

Reading and Understanding Qualitative Research

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Abstract For the dance/movement therapy clinician, reading research to keep up with current knowledge and trends is an important professional development activity that can sometimes seem daunting. Reading research can require a shift of focus, and include technical concepts and language that are different from those of clinical practice. However, professional reading can be enjoyable and rewarding when one feels confident in interpreting research findings. This article aims to offer skills to clinicians with a specific focus on how to read and interpret research that uses qualitative methods. To that end, parallels between research and practice are suggested to help align the reader with the values of qualitative research and how it can be used to enrich clinical practice. We present an overview of the types of qualitative research and necessary components to expect in a clearly written qualitative study. Detailed criteria for use in discerning integrity and validation strategies to use to examine credibility in a qualitative research study are presented and discussed. Brief examples are used to illustrate criteria presented, and a special section on how to appropriately apply qualitative research findings to clinical dance/movement therapy practice is included.

Keywords Dance/movement therapy · Qualitative research · Qualitative methods

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Introduction

Continuing education in dance/movement therapy (DMT) is integral to the ongoing development of clinical knowledge. Clinicians who stay apprised of current trends informed by a broad range of research demonstrate ethical and caring dedication to their professional growth and to their clients (Cruz & Berrol, 2012). While conferences, workshops, and webinars provide an engaging form of continuing education, reading research is also a valued form of continuing education professional activity. In the United States, the Dance/Movement Therapy Certification Board requires and evaluates continuing education units for board certified and registered dance/movement therapists that include reading research as a continuing education activity.

Addressing how clinicians can read and understand research using both quantitative and qualitative methods would require an excessively lengthy article. Other resources targeted to clinicians already exist that explain how to read and interpret quantitative research (Cruz & Koch, 2015), so we have chosen to focus here on how to understand studies that use qualitative methods. Research studies using quantitative methods examine outcomes, effects of interventions, and comparisons that can be generalized to a large population, while research studies that use qualitative methods seek to explore a human condition, process, or phenomenon in depth in order to develop theory that explains or describes it. With respect to therapeutic interventions, a quantitative study seeks to find out whether or not an intervention works, while a qualitative study might explore *how* an intervention is experienced by participants. While published research can consist of *mixed* method studies (a combination of qualitative and quantitative methods within one study), the majority of research in DMT still emphasizes one or the other.

Cruz and Berrol (2012) wrote about the ambivalent relationship between clinicians and research across different disciplines including DMT. Meekums (2014) recently echoed a similar concern when she wrote about a “defensive rejection of science by practitioners,” (p. 124). Other authors have thought to help ameliorate that ambivalence. “Research thinking and practice thinking are identical,” wrote Chaiklin and Chaiklin (2012, p. 76) as they described the value of the case study. With specific respect to qualitative research, Caldwell and Johnson (2015) presented several connecting practices between clinicians and researchers. They suggested three main components that connect the qualitative researcher and the clinician: (a) both have interest in the *lived experience* of the client; (b) both have a penchant toward *open mindedness*, without attachment to a particular outcome; (c) both *bracket* their own bias in order to allow the client or study to evolve naturally.

In our experience, clinicians often report enjoying reading qualitative research more than quantitative research, but tend to discount it and think that it is not “real” research. The fact is, both paradigms (quantitative and qualitative) produce necessary and useful information. However, different criteria are needed to judge the “goodness” or “usefulness” of research using qualitative methods than those used for quantitative methods. To get the benefits of research reading, it is important to feel comfortable reading and interpreting all research, including research that

uses qualitative methods. Evaluating the value of qualitative research studies and understanding how to apply qualitative findings to one's own practice requires understanding some basic intentions and characteristics of this type of research, as well as how it differs from quantitative research. All research is more accessible when one understands how to evaluate it. We recommend Cruz and Koch (2015) for those wanting a refresher on quantitative research, but the aim of this paper is to explain some of the factors that contribute to creating good quality in qualitative methods, and how this type of research can be used to inform clinical practice as well as inform further research.

What is Qualitative Research?

The intent of qualitative research methods is to describe a process or experience, and to this end, the goal is to make meaning of experiences or phenomena by following data as they emerge. With the overall purpose of understanding a situation or how something is experienced in a deep and meaningful way, qualitative research methods are not a variation of an *experiment*, but are based on a very different philosophical perspective that gives credence to different ways of knowing. Participants are chosen because they are considered to have key information relevant to the question that guides the research. Thus, who the participants are is more important than how many there are, and the results are bound by this specific context and not generalized to populations as in research using quantitative methods. The example that follows about the DMT technique of mirroring distinguishes qualitative research from quantitative and may be useful in understanding the differences between these two methodological approaches.

One might wonder if the technique of mirroring used in DMT is an effective intervention in clinical treatment. This question would need to be answered with a quantitative study. The researcher might recruit a large sample of patients and divide them into two groups: half the patients might get the mirroring intervention and the other half receive treatment as usual. In order to determine whether the mirroring intervention was effective or not (i.e., if there was a difference between the two groups), the researcher would need to employ a suitable measurement prior to the intervention and after the intervention. Based on the statistical results of the study and protocol used with quantitative research, the results could then be generalized to the population of patients. The study might report that “mirroring was an effective intervention for hospitalized adult patients,” which would support its use with other hospitalized adult patients.

Sounds easy, right? Not quite. First, the researcher must find specific nuances of mirroring that seem to be of value to its use as an intervention. The researcher must first define what mirroring means, and create a protocol that includes the actions of the dance/movement therapist. In order to do this, the researcher would need to know from the patients how they experience mirroring interventions in order to uncover the nuanced details of what might be helpful and what might be unnecessary or avoided. The results of the qualitative study would then provide the further understanding necessary to design a mirroring intervention. Once developed, that intervention can be studied for its effectiveness through a quantitative study.

Research Questions and Types of Qualitative Inquiry

Research questions drive what methods can be used, and generally, the types of questions that can be answered with qualitative methods involve asking *how* or *what*; for example, “how do individuals with clinical depression experience mirroring interventions in DMT,” or “what do dance/movement therapists do for self-care?” The way that these questions are asked invites a deeper understanding of a situation or phenomenon for further use in clinical practice, or to organize a phenomenon, or to test or compare it in a quantitative study. There are several approaches to qualitative inquiry. Phenomenological, grounded theory, case study, naturalistic, ethnographic, heuristic, narrative, arts-based studies, and embodied approaches all seek to unpack the details of a phenomenon in qualitative inquiry. The type of qualitative research approach used to address a specific research question depends upon what is being studied.

Two popular forms of qualitative methods are phenomenological and case study approaches (Patton, 2002). A *phenomenological* approach (Moustakas, 1994) involves the study of lived experience as a whole. This approach can be used to explore a phenomenon in depth, for example to answer the question, “How do dance/movement therapists experience intuition while working with patients?” Another alternative is when a researcher seeks to describe an existing phenomenon with the express purpose of creating a new theory. In this situation, the researcher would use a *grounded theory* process (Charmaz, 2006; Corbin & Strauss, 2008; Glasser & Strauss, 1967), involving working in an iterative and very systematic process of collecting and analyzing data until consensus is reached. The intent is to generate a theory that explains or describes the phenomenon or event under study. The *case study*, is a research format used by Freud and common in medicine that can be used to explore an extraordinary situation (Reiner, 2004). For example, it can be used when there is an exceptional phenomenon regarding one person, such as the socioeconomic difficulties of a disabled, transgendered parent. It can also be used to study multiple cases at once, such as the experiences of women who were pregnant on September 11, 2001.

There are other forms of qualitative research that are also worth mentioning. *Ethnographic* studies are of a culture and depend on how the researcher defines culture (Hanna, 2012). *Naturalistic* studies that are done in situ, note existing settings and arrangements. *Arts-based* studies involve using one or several of the arts as a primary part of the research method. *First-person or heuristic* research has a focus in which the researcher gathers data on himself or herself, while *narrative* research is a more general term and pertains to using such narrative materials as life histories or field notes as the primary part of the method. In addition to more traditional methods, *artistic inquiry* (Cruz & Feder, 2013; Hervey, 2000, 2012; Leavy, 2009) and *embodied methods* (Tantia, 2013; Todres, 2007; Todres & Gavin, 2008) have begun to emerge in clinical research over the past 15 years.

Many types of qualitative research overlap; for example, a single project might be described as narrative, phenomenological, and case study. Indeed, almost all qualitative research is considered to be naturalistic, since it is conducted in a natural setting, rather than in a laboratory, and studies an existing situation. In addition to different methodological approaches, qualitative researchers also provide different

ontological perspectives to a study that influence what questions are asked. Ontology is a worldview or a belief of how the world functions. For example, a researcher might bring a feminist theory perspective or ontology to his or her research, another might bring constructivism, the perspective that reality is constructed by those experiencing it. Still another researcher might use critical theory, which is the idea that research questions emanate from a social context of power and that research is determined by power (Forinash, 2012). By offering an ontological perspective, the clinician reading the research can understand how the background of the researcher can affect what is being studied.

Methods

A method in qualitative research is the means used to conduct the study, and describes how the data were collected and analyzed. Data collection in qualitative research aims to explore and describe experiences. To return to our mirroring example, one might gather information from a group of patients who are familiar with mirroring by interviewing them individually following a DMT session to find out what their experience is like when they are mirrored; what do they experience in their bodies, their emotions, their feelings toward the therapist when they are mirrored? In-depth questions during an interview can reveal deeper qualities of each participant's mirroring experience. Across the traditional and emerging types of qualitative research, other techniques to collect data that provide rich information about an experience can also be used, such as focus groups and field observations, reflexive journaling, and document examination or videotaping. Focus groups are groups of informants gathered to participate in guided discussion on specific topics, while field observations are typically a record the researcher's observations of actual settings and situations in the setting of the research. Reflexive journaling, on the other hand, are the private reflections of the researcher about the any part of the research process including insights that occur during data analysis.

Similarly, there are many techniques for data analysis (Saldaña, 2013), including thematic (Creswell, 2009), interpretive (Smith, Flowers & Larkin, 2009), and descriptive analysis (Giorgi, 2009). There is a thread that ties these many types of approaches, techniques, and analysis schemes together. Essentially, qualitative researchers are concerned with analyzing the process and meaning that is made by participants, as well as the meaning that the researcher makes from the collected data. Findings, or results of data analysis include themes that emerge across participants, as well as unique features only experienced by one participant. All of this together is intended to present deep, novel information about human experience or systems.

The findings, while specific to the sample of participants, may stand on their own as valuable information for the clinician. To return to our mirroring example, findings might include an in-depth, thematic description of patients' experiences of "mirroring" and/or, "being mirrored," that can offer suggestions regarding when and how to mirror, or even contraindications to mirroring. The findings might also be used to develop a theory around the use of mirroring, or as the first part of a mixed methods study (Creswell, 2009), where the information is used to create a way to measure the parameters of a mirroring intervention.

What Makes Qualitative Research High Quality Research?

As one might imagine from the rich array of possibilities that qualitative methods present to the reader, determining what is good quality takes informed thinking. It might be surprising, but the determination of what makes for a good quality (also referred to as trustworthy or credible) qualitative research study is how well it connects its intentions, biases, and output for the reader. While some of the responsibility for clarity falls on the author (Edwards, 2016), an informed reader makes the final determination about quality and usefulness. Thankfully, issues about how to determine quality for qualitative research have been expertly conceived and developed by methodologists, and there are many useful criteria for readers to use to process and create their opinions of qualitative research. Understanding some of the basic standards for research reports should assist readers to then focus on specific indicators of quality in qualitative research. Accordingly, we first present our formulation of four basic standards to look for in reports: (a) the statement of need; (b) the guiding research question; (c) description of methods and participants; (d) presentation of analysis and findings. Next we address qualitative credibility criteria that include forms of integrity and validation strategies. Whenever possible, we include examples taken from authors that demonstrate clarity of the element described.

Statement of Need

The statement of need, usually presented in the introduction section of a paper, describes the reason for the study in the context of the larger field. In the following example, the author explains that the need for her study is based on a lack of empirical data on sensory sensitivities and relationship in a DMT session for adults with autism.

The difficulties experienced by health professionals differentiating between autism and attachment problems in children led to the development of the Coventry Grid, (Moran, 2010) which describes the subtle differences observed by clinicians. Although there are studies relating to children with autism, there is less empirical knowledge in relation to adults. (Edwards, 2015, p. 8)

A good problem statement of need contextualizes a study within a greater framework. In this specific example the greater framework of why a study on DMT for adults with autism is important is established by comparing it with the current knowledge derived from studies on children with autism.

Statement of the Research Question

The guiding research question is the cornerstone of the qualitative research study and states the intention of the study, structures the literature review, and gives clues about who the participants are. For example, “What are the sensory experiences of adults with autism during group DMP [dance and movement psychotherapy]? How do they influence relationships, including ... inside and outside of the therapy sessions?” (Edwards, 2015, p. 9). This pair of questions allows the reader to identify

the initial focus of the research. Although a research question such as this one might not always produce a good study, and may even be subject to change as the study progresses, a poor guiding question that fails to articulate the focus and intent of the study will almost always fail to produce a good study.

Description of Methods Including Participants

The method for collecting the data is important for the researcher to describe in detail. The researcher should clearly state which method was chosen and why (in lieu of other methods considered), as it shows that the researcher took the time to think deeply about what type of data should be collected. The basis for decisions related to type of data collected should also be described. All details including times and frequencies of observations, documentation of the researcher's experiences in a reflexive journal, and the researcher's actions to identify and contain bias, should also be described.

In qualitative research, natural settings provide the source for the data, and participants are chosen because of specific knowledge they may have through a process called *purposive sampling*, rather than being chosen to represent a population as in quantitative methods. This is key because as stated previously, it is not the number of participants that is important in qualitative research, but the quality of their selection; *who* they are takes precedence over how many there are. So, in addition to other details of what the researchers did and how they did it, researchers should clearly state how participants were selected and the conditions of participation. Together with the researcher, the participants function as data-gathering tools, and the information that they give to the researcher can deepen the original topic or even change the direction of the research design by indicating other useful informants or processes that the researcher should pursue (Lincoln & Guba, 1985). The relevancy of participant characteristics is described in the example below.

The ... participants practiced a variety of psychotherapy perspectives that included; clinical psychology, psychiatry, social work, creative arts therapy, marriage and family therapy, and psychoanalysis. Each participant also practiced a somatic form of psychotherapy that included Hakomi, Focusing, Somatic Experiencing, dance/movement therapy, and Gestalt therapy. (Tantia, 2014, p. 218)

Presentation of Analysis and Findings

The researcher functions not only as a primary tool for data collection, but also as the primary tool for data analysis. Data analysis is always an inductive process of discerning a pattern, rather than a deductive process, and important features and themes are expected to “emerge” from the data (Lincoln & Guba, 1985). For this reason, a clear accounting of how the researcher analyzed the data is necessary in any report of qualitative research. Stages of data analysis, including how data were reduced and the roles of any assistants in the data analysis process, should be identified. In the example below the researcher describes how the data (a list of

conflicts) were reduced as a result of the process of peer-review. Clear accounting of the process is as important as the actual list of conflicts, which are not reproduced here but are part of the author's results.

Each ... was given a packet that included the definition of the conflicts, a list of conflict indicators and 20 % of the researcher's session summaries following each art therapy meeting... the result of this stage of analysis was a modification to the list of conflicts. Two conflicts were found to overlap with the other conflicts and therefore the list of conflicts was reduced to six core conflicts. (Rehavia-Hanauer 2003, p. 140)

A final element of a well-written study is a clear presentation of the research results or findings with necessary interpretations. Conclusions need to be appropriate to the methods. Results from qualitative research are context bound. They cannot be generalized to other people or populations and thus have been described as having a narrow application. In the example below the author demonstrates clarity that the results (a set of defined conflicts) represent just an initial finding that may assist in developing theory.

The results describe the disorder through a series of six conflicts. These conflicts embody a wide range of theoretical orientations and suggest that the description of anorexia nervosa needs a wide-based eclectic approach. Future research is needed to transform these conflicts into a diagnostic and therapeutic tool. The current paper is an initial stage that offers ... the building blocks of a theory of anorexia nervosa that is directly situated within the art therapy process. (Rehavia-Hanauer, 2003, p. 148)

Integrity and Validation Strategies

In addition to what should be described clearly in specific sections of a qualitative research report, some considerations or best practices for qualitative research bear mentioning. Brucia (1998) described four types of integrity—methodological, personal, interpersonal, and aesthetic—in the context of qualitative music therapy research. They can easily be applied to all arts therapies research. Demonstrations of *methodological integrity* include responsiveness and flexibility, following-up on information that was uncovered as part of the research. In the reporting, completeness is needed: The author needs to report how data reveal both variation and consistency, and show how understanding has been enlarged. *Personal integrity* is demonstrated when researchers share their biases with the reader and communicate authentically. *Interpersonal integrity* involves reporting about participants respectfully and attempting to understand and represent the world of the participants, and the world of the study. Finally, *aesthetic integrity* is shown by attempting to reveal the creativity, enlightenment, and beauty that were part of the human interactions in the study. The example just below demonstrates methodological responsiveness and fidelity, elements of methodological integrity. The author quoted below explained how and why it was important to her to be sensitive to the frail elders who were the focus of her study. This type of sensitivity

demonstrates how she brought her personal, interpersonal, and aesthetic senses of integrity to the study.

I sought to understand or shed light on dance/movement therapy with frail elders. Given the elders' impairments, they were not able to self-report or provide information about what they experienced ... Yet studying these experiences is critical, especially because therapists make decisions on the behalf of their clients. These decisions include determining which clients to treat, setting the goals and objectives, and deciding whether clients should be seen in individual or group therapy. Obviously, these decisions are made with as much information as possible. (Forinash, 2012, pp. 154–155)

Credibility Criteria

So how does one judge research that celebrates subjectivity in data collection and analysis? Creswell (2013) provided some very helpful guidelines built around eight practices or features that can be included in qualitative research studies. He recommended a minimum of two of these features or “validation strategies” (p. 250) should be present for sound validation of a study to be established.

The first features are *prolonged engagement and persistent observation*, or evidence that the researcher devoted sufficient time to collecting and interacting with the data. While there are no specific time requirements, it is easy to imagine that a researcher who visited a setting once or twice for brief periods might not have gathered the same quality of data as one who visited six or seven times for an entire day. Similarly, reading through interview transcripts once prior to coding would not be expected to produce the same depth of understanding as reading transcripts multiple times across multiple weeks.

Triangulation is a feature that refers to using either multiple sources of data or multiple informants, or both. Documents, interviews, and observations can be used for triangulation, as can interviews with numerous participants who have different roles with respect to the phenomenon under study. Careful selection of participants or informants can enhance triangulation, as can including observations, reflexive journals, and other features in data collection.

Because meaning is so essential, the researcher frequently negotiates interpretation and meaning generation with participants. Often this is done via a feature called *member checking*, that consists of taking transcripts and thematic results back to participants for their input (Creswell, 2013). Forinash (2012) described her member checking process:

The researcher integrated the therapists' comments and feedback to create a comprehensive description of the therapists' experiences of dance/movement therapy with frail elders. This comprehensive description was submitted to the therapists. Their responses and additional comments were included in the conclusion section. (Forinash, 2012, p. 156)

A related feature also engages the researcher's peers. Data analysis can be so intensive and depends so much on the researcher that *peer review or debriefing* can be very useful in grounding the researcher in the data analysis process. In peer debriefing the researcher may enlist the help of one or more colleagues to examine the coding system that has been devised for the data and key examples of the data. The researcher can then use this input to revise coding and feel more confident of results (Creswell, 2013).

Negative case analysis, or identifying *disconfirming cases*, provides especially important data that need to be reflected in the researcher's clear reporting. These cases or a statement that none could be found, indicate that the researcher has been open regarding the data, and not biased to seeing and interpreting in only one way. For example, in the study quoted below, the authors clearly present that they searched for disconfirming data and report on those findings.

The researchers also used disconfirming evidence as a verification strategy (Creswell & Miller, 2009), examining the data for exceptions to the emerging themes. For example, with regard to safety, one account was different from the others. Child 21 (age 15) described wanting to protect his sister from future abuse, but he did not discuss concern for his own safety. (Foster & Hagedorn, 2014, p. 251)

The researcher should also specifically *clarify bias* and give evidence of *reflexivity* while conducting the research. Reflexivity is the researcher's process of reflective thinking throughout the project, frequently using journal entries or even art making to stay focused on the data. Researchers should be very forthcoming about how they addressed bias. Activities used to assist researchers in identifying their biases are important to describe, and some authors refer to this process of identifying biases and attempting to set them aside as *bracketing*, a term described by Moustakas (1994). Of course, truly setting one's biases to the side is quite difficult, but if readers are informed of what biases were uncovered, it is possible to search the report for any emergences of those biases in the author's conceptualizations.

When researchers give readers *thick description*, or very detailed or dense description of the phenomenon under study and its context, it enhances understanding. Determining how much thick description is enough can be difficult, but if the reader feels informed about the phenomenon in a holistic way, it's likely that the researcher has included enough.

The final feature recommended by Creswell (2013) is using an *external auditor*. This is similar to using a peer reviewer except that the external auditor is a researcher who has not been involved in the research process, and this person checks both the process and the product of the study. The purpose is to evaluate the accuracy and evaluate whether or not the findings, interpretations and conclusions are supported by the data. External auditing can be difficult to apply effectively, however, particularly if the auditor assumes the existence of a single truth to be revealed. Nevertheless, using an external auditor can enhance dependability or consistency and confirmability by examining the paper trail that shows how

decisions were made, and that they were supported by data. The example just below explains how an external audit was conducted.

Along with the use of reflexivity and disconfirming evidence, an external audit and peer review were conducted (Creswell & Miller, 2009). The researchers provided an audit trail and access to all research notes and the codebook to a panel of experts, who reviewed the process in which the narratives were broken apart, coded, and combined into subthemes, themes, and metatheme. (Foster & Hagedorn, 2014, p. 252)

Applying Qualitative Research Findings

After reading the report of a qualitative research study and determining that it was written with clarity and care that demonstrated the researcher's careful and credible approach, how can the findings be usefully applied? Some readers (and some researchers) overstep the limits of qualitative research by generalizing the findings. For example, they attempt to apply the findings across a population; as we said above, this type of generalizing may take the form of such a statement as, "DMT is an effective intervention for hospitalized adult patients." It is easy to understand the allure of this type of generalizing since humans have a natural inclination to want to explain and predict. But this tendency likely also contributes to the confusion related to the value of qualitative research. Readers typically sense, after all, that there is something unsupportable about applying a finding based on a handful of participants in a broad way. So, inasmuch as findings or results of qualitative research must be presented as true for the specific people who participated in the research, what can be done with such limitations? Findings from qualitative research are actually quite useful in building and informing theory. In fact, as we have shown above, qualitative findings can be very useful in creating a theory about phenomena, or they can be applied to inform a theory or to inform a measure chosen for a quantitative study, such as in our mirroring intervention example.

Transferability is a term that refers to the applicability of findings to other contexts, but not in the sense of making broad claims. It is something that readers may do when they connect the elements of a study to their own experiences, and it has been the subject of much discussion among qualitative methodologists for some time (Shenton, 2004). Helping the reader decide if transferability is possible is the motivation for using thick description. The detail about the context of and informants on the phenomena explored provided by thick description enhances transferability (Lincoln & Guba, 1985). For example, Forinash (2012, p. 157), described uncovering a theme of "disconnectedness-connectedness" in the narratives of the dance/movement therapists who worked with frail elders in a nursing home. This theme described how the therapists reported experiencing the participation of their clients in the DMT group and had facets of both the interpersonal and intrapersonal. Forinash provided example descriptions directly from the therapists' narratives.

A DMT supervisor of supervisees providing DMT in a nursing home with frail elders similar to those described by Forinash might appropriately *transfer* this study by listening for this theme of “disconnectedness-connectedness” (Forinash, 2012, p. 157) in supervision, or even “assigning” this study for the supervisees to read as a way both to broaden and focus thinking on the range of their experiences of clients in group and individual therapy. Reflecting on potential similarities or differences in the supervisees’ experiences and those of the study participants might greatly enrich the professional expertise of the supervisees; this example illustrates the key feature of transferability or of applying qualitative findings in clinical practice.

Conclusion

This somewhat brief review and overview of qualitative methods and research has been intended to assist readers in understanding how to get “value” out of reading qualitative research. Multiple criteria can be used to establish the value of and assist in understanding the applications and usefulness of this type of research. We stress here that similar to keeping clinical skills sharp, getting one’s research reading skills up to par and keeping them fresh takes attention, yet can be an invaluable way of increasing ethical practice and quality in DMT interventions. Most readers may need practice to develop a firm sense of when these criteria have been addressed sufficiently in research. With practice, however, reading qualitative research truly improves both cognitive tasks of comprehension and understanding, while deepening the reader’s personal clinical repertoire through updated information. Increasingly, DMT research—a necessity for developing the field—is populating the literature more than ever before, and deepening understanding of clinical interventions. We encourage DMT clinicians to keep up with research reading by joining with colleagues for the dual purpose of expanding the field’s resources for thinking through research while enjoying relationships and social interaction. We hope readers of this journal will try reading an article with colleagues and using the questions included in “[Appendix](#)” to practice research-reading skills.

Compliance with Ethical Standards

Conflict of interest The authors declare that we have no conflict of interest.

Appendix: Questions to Use When Reading Qualitative Research

- A. What was the guiding question?
- B. What was the qualitative method used and was it appropriate for the question asked? Did the method provide for flexibility?
- C. How were the data generated? Did the researcher gather sufficient data to provide a holistic perspective of the phenomenon? How do you know?
- D. How were the data analyzed? Has an understanding of the phenomenon been expanded?

- E. Did the researcher evaluate his or her impact on the study? Was transparency adequately addressed?
- F. Were mechanisms of credibility such as prolonged engagement, persistent observation, triangulation, peer debriefing and/or member checking used?
- G. Is there a “thick description” of the phenomenon being studied which allows the reader to transfer applicability to his or her own work?
- H. What is the relevance of the findings for those involved in the study as well as for those reading the study?

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