration, Confidence, Purpose, Fun, Strength, Delivery, Contentment, Spontaneity, Balance, Kindness, Beauty, Faith, Transformation, Simplicity, Support, Forgiveness and Celebration.

RESULTS

Participants were aged between 64 and 82 years, with an average of 65 years with 16 women and one man. Regarding education, nine had incomplete elementary education; three, Complete Elementary School; three, High School; and two, Higher Education. With regard to marital status, 13 participants were married and four were widows, all

of whom reported having children, whose number ranged between two and 14, with an average of 4.6. Considering the occupation, eight called themselves housewives, eight were retired and one was an artisan.

The meaning of CD in older people's imagination is revealed in two categories presented below: Attributing Meaning to CD and Feeling through CD.

Attributing Meaning to Circular Dance

Older people, when experiencing dancing hand in hand in a circle, symbolize the union between the participants and the equal position that the center gives them. In this regard, they highlighted the perception that CD is for everyone, without distinction, a movement that favors coexistence with diversity and differences.

“At CD I see the union between people. We are all the same there, there are no rich people, there are no poor people. I see everyone treating each other very well, especially the teachers, who pay a lot of attention, this is often what older people need.” (Strength).

It can be seen that the inclusive and welcoming character that CD provides comes from the speeches. It emerges from the meanings that the presence of the other is essential to guarantee the feeling of belonging to the group.

“Besides dancing, I really like people, being among people, participating in groups” (Fun).

“It seems that we gathered the same group of souls” (Balance).

“I like being with more people, I don't like loneliness, being alone at home” (Beauty).

CD is a different physical activity for providing greater interaction between people, rescuing the wanting to do and not having to do.

“I needed to exercise, but I didn't want to do gymnastics. Dancing is more enjoyable, there are friendships, we dance, we laugh, we play” (Strength).

“In gym I come because I need to. In dance, I come because I like it! I love to dance! Spending time, talking, being in a group, laughing, playing games” (Kindness).

In the practice of CD, older people were able to experience a time of possibilities to learn new things, acceptance of mistakes and physical limitations, as well as the need to adapt. As in CD performance is not required, the emphasis is not on technique but on the challenge of each one to give their best. The new is seen as something possible, and the possible can be enough.

“Dancing is new, as I have never danced in my life. I know I'm not going to be a dancer, but I think I'm doing fine. This brings something new to life, as I've never been a dancer, for me it's been a challenge, so what I'm already doing is good in size” (Faith).

Participants related the experiences lived and shared with aspects of life that are redefined by dance and by being together, which encourages self-esteem and confidence to face new challenges.

“This phrase that is always said at the Circle, The dance is like our life, even if we make mistakes, we cannot stop, left a mark on me. That to me is the meaning of dance. Even if you make a mistake, don't stop, because life is like that. We stumble, make mistakes, but let's go ahead. Raise your head and keep going” (Contentment).

By expressing in words the images they had of CD, the older people returned to the collective character, demonstrating how this practice enables integration and socialization among people. It is noticed that the participants, when they are dancing, distance themselves from daily concerns, experience being together in a perspective of welcoming and wholeness.

“What comes to my mind is unity. As I'm going to tell you, it's a dance that brings people together” (Forgiveness).

“The group! Everyone is together trying to forget the problems of everyday life, at least here you can forget if you have any problems” (Faith).

“I think about the hug, when we hug in the circle at the end, it’s really good!” (Support).

CD enables the strengthening of social ties, as well as reducing the feeling of loneliness and isolation that affects many older people. Older people reported that if they were not in CD, they would probably be at home, alone or with no one to talk to.

“I’m very lonely, the three of us live together (husband and son), but there’s no one to talk to, to say anything. So in the dance I made other friends. I started to interact better with other people” (Contentment).

Feeling through the circular dance

Through CD, the older person experiences dancing together, being and belonging to a group, without, however, ceasing to be unique. Perceive their individuality and that of the other who shares that moment. To learn the dance steps, you need to be centered on yourself, directing your attention to the moment you are experiencing, seeking strategies to deal with dispersal factors.

“I try to stay, I don’t know if you notice, I stay very focused to learn the steps. There are some who talk more, but it’s their way and we have to respect, each one is one. But I like to stay focused to learn, I like to learn. I feel good when I learn, when I’m following it” (Confidence).

Each participant describes the experience of dancing in a very particular way, according to their perceptions and feelings. For some, the fact of holding hands refers to a feeling of security, as reported by this older woman, who in her daily life used crutches to walk around. Holding hands in the circle made it possible for her to feel safe to dance, being supported and supporting the group.

“At first I was upset about having to walk on crutches, which is boring. But now I don’t care anymore. You have to think that it’s for help and crutches are charming. The doctor already said I can’t go without them, a fall for me, God forbid! It can be the end of life in a wheelchair. In dancing,

holding hands, I feel safe. At the time of the circle I have no difficulty” (Purpose).

Others highlighted the pleasure, happiness, peace and other feelings of well-being that the activity provided them.

“I feel really good when I’m dancing, I feel very comfortable. It’s good for the physique, I’ll tell you it is. It’s more for the pleasure of dancing, because I like it. It’s this pleasure that it gives me” (Fun).

“Every time we come to dance, let’s say it’s another drop of optimism planted in our hearts” (Contentment).

“I feel happy. Despite getting a little wrong. But I don’t see mistakes as a problem, I feel good” (Balance).

Thus, the older people brought from their imagination, from the experience of dancing together, that CD as part of daily life, is a space of exchange, of belonging, of collective living linked by emotional ties and affection.

DISCUSSION

This study made it possible to understand CD in the daily lives of older people, being relevant to promote the improvement of their quality of life. CD allows inclusion, the feeling of belonging and closeness among peers, preserving their individuality.

The data found in the category “Attributing Meaning to Circular Dance” are in line with the results of a study that investigated the psychological and emotional factors of older practitioners of ballroom dancing. Dance practice provides a rich context of social interactions and positive experiences¹⁶.

Through this integrative practice, the experience of returning to the archaic occurs in the midst of a society marked by technology and scientific knowledge, characteristic of Post-Modernity, since it sends participants to tribal dances. It favors the transfiguration from the “I” era to the “we” era, as it is through the gaze of the other that I recognize myself and make myself exist¹⁷.

Postmodern thought proposes the decline of individualism, so that the human being cannot be analyzed individually. Each person plays a role within a tribe. Tribalism brings the importance of the feeling of belonging to a place, to a group, as an essential foundation of all social life. Contemporary society is made up of several tribes, which are characterized by fluidity, occasional gatherings and dispersion. Tribalism is a cultural phenomenon, “a true spiritual revolution, a revolution of feelings that highlights the joy of primitive life, of native life”, in which urban tribes reveal the urgency of an empathic sociality where emotions are shared, affections are shared¹⁸. This is how we understand each Circle as a tribe, the Tribe(s) of the circular dance.

At the same time that the emphasis on the future gives way to the importance of the here and now, living in the present mobilizes societal energy, the moment is eternalized, becoming a privileged place for the pleasure of being¹⁹.

The CD circles were described by research participants as an environment where people make themselves present with each other, in a playful and festive way, unite by bonds of affection and worship the ethics of aesthetics, which is this wanting to be together with, cement, the social link, experimenting together as a socialization factor¹⁸. Corroborating these results, other studies have identified that empathy, solidarity and welcoming permeate group relationships, providing a bond and a feeling of belonging among the participants^{19,20}.

Human beings have always sought strategies to express their feelings and emotions, and dance, in general, represents one of them. CD, by proclaiming simplicity of rhythm and execution, can be worked in groups, forming a circle where participants dance together, seeking integration in the circle through singing, rhythm and execution, in order to promote balance, physical, mental and social well-being^{21,22}.

CD can be considered a socialization factor that unites those who see in dance a possibility of building encounters and relationships, which through rhythm, music and movements are brought into harmony with the circle and with the ancestry of each dance²³. In the CD circle, “form” is present at all times, being formant, but not formal, making it possible to see the

contours from within, learning about the space of the other and our space. Diversities and differences gave shape to the dance, without any formality, favoring welcoming, supporting and living together. In this perspective, a methodological resource that relies on form is entirely relevant, if one intends to account for a society that is increasingly structured in the image¹⁴.

Dancing in circles triggers a new ethics in life that allows the redefinition of behaviors and postures for the encounter with yourself and with the other.

In the category “Feeling through Circular Dance”, the practice of CD proposes the collective experience of dancing together that recognizes and lives with diversities²⁴. In the circle, formed by holding hands, no one has a prominent place, giving the participants the feeling of being included in the whole. Since all points on a circle are return points, traversing the circle rotates 360 degrees without losing the relationship with the center, and each point has the same distance from the center⁷. Thus, symbolically it shares a space of belonging, cooperation, security, solidarity and unity.

Through CD, health care can be interconnected with health promotion practices. Activities seen not as exclusively for the prescription of healthy styles, but as the creation of possibilities that can contribute to the emancipation of individuals, groups, communities and health workers and transform life behavior²⁵.

Affective bonds built in a convivial and learning environment contribute to the participants’ perception of becoming happier and more active people²⁶. The opportunity to be together makes it possible to alleviate isolation and loneliness, one of the most serious problems of the older population, leading them to (re)create the feeling of belonging to a group, to a community, reborn to socio-community life²⁷.

Maintaining social relationships is important for a healthy life, reducing social isolation and improving self-perception. Participation in groups encourages older people to remain active in carrying out activities that contribute to their empowerment by valuing their individuality and autonomy. It is in this context that the individual’s interaction is observed, thus enabling greater inclusion in the group, as in circular dance, giving voice to the older person.

In CD, the relationships of the participants are horizontal, giving a significant collective and personal character, in which positive aspects are experienced, making the subject more resilient in coping with the health-disease process⁷.

Thus, in addition to expanding motor and postural capacity, CD recreates the possibility for the reorganization of both internal and external balance, expressing the gestures of life, translating dreams and exercising feelings and imagination²³. In addition, caring for the body, with aesthetics stimulates the development of self-esteem⁵. Working on beauty in old age means health and self-care and care for the body, with the image²⁷.

Another aspect that was revealed from the data refers to the biopsychosocial benefits generated by dance in the lives of older people, it was found that dance, when practiced by older people, generates sensations and feelings of well-being that contribute to improving the quality of life of older people, as well as the promotion of a healthier life. Thus, it is proposed that opportunities for the practice of dance, for this age group, be more offered by public health agencies²⁸, highlighting their inclusion in UBS that develop integrative and complementary practices².

CD provides participants with the awakening of body awareness. The perception of meanings and satisfaction with the involvement of dance promotes well-being among individuals, brings physical, social and emotional benefits, with improved relaxation, pleasure and mood control, making them healthier¹⁷. CD, an activity that inspires and motivates the expression of feelings, enables the rediscovery of the internal rhythm of Western man, so that he can organize and understand the world, reality and his own being, in constant transformation²⁴.

Post-Modernity asks for other human qualities, facing adversity with openness to diversity, complexity to understand and simplicity to act, collaboration and sharing, in which the consideration of affections, the emotional, the passions allows integrating the forces of the imagination into the holistic understanding that you can have from being together^{18,29}.

In Michel Maffesoli's perspective, the imaginary goes beyond the individual, it is nurtured by the

collective, being a set of rational and non-rational mental constructions of impulses for action, a reservoir of feelings, emotions, values, affection, symbols and images¹².

As limitations of the study, it is clear that the local nature of CD performance limits the data found, suggesting its expansion to other spaces, involving the everyday, the imaginary and its articulation with other PICs as health promotion practices.

CONCLUSION

Circular Dance, in the older person's imagination, enhances being together, has a welcoming and inclusive character that favors the feeling of belonging. Older people who dance exercise attention, memory, cognition, expression, in addition to socialization, community belonging and reduction of social isolation. The main contribution of this study is to enable researchers and health professionals to take ownership of this integrative and complementary practice and encourage its realization in other spaces.

Feeling together was present, where feelings of happiness, peace, contentment, optimism and pleasure were outlining the redefinition of the lives of older people, making them more resilient to daily adversities and directed towards a healthier life.

Anchored in Michel Maffesoli's Comprehensive Sociology, Nursing can understand the human being in a holistic way, considering non-measurable aspects, such as meanings and feelings, the imagination itself, in care actions. Understanding the meaning of CD in the imagination of the older person in their daily life showed that this activity can be articulated with sensitive reason, integrates the symbolic and the imaginary, and contributes as an expression of life, being a space for exchanges.

Therefore, CD can be used by Nurses and other health professionals as another resource available for the care of the older population with a view to Health Promotion. Finally, it is suggested that the practice of CD be encouraged by health professionals in daily life.

Edited by: Maria Luiza Diniz de Sousa Lopes

REFERENCES

1. Borges EGS, Vale RGS, Pernambuco CS, Carder SA, Sa SPC, Miguel PF, et al. Effects of dance on the postural balance, cognition and functional autonomy of older adults. *Rev Bras Enferm.* 2018;71(Supl 5):2302-09. Available from: <https://doi.org/10.1590/0034-7167-2017-0253>.
2. Dalmolin IS, Heidemann ITSB. Integrative and complementary practices in Primary Care: unveiling health promotion. *Rev Latinoam Enferm.* 2020;28:e3277. Available from: <https://doi.org/10.1590/1518-8345.3162.3277>.
3. Schneider AS, Ceolin S, Badke MR, Heisler EV, Lautenschleger G, da Costa AR. Applicability and benefits of dance therapy as a health care practice: an integrative review. *Res Soc Develop* 2020;9(7):e344974009. Available from: <https://doi.org/10.33448/rsd-v9i7.4009>.
4. Sousa IMCD, Tesser CD. Traditional and complementary medicine in Brazil: inclusion in the Brazilian Unified National Health System and integration with primary care. *Cad Saúde Pública.* 2017;33(1):1-15. Available from: <http://doi.org/10.1590/0102-311X00150215>.
5. Carvalho FFB, Nogueira JAD. Práticas corporais e atividades físicas na perspectiva da Promoção da Saúde na Atenção Básica. *Ciênc Saúde Colet.* 2016;21(6):1829-38. Available from: <https://doi.org/10.1590/1413-81232015216.07482016>.
6. Sousa LA, Barro NF. Integrative and Complementary Practices in the Unified Health System: progresses and challenges. *Rev Latinoam Enferm.* 2018;26:e3041. Available from: <https://doi.org/10.1590/1518-8345.2854.3041>.
7. Azevedo C, Moura CC, Corrêa HP, Mata LRF, Chaves ECL, Chianca TCM. Complementary and integrative therapies in the scope of nursing: legal aspects and academic-assistance panorama. *Esc Anna Nery Rev. Enferm.* 2019;23(2):e20180389. Available from: <https://doi.org/10.1590/2177-9465-ean-2018-0389>.
8. Malta DC, Reis AAC, Jaime PC, Neto OLM, 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 Colet.* 2018;23(6):1799-809. Available from: <https://doi.org/10.1590/1413-81232018236.04782018>.
9. Heidemann ITSB, Cypriano CC, Gastaldo D, Jackson S, Rocha CG, Fagundes E. A comparative study of primary care health promotion practices in Florianópolis, Santa Catarina State, Brazil, and Toronto, Ontario, Canada. *Cad Saúde Pública.* 2018;34(4):1799-809. Available from: <https://doi.org/10.1590/0102-311X00214516>.
10. Labegalini CMG, Sescon NI, Hammerschmidt KSA, Jaques AE, Carreira L, Baldissera VDA. Educational and care-related dialogical pathway on active aging with family health strategy professionals. *Texto & Contexto Enferm.* 2020;29:e20180235. Available from: <https://doi.org/10.1590/1980-265X-TCE-2018-0235>.
11. Silva KM, Nitschke RG, Santos SMA. The dance and the aging: benefits described in the literature. *Ciênc Cuid Saúde.* 2018;17(3):1-10. Available from: <https://doi.org/10.4025/ciencucidsaude.v17i3.39020>.
12. Nistchke RG, Tholl AD, Potrich T, Silva K M, Michelin SR, Laureano DD. Contributions of Michel Maffesoli thinking to research in nursing and health. *Texto & Contexto Enferm.* 2017;26(4):1-12. Available from: <https://doi.org/10.1590/0104-07072017003230017>.
13. Costa JC, Nitschke RG, Thol AD, Henckemaier L, Michelin SR, Silva APM. Imaginary of family health promotion: family's look in the everyday life of Primary Care. *Ciênc Cuid Saúde.* 2017;16(1):105-11. Available from: <http://dx.doi.org/10.4025/ciencucidsaude.v16i1.33006>.
14. Schatzman L, Strauss AL. *Field research: strategies for a natural sociology.* New Jersey: Printice-Hall; 1973.
15. Brasil. Ministério da Saúde. Resolução nº 466, de 12 de dezembro de 2012. Normaliza a pesquisa em seres humanos. Brasília, DF: Conselho Nacional de Saúde; 2012. Available from: <http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>
16. Oliveira DV, Favero PF, Codonhato R, Moreira CR, Antunes MD, do Nascimento Jr. JRA. Investigação dos fatores psicológicos e emocionais de idosos frequentadores de clubes de dança de salão. *Rev Bras Geriatr Gerontol.* 2017. 20(6):802-10. Available from: <https://doi.org/10.1590/1981-22562017020.170089>.
17. Brito RMM, Germano IMP, Severo Jr. R. Dança e movimento como processos terapêuticos: contextualização histórica e comparação entre diferentes vertentes. *Hist Ciênc Saúde-Manguinhos.* 2021;28(1):146-65. Available from: <https://doi.org/10.1590/S0104-59702021000100008>.

18. Mafessoli M. O tempo das tribos: o declínio do individualismo nas sociedades de massa. 5ª ed. Rio de Janeiro: Forense; 2014.
19. Friedrich TL, Petermann XB, Miolo SB, Pivetta HMF. Motivações para práticas coletivas na Atenção Básica: percepção de usuários e profissionais. *Interface*. 2018;22(65):373-85. Available from: <https://doi.org/10.1590/1807-57622016.0833> .
20. Nogueira ALG, Munari DB, Fortuna CM, Santos LF. Pistas para potencializar grupos na Atenção Primária à Saúde. *Rev Bras Enferm*. 2016;69(5):964-71. Available from: <https://doi.org/10.1590/0034-7167-2015-0102>.
21. Maffesoli M. Pactos emocionais: reflexões em torno da moral, da ética e da deontologia. Curitiba: PUCPRESS; 2018.
22. Santos ERS, Mendonça GA, Souza ZCSN, Morais AC, Novaes AL. Dança circular em maternidade: vivência extensionista. *Rev Bras Extensão Univ*. 2021;12(1):23-32. Available from: <https://doi.org/10.36661/2358-0399.2021v12i01.11632>
23. Farias J, Marinho A. Lúdico e danças circulares: reflexões sobre um grupo em um centro de saúde de Florianópolis (SC). *Rev Bras Educ Fís Esp*. 2019;33(1):61-70. Available from: <https://doi.org/10.11606/issn.1981-4690.v33i1p61-70> .
24. Borges RM, Brito CMD, Monteiro CF. Health, leisure, and aging: an analysis of Meninas de Sinhá's circle game. *Interface (Botucatu)*. 2020;24:e190279. Available from: <http://dx.doi.org/10.1590/interface.190279> .
25. Silva SMM, Grando BS. In the bodies of dance: intercultural education and teacher training. *Rev Educ Pública*. 2017;26(62):527-48. Available from: <http://periodicoscientificos.ufmt.br/ojs/index.php/educacaopublica/article/view/5497>.
26. Carvalho FFB, Cohen SC, Akerman M. Reflecting on the established in Health Promotion to problematize' dogmas'. *Saúde Debate*. 2017;41(3):265-76. Available from: <http://doi.org/10.1590/0103-11042017S320> .
27. Lange CH, Heidemann ITSB, Castro DSP, Pinto AH, Peters CW, Durand MK. Promoting the autonomy of rural older adults in active aging. *Rev Bras Enferm*. 2018;71(5):2411-7. Available from: <https://doi.org/10.1590/0034-7167-2017-0570>.
28. Fin TC, Rodrigues MP, Scortegagna SA. Old age and physical beauty among elderly women: a conversation between women. *Rev Bras Geriatr Gerontol*. 2017;20(1):77-87. Available from: <https://doi.org/10.1590/1981-22562017020.150096> .
29. Fontoura LC, Bolzan RS, Azambuja AS, Abaid JLW, Smeha LN. Dancing on the third age: biopsychosocial benefits in the life of the elderly. *Rev Eletrônica Discipl Sci*. 2016;17(1):75-81. Available from: <https://periodicos.ufn.edu.br/index.php/disciplinarumCH/article/view/2020/1868>.