

Circle dance: integrative and complementary practice in the daily health promotion for older adults

Dança circular: prática integrativa e complementar no cotidiano da promoção da saúde da pessoa idosa

Danza circular: práctica integradora y complementaria en el cotidiano de la promoción de la salud del anciano

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ABSTRACT

Objectives: to understand circle dance as an integrative and complementary practice for health promotion in older adults' daily lives. **Methods:** an interpretive, qualitative study, based on Michel Maffesoli's Comprehensive Sociology of Everyday Life. There were 20 participants, 17 older adults and three focalizers in circles held in Basic Health Units in a municipality in southern Brazil. Data were collected through interviews and observation, between September 2016 and March 2017, and analyzed through preliminary analysis, ordering, key links, coding and categorization. **Results:** three categories emerged that express the daily life of circle dance with older adults: circles that spin; challenges for new circles to spin; entering, being and staying in the circle. **Final Considerations:** circle dance provided older adults with a feeling of belonging to a group, combined with pleasure and well-being, contributing to promotion of older adults' health.

Descriptors: Complementary Therapies; Health Promotion; Nursing; Elderly; Activities of Daily Living.

RESUMO

Objetivos: compreender a dança circular como uma prática integrativa e complementar para a promoção da saúde no cotidiano da pessoa idosa. **Métodos:** estudo interpretativo, qualitativo, fundamentado na Sociologia Compreensiva e do Quotidiano de Michel Maffesoli. Foram 20 participantes, 17 pessoas idosas e três focalizadoras em rodas realizadas em Unidades Básicas de Saúde de um município do Sul do Brasil. Os dados foram coletados por meio de entrevista e observação, entre setembro de 2016 e março de 2017, analisados pelos processos de análise preliminar, ordenação, ligações-chave, codificação e categorização. **Resultados:** emergiram três categorias, que expressam o cotidiano da dança circular com pessoas idosas: as rodas que giram; desafios para novas rodas girarem; o entrar, o estar e o permanecer na roda. **Considerações Finais:** a dança circular proporcionou às pessoas idosas a sensação de pertencimento a um grupo, aliada ao prazer e bem-estar, contribuindo para a promoção da saúde desta população.

Descritores: Terapias Complementares; Promoção da Saúde; Enfermagem; Pessoa Idosa; Atividades Cotidianas.

RESUMEN

Objetivos: comprender la danza circular como práctica integradora y complementaria para la promoción de la salud en el cotidiano de los ancianos. **Métodos:** estudio cualitativo, interpretativo, basado en la Sociología Integral y Cotidiana de Michel Maffesoli. Fueron 20 participantes, 17 ancianos y tres grupos focales realizados en Unidades Básicas de Salud de una ciudad del sur de Brasil. Los datos fueron recolectados a través de entrevistas y observación, entre septiembre de 2016 y marzo de 2017, analizados por los procesos de análisis preliminar, ordenamiento, enlaces clave, codificación y categorización. **Resultados:** surgieron tres categorías, que expresan el cotidiano de la danza circular con ancianos: las ruedas; desafíos para que giren nuevas ruedas; entrar, estar y permanecer en el círculo. **Consideraciones Finales:** la danza circular proporcionó a los ancianos el sentimiento de pertenencia a un grupo, combinado con placer y bienestar, contribuyendo para la promoción de la salud de esta población.

Descriptores: Terapias Complementarias; Promoción de la Salud; Enfermería; Persona Mayor; Actividades Cotidianas.

INTRODUCTION

Integrative and complementary practices (ICPs) in health are based on a comprehensive and dynamic approach to the health/disease process and seek to encourage natural mechanisms to promote, recover, maintain health and prevent diseases, using safe, effective and low-cost therapies, which can be used on an individual and collective level. They were inserted into the Unified Health System (SUS - *Sistema Único de Saúde*) mainly from the Brazilian National Policy on Integrative and Complementary Practices in Health (PNPICs - *Política Nacional de Práticas Integrativas e Complementares em Saúde*) in 2006, and expanded in 2017, encouraging knowledge, training and dissemination of these resources in health services, especially in Primary Health Care (PHC)⁽¹⁾.

ICPs, by making use of therapies, which do not depend on a rigid and hard science, transcend the biomedical, hegemonic and disease-centered model, favoring the opening to another paradigm in the health area. The inclusion of these practices in SUS favors the possibility of thinking about health in other ways, so that care is based on the vital process, based on health and not disease⁽²⁾, being in line with the Brazilian National Health Promotion Policy (PNPS - *Política Nacional de Promoção da Saúde*)⁽³⁾.

Although they can be applied in different care settings, the use of ICPs becomes easier in PHC, since this space favors the role of users, so that they can fully exercise their autonomy, including choosing the therapeutic option that best matches their interests⁽⁴⁾. In Brazil, despite the successful experiences implemented in PHC, the disease-centered view still seems to persist, especially in relation to older adults⁽⁵⁾. In this context, working on promotion, prevention and treatment actions with ICPs enables comprehensive care, especially for older adults⁽⁶⁾.

Recently, new procedures were included in the PNPICs in SUS, among which, circle dance, which is characterized by an activity with the purpose of dancing together, performed in a circle, originating from the folkloric tradition of different countries and cultures. By collectively dancing in different rhythms, gestures and melodies, body awareness is expanded, activating the cells for a healthy life and changes in attitudes, in addition to favoring learning and harmonious interconnection between participants, who begin to internalize the movements, freeing the mind, heart, body and spirit^(1,7-8).

Circle dance is a power in older adults' daily lives, as a health promotion strategy. In this way of thinking, everyday life is understood as:

the way of life of human beings that shows itself in daily life, expressed by their interactions, beliefs, values, symbols, meanings, images and imagery, thus outlining their process of living, in a movement to be healthy and get sick, punctuating their life cycle. This journey through the life cycle has a certain pace that characterizes our way of living, influenced by both the needs and desires of daily life, called rhythm of life and of living⁽⁹⁻¹¹⁾.

In this sense, the study is justified by its thematic and social relevance. Furthermore, adding circle dance in Basic Health Units is a path to the effectiveness of comprehensively, contributing to the recognition of their care needs and strategies that encourage, especially older adults, to face the rhythm of life and autonomy.

Thus, it is necessary to expand the production of knowledge in this area with studies that include different approaches to care.

OBJECTIVES

To understand circle dance as an integrative and complementary practice for health promotion in older adults' daily lives.

METHODS

Ethical aspects

The research complied with the ethical precepts established by Resolution 466/2012 of the Brazilian National Health Council⁽¹²⁾ and was approved by the Research Ethics Committee.

In the data presentation, the participants and researched places were identified by codenames, guaranteeing their confidentiality and anonymity throughout the research process.

Study design and theoretical framework

This is interpretive research, with a qualitative approach. As a theoretical framework, the Comprehensive Sociology of Everyday Life was adopted, bringing the notions and assumptions of sensitivity proposed by Michel Maffesoli⁽¹³⁻¹⁵⁾, given the possibility that this framework provides for the understanding of human experience, involving meanings, symbols, images and the imaginary, as well as sensitive reason.

The article structure explains the methodological steps based on the Consolidated Criteria for Reporting Qualitative Research (COREQ)⁽¹⁶⁾.

Study setting and data source

The research was carried out in three Basic Health Units (BHU) in a municipality in southern Brazil, intentionally selected for developing circle dances. Such practices took place weekly and had nurses, a physical educator, a psychologist, in addition to two community volunteers, to coordinate the activities.

The older adults who practiced circle dance and the circle focalizers in the health units participated in the study. The inclusion criteria for older adults were to practice circle dance regularly, at least once a week, for at least 3 months and to be 60 years of age or older. The exclusion criteria were having difficulty communicating verbally with the researcher. The inclusion of focalizers as study participants took place throughout the process of data collection and analysis, due to researchers' perception regarding the personal characteristics of each one that could influence both the conduction and the characteristic of the circle dance itself. Thus, one focalizer from each Circle dance was intentionally invited to participate in the research.

Data collection and organization

The data collection period took place between September 2016 and March 2017, using in-depth interview and participant observation techniques. The interviews were guided by semi-structured scripts, which addressed questions about participants' lives, the meaning of circle dance and aspects related to their health, lasting,

on average, 50 minutes each. They were carried out at a time and place scheduled according to each participant's preference. Thus, 10 interviews took place in the space where the circle was held and another 10 interviews were carried out at people's homes. The interviews were digitally recorded and later transcribed.

Participant observation was used as a complement to the interviews, also following a script that included elements to be observed such as the number of participants, the interaction between them, as well as verbal and non-verbal reactions after each dance. This information was recorded in detail in 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 circles, with an average duration of 1 hour and 40 minutes each.

Data analysis

As a method of data analysis both for interviews and for observation, the model suggested by Schatzman and Strauss⁽¹⁷⁾ was used, which involved processes of preliminary analysis, ordering, key links, coding and categorization.

RESULTS

Participant characteristics

Of a total of 20 study participants, 17 were older adults and three were circle dance focalizers. As for participant characteristics, 16 were female and only one male. They were aged between 64 and 82 years. As for the level of education, nine had incomplete elementary school, three had completed elementary school, three had high school and two had higher education. Regarding marital status, 13 participants were married and four were widows. All had children. Considering the occupation, eight reported that they were always housewives, eight were retired and one was an artisan.

As for the focalizers, three participants were part of the study, one from each circle dance. All were female and aged 71, 57 and 29 years old. As for the level of education, two had completed higher education and one had incomplete higher education. Regarding occupation, one reported being a nurse and being retired, another was self-employed and the last was a physical educator. Considering the link with the institution where circle dance was developed, only one was a public servant, the other two were volunteers.

Below are described the three categories that express the daily life of circle dance with older adults: *circles that spin; challenges for new circles to spin; entering, being and staying in the circle.*

Circles that spin

The space for the activity was prepared in a very similar way in the three circles: the center of the circle is delimited with round towels and objects such as flower arrangements, small dolls, letters from angels, among others, which are placed on the towel. The circles are open, and new people can be included each week, lasting approximately 1 hour and 30 minutes each.

The perception that the circle is an open activity was mentioned by an older adult who valued this characteristic, comparing it

with the requirements that some groups of older adults impose and making it difficult for participants to comply, according to the following report:

There was that lady who didn't go for a while and then came back, it's allowed there. That's why I liked it, the circle is open. For example, if you go with the older adult group, then you have to go, the next time it's bingo, you have to bring money and not everyone can. There, they don't ask for anything, it's just for the person to do what they want, they can talk, dance, play. (Force)

Focalizers receive participants with a warm welcome and words of welcome. The affectionate way in which people are welcomed encourages them to feel that they belong to the group from the first moment. Circle participants reproduce these gestures and tend to be very receptive to new people who join the group, according to the following statements:

I felt very happy the way they welcomed me. On the first day, I remember, they said, "Let's welcome Delivery that arrived today". I got the attention, I thought it was so cool. I felt welcomed. (Delivery)

All three circles started with an opening song, already known by most of participants. After the first dance, each person was invited to read a word, symbolizing energy, taken from a container that was circulated from hand to hand. Then, each one verbalized her name, in order to bring presence and intention to the moment lived. The circles ended with quiet songs, with a ritual of hugs and kisses, in order to show love and affection. This rite present in circle dance practice was perceived and meant by participants, according to the report:

Those words, the energies, always come to my mind, especially when the circle is ending, it seems that I feel that it really circulates there, that we are receiving something good. It's very good! (Fun)

Although there were many similarities in the development of the activity in the three spaces, some peculiarities were observed in each circle. In birth and fraternity circles, there was a predominance of older adults participating, while in expansion circle, only one older adult was among participants.

Most dances performed in expansion circle had more elaborate choreography that presented a degree of difficulty, especially for the older adult. The participant found it difficult to follow the group in some dances, having the perception that her mistake hindered the others. However, she was aware that it is not a performance dance, being allowed to make mistakes and from that to expand her capabilities.

I feel difficulty, but I do as I can. I don't think it's a problem not being able to do it, it's just that sometimes we get in the way, sometimes it's to go one way and I end up going to the other, whoever is dancing correctly gets in the way, but she [Focalizer] doesn't care about these things. This last time, I was able to follow along better. I think it's slowly getting better. (Celebration)

In birth circle, the choreographies were simple, and the repertoire included many meditative songs. Likewise, in fraternity circle, dances were easy to perform, while in the repertoire, the

expansive and joyful dances stood out. It was noticed that the choice of dances was linked to the group characteristics and focalizers' personal preferences.

I realize that each focalizer has a profile, because I have a playful and playful character, I do more extroverted things. (Joy Focalizer)

Birth and expansion circles are held in very similar spaces due to the same architecture as the BHU, however, in birth circle, the activity was carried out with the auditorium door open, unlike in expansion circle, where the door remained closed and the sound volume was low. During an interview, the expansion circle's focalizer justified the fact that the door was closed and the sound volume was low as a request from the team:

They came to say that the music was getting too loud, that we were talking and laughing. They asked, at the beginning of the year, to lower the sound more. People might be watching if the door was left open. That's why we cut it. We are more contained because of this. (Responsibility Focalizer)

In the other health unit, the team's attitude seemed to be different, since the auditorium door was open, the sound of music caught the attention of users who circulated in the health unit and the professionals used to encourage their participation.

In the auditorium, with the door open, people seeing the circle and the professionals themselves coming to the door and showing, it's something else, adherence becomes greater. (Joy Focalizer)

Another fact that differentiated expansion circle from the other two was the lack of involvement of health professionals in the activity, leaving all responsibility for planning, organizing the space and executing the practice for focusing, which is voluntary.

Several people from the health center have already danced, they say they love it, but as they are at work, they cannot be together. The health center coordinator never even went to look. No health workers, nobody. Sometimes I feel like, it's good that the room has this space in the community that we can enjoy, but it doesn't have this integration with the health center staff. (Responsibility Focalizer)

The focalizer must disseminate the expansion circle. According to their perception, if there was a greater involvement of health professionals, directing and encouraging users to participate, there would be more people practicing circle dance in that community.

I made a poster promoting the circle to put at the auditorium door and another to put in front of the health center, I arrived today and saw that the front poster is no longer there. I wish there were more people in the circle. I think if the team put more effort, showed the dance, we would have more people. (Responsibility Focalizer)

An older adult who was participating in expansion circle learned about the existence of this practice in the health unit through a poster made by focalizer. She mentioned that she left the health unit due to dissatisfaction with the care provided in the past and that due to health problems she returned to the service, also joining the circle dance group.

I didn't go to the health center for a while. I hadn't been there for 7 or 8 years, because I didn't think the service was very good. But now I had some problems with high blood pressure and I started attending again, that's when I saw the poster and discovered things. (Celebration)

Older adults participating in birth and fraternity circles reported having been encouraged to practice circle dance by professionals from the Family Health Strategy (FHS) team, demonstrating their involvement with practice and connection with the community.

The doctor always told me, "There's a circle dance here, it's good for you to participate". I was very down, very depressed. One day I went to her office and she spent an hour talking to me, I really like this doctor. (Delivery)

I heard about Circle from that girl who comes here, the health worker. She told me, "Now in the health center there is circle dance, it's so good!". Then I went there. (Simplicity)

With a view to the approach taken, the development of the three circle dances is presented as a possibility for this practice to be present in the provision of services available to the population in SUS.

Challenges for new circles to spin

The collective activities that were carried out in the health unit's auditorium favored the development of circle dances. Those who did not have this space, held it in the parish hall of the community, which was the case of the fraternity circle. However, community spaces are not always available and public places, such as squares and parks, which could be used, in some communities, are not always possible, due to the lack of public safety. According to the speech of one of the focalizers, who is a physical educator at the Expanded Family Health Center (NASF - Núcleo Ampliado de Saúde da Família), she would like to implement circle dance in other health units, but did not find adequate physical space.

I would like to develop circle dance in the other Health Centers where I work, but we have difficulties in the physical space. I think it is important to think about leisure spaces, which are little used, such as squares. But sometimes, security is still complicated. I see in the physical spaces some limitations for the expansion of circles. (Joy Focalizer)

Circle dance is conducted by a focalizer. Among the interviewees, all reported having taken specific training courses in circle dance. Only one of the focalizers was a member of the health team, the others developed the activity as volunteers.

Thus, having health professionals qualified to develop circle dance in SUS becomes a great challenge, as is the case with the involvement of multidisciplinary teams with ICPs. According to the physical educator's perception, her profession favors the conduction of health promotion groups, while other professional categories suffer resistance from the heads and from the health care model, making it difficult for them to be included in this type of activity.

My profession favors this issue of promoting physical activity groups, Health Promotion groups. The release of other professionals for

this type of practice is very restricted. That's a limitation I see. They do not release due to the demand for work and consequently by the bosses. (Joy Focalizer)

Entering, being and staying in the circle

Some older adults started in circle dances attracted by the dance. They reported the rescue of a pleasure in dancing lived in their youth, others, the simple desire to do it. The fact that this type of dance does not need a partner became an opportunity, according to reports:

I love dancing, but I married a man who doesn't. I'm fulfilling myself now. I started to do ballroom dancing, but I couldn't, because I had to have a partner. So, with circle dance, I'm fulfilling myself. (Fun)

My husband and I went to dances, I liked it and he liked to dance. After he died, I didn't go for four years, then I started going again, but I had a stroke and I couldn't dance with my partner anymore, because I have weakness in my legs. The circle dance doesn't dance properly, but at least it can be tricked. (Beauty)

Others reported that it was health professionals, family members or friends who encouraged them to participate in the activity.

My sister who said it was very good, that she had already started. I went there, the girls accepted and I stayed. (Purpose)

When I came to the doctor I was in a lot of pain, then she told me to dance, told me it was very good. (Kindness)

I went to the health center one day to check my blood pressure. I met a friend, she invited me to join the dance. (Support)

The desire to do a physical activity that involved more people and their curiosity about the type of dance still unknown, for some, also emerged among the reasons that made the older adults join the circle.

I needed to do an exercise, but I wanted to do it with other people. You already have the homework, which I do alone. (Force)

When I saw the poster promoting the dance, I was curious. (Celebration)

It was noticed that there were many reasons that led the older adults to join the circle, however, when investigating the motivations that made them remain, the relationships established in the group, the feeling of belonging and reception and the pleasure of being among people that the practice provides are highlighted, according to the following reports:

What makes me stay in dance is this relationship with people that makes me feel very good. (Fun)

The friendship! We are friends with the tutors, with the girls who are there doing it. We're all friends. (Force)

Not just because it's good for your health. I always wanted to participate in something to have contact with other people, in that group I felt welcomed. (Delivery)

By experiencing circle dance practice as a positive experience in their lives, participants invited other people to join the circle, emphasizing that:

As I am feeling good, I like to call other people. I always invite. I have invited several people. I send the message, say it is for all ages, there are children and old people, I do that propaganda. (Transformation)

DISCUSSION

The recognition by the Ministry of Health of circle dance as an ICP becomes a great advance for expanding this activity in the health area. However, the municipality where this research was carried out, in its structure of health services, has 49 BHU, of which only three offer circle dance practice to the population. For this, it is necessary to rely on the help of volunteers, as only one professional in the network had the ability to conduct the circles⁽¹⁸⁾.

The lack of human resources to work in ICPs in SUS is a major weakness, possibly related to the lack of support from management and training spaces. To overcome this difficulty, a study, that investigated the insertion of group ICPs in primary care health services, identified that professionals are facilitators of practices weaving support networks and solidarity exchanges of care, enabling actions to be offered in other communities⁽¹⁹⁾. This movement, as well as the participation of volunteers in circle dances, is of the order of organic solidarity, that linked to the order of wanting and having pleasure in being together. A solidarity of emotional pacts that is opposed to mechanical solidarity, proper to a rational order⁽¹⁴⁾.

Circle dance in older adults' daily life transits through sensitive reason and leads us to sociality, a social power that resides in a mix of feelings, images, differences that encourage the relativization of certainties established in a multiplicity of collective experiences⁽²⁰⁾. Under this thinking, circle dance is a contemporary phenomenon of the return of traditions and ancestry, through dance, music, gestures and symbols lived in the present moment and in the pleasure of being here and now, dancing and feeling together.

The development of circle dance in Health Units, even before its official implementation by the Ministry of Health and the municipality, as well as the initiative of professionals to develop other forms of care that can innovate the care model, signals a team attentive to the needs of its population, especially older adults. It can be seen here, Michel Maffesoli's assumptions⁽²⁰⁾ in the care process: *Criticism against the schematic dualism*, by developing the pendulum movement between the social sniffer attentive to the instituting, the underground, and the taxonomic, which classifies the instituted and social forms or situations. *Form*, understanding that circle dance could describe the contours from within (the needs of older adults), the limits and the need for situations and representations that constitute everyday life, thus tempering the rigidity of structuralism (biomedical model). *Relativist sensitivity*, by showing a methodological relativism in the care process for older adults. There is a return that, however, integrates change, developments, novelties, i.e., a return with "something more". The classic instrumentalization is no longer enough, bringing to light the power of health promotion in the care process. *Stylistic research*, by proposing a science/care that

shows itself through constant feedback between empathy and form, with a more open, polyphonic, that, at the same time, reflects on itself, without losing its scientific rigor and interest to social protagonists. *Libertarian thinking* that, when proposing circle dances, shows itself to be an integrated (and interested) part of what is wanted to talk about – the team is also an actor and participant.

Regarding the behavior of FHS professionals, it can be understood through the myth of Prometheus, permeated by rules in an established technical and bureaucratic environment. Circle dance practice, on the other hand, follows the Dionysian myth, the noisy god, who disturbed the order and disturbed the routine of the instituted. Dionisio is an emblematic figure relevant to understanding the return of the emotional, an essential characteristic of postmodernity⁽¹³⁾. However, ICPs in SUS establish the possibility of inserting other ways of looking at health, and the coexistence of the divergent in the same physical space points to other and new norms of living and caring, congruent with the plurality of postmodern values⁽²¹⁾.

Another aspect that was revealed refers to the issue of some health professions having greater institutional opportunity to develop health promotion practices, while other professional categories need to deal with the current health model, very rooted in the curative model. In the context of nursing, literature shows a certain distance between the work of the Primary Care nurse and health promotion effective practices⁽²²⁾.

A study investigated nurses' practice in Family Health Strategy related to care actions aimed at older adults, identified that nursing care, in a programmed way, is focused on chronic health conditions. For this population, assistance to spontaneous demand was made from the reception, but they described this service as fast, punctual and focused on the complaint⁽²³⁾. This reason can be justified by the fact that in health service practice in PHC, nurses are overloaded with tasks, with overlapping attributions, which contributes to the distancing of care and health promotion activities⁽²⁴⁾.

It is worth noting that the work with ICPs must be developed in a transdisciplinary logic, in which professionals, especially nurses, seek to respond to the care demands of the population according to the complexity of the human condition and expand their professional training⁽²⁵⁾.

Moreover, the lack of adequate space for the circle to be held appeared as a limiting factor for the activity expansion to other health units. Although the National Primary Care Policy guides the infrastructure necessary to carry out collective activities, it is observed that in practice many BHU do not have an adequate physical environment, compromising the performance of health promotion actions⁽²⁶⁾. However, it should be noted that circle dance practice can be performed in public spaces, such as squares, parks, beaches, among others. Health promotion, through circle dance, needs to go beyond the barriers of health units and permeate community spaces. In this way, it reports a symbolic order that takes into account the wholeness of the person in their community space, since, in the territory that serves as their foundations, the place makes the link⁽¹⁴⁾.

An user-professional bond is established in the construction of a relationship of trust that enables co-responsibility for health.

It allows a greater understanding of care needs, fosters the effectiveness of care actions, thus qualifying the assistance offered, as well as favoring a more active participation of people in the health-disease process⁽²⁷⁾. The feeling of belonging mentioned by older adults shows that staying in the circle was sustained by being together, by sharing emotions, passions and different common moods, where a true "ethics of aesthetics" is lived, in which affections are causes and effects of meeting⁽¹⁵⁾.

Thus, circle dance as an ICP makes it possible to be together for the sake of being together, without the need to rationalize this gregarious attitude, showing the irrefutable need to be in contact with the other, to touch the other, to be in communion with the other as essential elements for the promotion of a healthy "being". So that "relationism as an anthropological structure that, according to the times, can suffer eclipses, but that is there, constant, always ready to resurface with a new vigor"⁽¹⁴⁾.

Study limitations

This study has as a limitation the non-generalization of the data, as it is a local reality of a municipality of Santa Catarina and of active and independent older adults who have a specific sociodemographic context. Therefore, it is essential to pay attention to the characteristics of this population in future studies.

Another limitation is the appropriation of knowledge of ICPs by nursing professionals, due to the organization of the work process in PHC, especially nurses who are overloaded, excess demand, distancing them from health-promoting activities.

Contributions to nursing, health, and public policies

The unveiling of the data shows that the involvement of health professionals in the dissemination, planning and execution of circle dance provides greater user adherence, probably due to the bond they develop with the population assisted in PHC. Thus, it becomes relevant for nursing to appropriate care strategies with a view to health promotion, so that it can effectively contribute to the improvement of care provided to the population, as well as to consolidation of ICPs in SUS.

According to the theme discussed in this study, the adoption of ICPS is encouraged by managers and policy makers for inclusion in the work process of professionals, especially nursing in PHC.

FINAL CONSIDERATIONS

The inclusion of circle dance in ICPs available to the population in SUS expands care actions, in addition to biomedicine and medical rationality, promoting older adults' lives in a more comprehensive, loving and supportive daily life.

To be offered to the population as a modality of ICPs in SUS, many challenges need to be overcome. Among them, the results of this research point to the need for training courses in circle dance for professionals, in particular PHC, so that this promoting practice is present in the daily work of health, in an interdisciplinary way, making care sensitive, affective and effective.

Older adults who have practiced circle dance manifested positive aspects with an improvement in their health beyond the physical experienced organic solidarity from the establishment

of a bond, the sharing of feelings and a sense of belonging to a group, of pleasure and well-being. As a resource available for care in BHU, it provided a favorable experience to promote older adults' health, empowering them to improve their quality of life and producing benefits in their daily lives.

This practice enables the creation of a support and integration network between people, restructuring services, in order to meet their care needs. It is recommended that studies on circle dance and its integration into ICPs be expanded.

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SUPPLEMENTARY MATERIAL

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