


Body and health: reflections on Body Practices among older adults in a Basic Health Unit in Goiânia, Brazil


Corpo e saúde: concepções de um grupo de idosos de Práticas Corporais de uma Unidade Básica de Saúde em Goiânia

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Abstract

This qualitative research investigates the concepts of body and health in body practices among older adults who attend the *Esporte e Lazer* (Sports and Leisure) group at a Basic Health Unit in Goiânia, Brazil. The research has a qualitative nature. Six field observations were performed (and recorded) with about 30 members, as well as a focus group with five older adults. Data underwent content analysis. Results indicate hybrid conceptions, in a way that elements present in the individual's life are confronted with those experienced by health practices. Body practices are meaningful life experiences toward an integrative perspective. Thus, although certain elements among older adults drive the comprehension of biopsychosocial factors, they often show aspects which reduce the body or health to biological determinism. Thus, professionals who work with older adults must make different propositions.

Keywords: Body; Health; Elderly; Body Practices.

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Resumo

Este artigo tem como objetivo investigar as concepções de corpo e de saúde entre os idosos, inseridos nas práticas corporais, vinculados ao grupo Esporte e Lazer, que pertence a uma Unidade Básica de Saúde em Goiânia. A pesquisa tem caráter qualitativo. Foram realizadas seis observações registradas por diário de campo com cerca de 30 integrantes e um grupo focal juntamente a cinco idosos. As informações foram submetidas à análise de conteúdo. Os resultados da investigação apontam concepções híbridas, de forma que elementos presentes na vida do indivíduo são confrontados com os vivenciados pelas práticas em saúde. As práticas corporais se conformam como experiências de vida significativas rumo a uma perspectiva integrativa. Nesse sentido, ainda que sejam evidenciados elementos entre os idosos que impulsionam a apreensão de fatores biopsicossociais, eles frequentemente apresentam aspectos que reduzem o corpo ou a saúde ao determinismo biológico. Assim, é necessário que os profissionais que acompanham o grupo de idosos realizem proposições diferenciadas.

Palavras-chave: Corpo; Saúde; Idoso; Práticas Corporais.

Introduction

Knowledge about the body is endless and we can address it by different prisms. In a Maussian understanding, the body is three-dimensionally seen as something biological, psychological, and sociocultural, with no overlap between these dimensions (Mauss, 2015). Based on this, the French sociologist David Le Breton produced a set of works on the body, which became known as “body anthropology and modernity” (Le Breton, 2012). In such work, the author confronts the way modernity is evidenced in and through the body, positioning himself in favor of studies which face it in sociocultural terms. Addressing modernity, the author implies the existence of an anthropology associated with the body but with a modern look so it can be approached in an interdisciplinary way with health. It is in the context of such academic tradition, supported by the multiplicity of perspectives, that this research begins.

Similarly, due to the polysemy they convey, body practices show the approximation of different fields of knowledge (Lazzarotti Filho et al., 2010). Probably for this reason, the entry “body practices,” as recorded in the critical dictionary of Physical Education, seeks to cover the most diverse facets of meaning admitted by the expression (Silva; Lazzarotti Filho; Antunes, 2014), considering its biological, historical, social, and cultural components, to extrapolate purely organic or material phenomena.

According to this semantic richness, we were able to observe, in official documents related to health promotion in Brazil, the scope of the term “Body Practices/Physical Activity” (PCAF - *Práticas Corporais/Atividade Física*). In view of this, according to the **Caderno de Atenção Básica: diretrizes do NASF** (Guidelines from the NASF: Family’s Health Support Nucleus), PCAF were inserted in the historical period of the process in which the National Health Promotion Policy was built (BRASIL, 2009). At first, PCAF emerged as one of the thematic axes of the **Política Nacional de Promoção da Saúde** (National Health Promotion Policy), at which time some actions were listed (BRASIL, 2006c). However, it is in the **Caderno de Atenção Básica: diretrizes do NASF** (Primary Care

Publication: NASF guidelines) and the *Diretrizes do NASF: Núcleo de Apoio a Saúde da Família* (NASF Guidelines: Support Center for Family Health) that one can see, more vehemently, the conceptions and conceptual aspects that the term raises (BRASIL, 2009, 2010).

Regarding health care, one must understand that health statuses do not depend only on drug interventions, PCAF, or healthy eating. By extrapolating this understanding, proposals arise based on the application of the principle of equity in the public health system, in the exercise of citizenship, in basic services (such as sanitation), as well as in the confrontation of adverse factors. At the same time, guarantees regarding access to territorialization, culture, and employment, among others, are considered so that proper health care and services can be provided (BRASIL, 2006a). In short, health care can neither be conceived or supported solely by biological principles (Farinatti; Ferreira, 2006) nor can it be fully achieved by a psychosocial model (Merhy, 2006), even less so positively or negatively (Farinatti; Ferreira, 2006). Its scope, polysemy, and dynamics are prominent characteristics of health, whose purpose is none other than to preserve and improve quality of life.

From the above, this study aims to investigate the conceptions of body and health related to the older adults inserted in the PCAF program *Esporte e Lazer*, which is coordinated by a Basic Health Unit for Family Health (UABSF - *Unidade de Atenção Básica à Saúde da Família*) in the eastern region of Goiânia, Brazil. This study is justified because most older adults are affected by one or more chronic diseases and health care is, in most cases, carried out by pharmacological treatments (WHO, 2018). In Brazil, these diseases are responsible for the highest number of visits in public primary health care (BRASIL, 2009). Brazilian Basic Health Units (UBS - *Unidades Básicas de Saúde*), by forming groups, also offer other means of welcoming older adults which serve to extend care (BRASIL, 2006a) and even contribute to lower costs for the public system (Mendes et al., 2017). Moreover, the care resulting from staying in the mentioned groups extends

health benefits, such as older adults' mobility in their community, improved self-esteem (BRASIL, 2005), increased level of PCAF, healthy eating (BRASIL, 2006b; 2006c; WHO, 2018), the range of physical activity levels recommended for this age group (WHO, 2018), among others.

Methods

This investigation took place in the *Esporte e Lazer* (Sports and Leisure) group, which has existed for over 12 years and is linked to a UABSF in the eastern region of Goiânia. The professionals who accompany the group are three community health agents (CHA); one of which has the role of proposing the PCAF while the other two transmit information sent by the Health Department to the unit, dialoguing directly with the served older adults about treatments, care, campaigns, and assistance. Regarding participants, there are about 30 older adults - people over 60 years old (BRASIL, 2006b) - whose attendance varies at each meeting. The predominance of women is a prominent feature of the group.

The group's activities were monitored for two months in 2016. During the six meetings in which the activities of the *Esporte e Lazer* group were observed, a field diary was generated, following the research agenda proposed by Minayo (2013). Ethical research procedures with human beings were respected. All participants allowed the observation of the activities developed by the group of researchers, facilitated by the fact that one researcher had previously maintained contact with the participants due to her curricular internships during her bachelor's degree in Physical Education attended at a public university, as well as in the activities carried out by her within the *Programa de Reorientação de Formação Profissional em Saúde e Educação pelo Trabalho para a Saúde* (Reorientation Program of Professional Health Training and Health Education by Work for Health - PROPET-Saúde) of the same institution. It should be noted that confidentiality, anonymity, and secrecy were guaranteed for all participants.

In addition to participant observation, all older adults were invited to take part in the focus group

(FG), which took place at the last meeting. It was attended by five participants (four women and one man), who signed informed consent forms. The FG was recorded and lasted for one hour and seven minutes. It began with the explanation of this strategy for obtaining information in research, and then it was properly carried out. After completion, the recording was transcribed.

The field diary and the transcription of the FG were submitted to content analysis (BARDIN, 2011). The field diary was assessed and is shown in this document to better compare the outlined objectives, which is why its parts are not literally transcribed. Of the 14 questions addressed in the FG, those dedicated to the debate on body and health were selected. The answers will be shown in five blocks, three of which will be exclusively devoted to the perception and conception of the body and two aimed at the understanding participants have about health, with one expressing their relationships with PCAF and a final answer on growing older. In reporting participants' answers, codes related to gender and age were assigned, namely: W (for woman) and M (for men), and numerical reference identifying age, that is, "W67" indicates a 67-year-old woman.

Analysis and discussion

By the notes in the field diary and the observations made, we can state that, before starting any PCAF, CHA measured participants' blood pressure. After that, everyone positioned themselves in a large circle, in which the CHA informed the activities related to health services for the community. During the meetings, there were frequent prayers, songs, and laughter which came mainly from the older adults. Moreover, it should be noted that older adults do not take part in the meetings only because of the PCAF since they have the pleasure of meeting friends and feeling that they belong to the community.

Finally, in view of the *in loco* observations, participants' answers show a reductionist perception of health and a fragmented view of the body. Thus, concerns about the issues related to these themes arose, leading us to further develop them.

To analyze issues related to the body, some discussions were raised, according to which the body

should be thought of as something total and with many facets (Canguilhem, 2005; Le Breton, 2012; Mauss, 2015; Silva, 2001; Zoboli, 2012). The analysis considered whether the body was presented based solely on reductionist factors (Silva, 2001), namely organic (Canguilhem, 2005) and biological (Mauss, 2015), which, in short, point to what Le Breton (2012) called the "anatomy-physiological conception of the body." Despite this, we observed whether, by extrapolating such factors, people found other elements more in line with the powers emanating from the living body (Canguilhem, 2005), as well as psychological and sociocultural ones (Bonnet, 2014; Mauss, 2015), or even its social and cultural history (Zoboli, 2012).

Thus, when asking older adults about how they perceived their bodies, before starting the PCAF in the group, the following answers were given: "I felt my body hurting [...] a dejection" (M67); "[...] I felt listless, that weird thing" (W71); "I had that sadness, I just stayed indoors" (W63).

As can be seen in the statements above, the idea of a body that was tired is predominant. The perception of limitations as a body unwilling to live is also an assertion defended by Canguilhem (2005), for whom the body understands the limiting idea of "[...] a living organism as a machine" (Canguilhem, 2005, p. 41), that is, an anatomy-physiological view to the detriment of a more explanatory understanding, according to which it contributes, in small steps, to the understanding that the "[...] living human body is the set of powers of an existent entity having the ability to evaluate and to represent to oneself these powers, their exercises and their limits" (Canguilhem, 2005, p. 41). Despite the understandings presented being based on the Cartesian dualism of body/mind (Le Breton, 2012; Zoboli, 2012), the evaluative processes regarding the limits and possibilities of representativeness in life show an advance in the face of such understanding. Here, between the lines, we have a living, thinking, acting body which moves, sometimes, or always, with limits, but which is able to recognize them.

Pain, this limiting factor, is a fact of existence but it is often only linked to its physiological character. It

is what leads the suffering person to places in which conducts are carried out in the health area. However, “the meaning given by the suffering individual to the provocation endured is a determining criterion of their relationship with pain [...]” (Le Breton, 2013, p. 141). The fact that the 67-year-old male participant referred to pain in the past points to changes in the conception of the body which he is incapable of bringing to his consciousness and, therefore, to verbalize it.

The 63-year-old female participant showed a variation social engagement and the spaces explored in her life. Sadness, as one of the emotions, although often linked to the biological part of the body (Rezende; Coelho, 2010), was exemplified in speech, extrapolating such understanding. Additionally, such statements outline a comparison of the present state with past ones, which, in addition to pointing out Canguilhem’s (2005) conception, allow us to glimpse the construction of new meanings linked to the body.

When continuing the FG, participants were asked if, by entering the PCAF group, they had any changes in their bodies. Here are some reports:

[...] I had some pain in that arm [...] and I woke up and saw that it was lack of activity. (W71)

[...] I was always hospitalized [...] and then even the doctor said, “wow, it’s been six months since I came to the hospital, what are you doing?” and I said that I am doing physical activity [...]. (W77)

[...] a good thing, right, because I had a back problem, you know, I still do but it improved a lot from what it was [...] it was pain that I couldn’t walk, I walked crookedly. (M67)

In this block, despite the question referring to the present, all of them returned to events associated with the body. The 77-year-old female participant mentions hospitalization, hospital, and doctors, factors that, according to Bonnet (2014), are often hegemonically referenced by biomedical or biological knowledge. So, surely, too her body was, at least more than it currently is. The 61-year-old female and the 67-year-old male participants mention themselves

by their parts, namely: arm and spine, respectively. It is Descartes who authorizes modern reason and science to make this so radical separation which points to a reductionist understanding of the body. His ideas are appropriated by biomedicine, which considers the anatomical-physiological model as hegemonic regarding the body (Silva, 2001). Therefore, participants’ answers reiterate that the inclusion in the group of body practices resulted in a change in the way of moving the body, in which a “living body” was attributed (Canguilhem, 2005). However, these people remain in the anatomical-physiological perspective when exploring their past.

Comparing present and past, participants mentioned that PCAF have contributed to adding liveliness, or even that they are responsible for the construction of new meanings, both concerning the body. Thus, the relationship with pain and the interaction with the doctor show changes in the conception of the body which occur through movement, and the ability to expand them is very important for this age group.

Movement is important because subjects in modern western societies fail to realize that, from birth, they age every minute, so that their body image is always in transformation, socially translating what subjects are physically able to perform (Le Breton, 2012). Society expects the mobility of these subjects to decrease, while total immobility is also not well regarded (Le Breton, 2013). Thus, when reporting on mobility, participants point out that a social judgment about their age was incorporated.

In this regard, Zoboli (2012, p. 32) points out:

The different ways human beings have to relate to society, the world, and nature occur in the most varied ways according to the culture in which they are inserted. These ways of interaction are not permanent as they are influenced by the action of humans on nature. Therefore, they are constantly (re)constructed, and, as a result, undergo changes, fruits of the historical process of this human (re) construction. Moreover, humans, in addition to revealing their personal uniqueness, also have characteristics that define them as a member of a social group at a given time.

We infer, therefore, that the body is inherent to the human condition in the relationships they build in the world and with people, culture, and nature. To understand it, one must understand, without evaluative judgments, the culture of a certain socially and historically determined people. The human condition emanates singular and group aspects and is constructed by the relationship subjects establish for themselves in certain situations or groups (Zoboli, 2012).

That said, the last answer referring to the body aimed to answer the question about the understanding that they had of it. Responses were as follows:

[...] it's being able to take the medicine, being on a diet, because I have diabetes, [...] I have cholesterol, I have to take medicine for my body to move forward. (W63)

[...] my body, for me, is fit, very strong, I'm eating well and always exercising, [...] I'll have a so-so and my body runs smoothly. (W67)

[...] our physical body [...] our body is a good thing because God gave us life to walk, jump, scream. (W71)

[...] wow, the body is important, the body has to be normal. (M67)

Some excerpts from the block above relate to what was presented by Silva (2001) and Canguilhem (2005). As W63 mentions her problems with cholesterol and insulin, as does W71 by reducing the body to its physical part, refer to what Silva (2001) called the “Cartesian body,” which is reduced to its internal parts and physical aspect. The centrality of the speech, noted earlier by Canguilhem (2005), falls on the functioning of organicity, with the explicit objective (or not) of making life continue to happen. M67 presents himself fully immersed in this hegemonic understanding, almost without words or arguments; W71 points out some factors related to PCAF linked to her religious conception; W63 goes deeper into her daily issues related to food, showing that she incorporated the hegemonic discourse, as did W67, who is the

most explicit in pointing out factors related to food and PCAF that make up her daily life, also showing an incorporation of the discourse which defends the supremacy of the biological. It is clear that the use of different words points to a single direction: the predominance of the hegemonic and modern understanding of the body, indicating the supremacy of the biological (Silva, 2001).

The religious issue is a point which moves away from biomedicine and is embodied in psychology, tracing deep relations with society (Bonnet, 2014) and reiterating the idea of a total social fact elaborated by Mauss (2015), which gives equal importance to biological, psychological, and sociocultural elements for the analysis of the facts.

After perusing the three blocks, building a quick statement about the conception of the body of older adults is to create a simplistic definition. We found that “[...] each actor ‘bricolages’ the representation they make of their own body in an individual, autonomous way, even withdrawing, for that, in the air of time, the vulgarized knowledge of the media or the chance of their readings and their personal encounters” (Le Breton, 2012, p. 21). The most accurate statement would be that this group’s conception of the body is hybrid or syncretic.

We base this finding on two opposing facts: (1) the knowledge hegemonically conveyed by modernity (Bonnet, 2014; Silva, 2001); and (2) the UABSF proposal (BRASIL, 2009; Bonnet, 2014). As mentioned, modernity has reduced the way of approaching the body (Silva, 2001). On the other hand, Bonnet (2014) argues that the proposal of family medicine focuses on biopsychosocial balance in its daily practice, based on the interaction of knowledge. The groups and PCAF developed at UABSF, according to Tonosaki (2016), offer elements to give older adults more autonomy and making them co-responsible for their health care, providing them with the feeling of belonging to a group proposal, triggering appreciation of life. Furthermore, they promote fruitful moments of well-being which enhance social, historical, and cultural relations in the contact with each other and with the health system (BRASIL, 2009). These two types of elements would relate to what Bonnet (2014, p. 170) calls “hierarchical syncretism,” so that the relation

between these elements depends on the associated situation and context.

Entering discussions about health, we will address four lines present in the literature. The first one refers to the absence of disease (Farinatti; Ferreira, 2006), understood as a simplistic and reductionist concept. The second one relates to the reference to health as a complete biopsychosocial well-being (Farinatti; Ferreira, 2006; Merhy, 2006). The third is the one on which Brazilian public policies are based; expanded health is defined as “[...] the result of food, housing, education, income, environment, work, transport, employment, leisure, freedom, land access and tenure conditions, and access to health services” (Brasil, 1986, p. 4). Finally, positive health is a way of visualizing the condition subjects are in at the moment, in which subjects have the ability to perform activities, are able to set goals with their actions, and autonomously and independently intervene in the environment (Farinatti; Ferreira, 2006). Such designs were guidelines for the analysis carried out on health.

In the FG, in a second moment, we addressed a discussion focusing on health. Initially, we asked what health would be. The responses obtained were:

[...] health is very special for me because if you are healthy, you can do everything around the house. (W67)

[...] health is an important thing because we need to do something, right, that good cleaning. (W71)

[...] health is a good thing for those who have it. But when you don't have it, it's a problem, you want to do things, do things. (W77)

Wow, health is a very important thing, because health helps us to work, helps us, as he says [...] joy, we have joy because we are healthy. (M67)

All statements indicate the understanding of positive health (Farinatti; Ferreira, 2006) since this understanding focuses on ways of visualizing the state in which subjects are at the moment, emphasizing the ability of older adults to perform activities, achieve goals through their actions,

and autonomously intervene in their environment (Farinatti; Ferreira, 2006).

Older adults' speech prioritize autonomy and independence, as well as positive health (Farinatti; Ferreira, 2006), as they announce celebrations in the face of actions such as doing or working, that is, routine actions which are performed with quality, safety, and pleasure. Moreover, in the discussion about body conceptions, participants mentioned that, from the PCAF offered by the UABSF, their pain was ameliorated, providing an increase in their disposition for daily activities, also dialoguing with a positive health concept.

The joy element is a feeling factor which allows contact with the other. It allows the creation of bonds and friendships and favors daily actions, making them recognize each other in time and space in the sense of belonging (Tonosaki, 2016). Joy is an element of sociability contained in the individual which does not always find its identification in another but which is often enough in itself (Rezende; Coelho, 2010), becoming essential for the continuity of treatments or even for people to continue in spaces which promote health care, such as the *Esporte e Lazer* group (Benedetti, 2012; Tonosaki, 2016).

When continuing with the questions, we asked whether PCAF interfered with volunteers' health condition and they answered:

[...] I don't feel dizzy, I feel very well [...]. I feel so good when I do my physical activity. (W63)

Ah, this health activity thing, I have a diabetes problem, I have a blood pressure problem. (W67)

[...] a lot of things, right, [...] the doctor ordered me to take just a little medication. (W71)

[...] I walk, I talk, there are those who like to stand still, but I don't! So, I take a lot of medicine. (W77)

[...] it interfered a lot, right, it made me want to work more, I feel happy to be with the group [...]. Now physical activity is important because if we don't do it, we are just sitting still [...] thinking about life, then what? And the way we are, [...], we are in shape, right! (M67)

The idea of obtaining health by medication, as W67, W71, and W77 evince, refers to a clear health-disease relation. Specifically, disease is fought by taking pills, so medicalization becomes a fundamental element among older adults as a means of ascertaining health (Mira, 2003). On the other hand, we have an outline of the understanding that there are other ways to alleviate, treat, protect, and maximize health and thus minimize the damage and aggravations of diseases (Mendes, 2012). Studies show that physical activity has become an important element in combating and treating diseases (Lee et al., 2012), and W63, W67, and M67's answers indicate that their inclusion in the PCAF group has mitigated the damage caused by diseases.

In this second block of discussion on health, only W67 fails to clearly explain what she thinks about health. However, elements of the positivist conception of health can be inferred from her answer (Farinatti; Ferreira, 2006). On the other hand, W71 is comprehensive; W77 showcases her taste for walking; W63 reports gains between the lines, clearly showing how she feels. Thus, we understand that adults are in search of comprehensive health in their lives, even though they lack the actual knowledge about expanded health, as governed by national documents in this field (Bonnet, 2014; Brasil, 1986; Le Breton, 2012).

Both W77 and M67 point to social interaction as a component of health. Nevertheless, H67's answers indicate that the effects of body practices are also related to social and psychological issues, a fact which dialogues with what is established in official documents. Such understanding outlines an attempt to dialogue with the expanded health discourse (BRASIL, 1986), given the possibility of changing people's living conditions regarding personal and social aspects.

The concept of expanded health was defined at the VIII National Health Conference, in 1986, as previously mentioned (BRASIL, 1986, p. 4). We observed that this concept, by moving away from biological reductionism, seeks to cover as many individual questions and needs as possible but which are evident in the community in general.

The 67-year-old woman's answers had to be constructed from somewhere. In the observations, the work with PCAF often focused on specific

elements or movements of this knowledge. However, they gradually triggered other actions such as smiling, bringing a new friend to the group, bringing community demands to the meetings, and taking what was done at the UABSF home or to a neighbor (Field diary, 11/27/2015). These actions, even if by only one of the group members, show how these activities can have their effects.

Consulting NASF Guidelines (BRASIL, 2010, p. 117), we see that:

[...] Body Practices (PC - *Práticas Corporais*) are practices which stimulate mind-body interaction, provide participants with greater awareness of their integrality as a human being, leading to improved quality of health and life, acting in health promotion, prevention, and assistance in the treatment of diseases and also contributing to the humanization of health services.

From the above, as much as older adults have used terms such as "physical activity" in their answers, by the observation and body practices, it is possible to notice their joy, the bonds built by exchanges and self-sharing, and the concern and care established with others and with their community (Field diary, 11/27/2015). Thus, PCAF affected their daily lives, understood as a phenomenon with multiple dimensions, namely social, biological, cultural, and psychological ones (Mira, 2003).

Finally, we ended the focus group ended by asking them to complete the following sentence: "Growing older is..." In short, everyone said that it is something normal, common, or that it is the process of life. Among them, W71's answer shows more elements of the process:

[...] *it's common, it's everyone's path. We were born, we are a child, then an adolescent, and age comes on, and old age, and then we slowly accept it because it was God, because it's not just that we get old, we all do, but the world is old because we go and it stays, right? But thank God [...] we are at the age we are [...] I want to reach 100 (years old).*

For a large portion of the western population, old age is undesirable. The fact of not conceiving it

as a natural factor which follows its temporal path from the moment of birth, is the key point of the problem (Le Breton, 2012). It should be noted that all volunteers developed a comprehensive relationship with this process, establishing a balance between biological, psychological, and sociocultural factors linked to the body and health.

Specifically, the answers of the 71-year-old female participant indicate two important aspects. First, the negative aspect of old age is found in the context, be it social, cultural, or relational (Le Breton, 2012). Second, it is a feeling (Le Breton, 2012). Thus, old age cannot be defined simply by physical aspects, age or health, much less by other people, except those who recognize themselves as old.

Final considerations

This article aimed to investigate the conceptions of body and health among older adults inserted in body practices carried out by the public health system in Goiânia, Brazil. Older adults manage, in their own way, the definitions of body and health to sketch, as speech for research, often hybrid compositions. The provided arrangements often show clarity regarding the hierarchy between the contents contained in the same answers, as Bonnet's (2014) definition of hierarchical syncretism allowed us to perceive.

Concerning the body, the perception of a living body clearly predominates in the terms of Canguilhem (2005), which is heavily criticized by Le Breton (2012) because of its conception of a biological background, which may come to deceive the incautious. The factors perceived here were identifying limits and reporting the functioning of the organism. In a second instance, we highlight elements which lead to a reflection on the body in its anatomo-physiological condition; these factors appear in two stages: (1) in the past: tiredness, sadness, pain, hospitalization, arm, and spine; and (2) in the present: moving the body, cholesterol, and insulin. The evidenced relation between past and present shows that the PCAF developed in the UABSF contribute to expand

older adults' conception of the body and their final reports on aging. Older adults conceive the body in a syncretic way, as biomedical knowledge is not their only reference. However, the elements which are clear in this relation are the search for movement in an attempt to break with what society establishes and faith.

We observed that an element of joy was present in all the meetings. This allows us to assume that being together with other older adults makes them recognize each other within space and time, in addition to strengthening a support network between them, which is essential to fortify health. Thus, we found that, the concept of health in the group is focused on positive health. Even though they mention elements of expanded health, this is not clearly part of their discourse. Also, medicine is part of the process of not getting sick and is daily interconnected with health, with the dose and the response so that they stay strong for their domestic and/or community activities, remaining active and autonomous.

We need to point out that the idea of hierarchical syncretism makes it possible to point out that the expression regarding comprehensive health or an expanded conception of the body may not come at the top of the discourse at all times. Such ordering of knowledge in a answer or in an action will depend on a set of factors, such as the context or the words used by other members.

Even so, we believe that one must carry out differentiated experiences which allow an in-depth reflection on the body and health in a comprehensive way, accomplished during the practice and not only before or after it. Thus, body practices must continue to be offered in public spaces free of charge and with quality, for older adults and the community in general. Thus, PCAF will be able to exercise health promotion, protection, and care as primary benefits, in addition to the socialization which directly interferes with people's health. Finally, professionals dedicated to such practices need to be interested in identifying practitioners' conceptions to develop their work, also supported by dynamics and reflections.

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Authors' contribution

Santana conceived the project, carried out planning and data analysis, as well as literature search, text writing, and critical intellectual review. Silva, Custódio, and Baptista carried out the literature search, read the analyzed material, and processed the data, as well as developed the analyses and wrote the first draft of the text. All authors worked on writing the final version.

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