

第3部：

2015年9月19日 国際混合研究法学会アジア地域会議 /
日本混合研究法学会

Part III: Plenary Talk by Hisako Kakai for the joint
conference of the Japan Society for Mixed Methods
Research and the Mixed Methods International Research
Association

(Sept. 19, 2015, Ritsumeikan University in Osaka, Japan)

A Mixed Methods Story: Reflecting on the Interaction between the Researcher and Her Mixed Methods Research

Hisako Kakai, Ph.D. (Aoyama Gakuin University)⁹⁾

Introduction

First of all, on behalf of the Mixed Methods International Association (MMIRA) and the Japan Society for Mixed Methods Research (JSMMR), I'd like to welcome all of you and express my sincere appreciation for joining this memorable event. Without your presence, it would be impossible for this event to succeed. As one of the keynote speakers for Day 1, it is an honor to be on this stage speaking to all of you. Nearly 300 people have gathered in Osaka for this conference, reflecting what I believe to be the current research climate of the social and health sciences, which welcomes and values mixed methods thinking and its approach to social and health inquiries. I would also like to thank Drs. Bazeley, Crabtree, Creswell, Fetter, and Johnson, the core members of MMIRA, for their enthusiasm and contributions towards making

9) 本基調講演の内容は、『混合研究法への誘い－質的・量的研究を統合する新しい実践研究アプローチ』（日本混合研究法学会監修、抱井尚子・成田慶一編、遠見書房、2016年9月）に日本語で掲載されている。

this event resourceful and meaningful for the participants. Last but not least, I'd like to thank all the members of the organizing committee, the sponsors, the two simultaneous interpreters, and the people at Ritsumeikan University, the host institution for this event. Especially, we owe a lot to Prof. Inaba, who serves as Chair of the event. Without his hard work and devotion, this event would have never happened.

Many people in the audience are from Japan, while there are others who come from places far abroad. Some may have a strong background in quantitative research, while others may be strong in qualitative research. Younger scholars may have equally strong backgrounds in both quantitative and qualitative research. Some may practice mixed methods research (MMR) from the pragmatist paradigm, while others may utilize the transformative paradigm in order to realize social justice through their engagement with MMR. Postpositivism [what I mean by “postpositivism” throughout this talk is a quantitatively oriented postpositivist stance. This is a narrower definition of the term than one used in the field of philosophy] may be the philosophical stance for some mixed methods researchers, while constructivism may be the stance taken by other mixed methods researchers.

Such diversity in the backgrounds of the audience represents how multicultural the mixed methods community is and, moreover, how much the diversity of its methods, methodologies, and worldviews is valued and celebrated by this community. These characteristics of the mixed methods community are well described in Burke Johnson's concluding chapter of the most recently published edition of *The Oxford Handbook of Multimethod and Mixed Methods Research Inquiry*, co-edited by himself and Shirley Hesse-Biber. Johnson states, “We are different, but at a macro level we are one. We are part of this movement we call MMR (mixed methods research). And we should continue to grow and become better at producing knowledge and improving our one world. That's what the MMR attitude or mindset is about. There is strength in differences and similarities, especially when we know how to put them together” (Johnson, 2015, p. 688).

I assume that all of you have unique reasons for joining or thinking about joining the MMR community. In other words, all of you have your own “mixed methods stories.” According to Jennifer Greene (2007), one of the early advocates of mixed methods research in the field of educational evaluation, the telling of our own “mixed

methods stories” allows us to engage in reflective social inquiries through raised awareness and understanding our own *mental models*. What does Greene mean by “mental models”? She defines a mental model as “the set of assumptions, understandings, predispositions, and values and beliefs with which a social inquirer approaches his or her work. A mental model includes the basic philosophical assumptions ([that is,] ontology, epistemology, methodology) [Here, ontology refers to “the nature of the social world,” epistemology to “the nature of the social knowledge,” and methodology to “the ways in which such knowledge can be developed or constructed” (Greene, 2007, p. 51)], but also includes inquirer stances, values, beliefs, disciplinary understandings, past experiences, and practical wisdom” (Greene, 2007, p. 53). Such mental models serve to guide us and affect us in every aspect of our social inquiries, such as making decisions related to research purpose, research design, data collection, data analysis, and the interpretation of the results. In other words, we can regard our mental models as the backbone of our research activities.

In this plenary talk, I would like to share with you my own mixed methods story and how my mental model has both affected and been affected by the mixed methods studies that I have been engaged in. I will focus particularly on my first MMR project and how it transformed me as a beginning researcher and has continued to shape my attitudes towards social inquiry since then. I’ve decided to talk about this topic because, to my knowledge, not many people have written about or discussed the interactions and dynamic relationships that exist between MMR and researchers who engage in this research practice. Towards the end of this talk, I would like to share some of the new insights that I have gained through my MMR experiences, and consider the potential of MMR for developing the kind of multifaceted knowledge required to understand the world we live in today.

A research project that transformed my mental model

In the mid-1990s, I was a doctoral student at the University of Hawaii at Manoa. I had always been fascinated by cultural differences in people’s ways of thinking and acting, and interested in elucidating the mechanisms by which cultural values and beliefs shape our cognition, emotions, and motivations. As a result, I chose the

University of Hawaii at Manoa as the institution to pursue my academic interests at the Ph.D. level. The multicultural emphasis of the university's curriculum and the multiethnic social environment of the university itself were perfect for me. As I expected, being at the University of Hawaii provided me with many opportunities to observe and investigate multicultural issues as a researcher. Especially, my bilingual and bicultural background as a Japanese person was an advantage in Hawaii, where people of Japanese ancestry form the second largest ethnic group (following people of European ancestry) and constitute more than 20% of the state's population.

Although my disciplinary background was in social science, I soon became involved in various cancer-related health research projects in Hawaii. The first cancer research project I was engaged in examined factors contributing to difficulties and delays in obtaining medical informed consent from Japanese elderly cancer patients.¹⁰⁾ The results of the study revealed a strong tendency among Japanese-Americans in Hawaii to value family autonomy rather than the individual autonomy of the patient in medical decision-making, particularly in cases involving elderly family members, which, we discovered, served as a significant cultural barrier in oncology. [While conducting an extensive literature review for this project, I encountered numerous articles written by Dr. Michael Fetters, who is here with us today as President of this event. At that time, I never imagined that I would be working so closely with him in the future to establish an MMR community in Japan.]

The experiences I had gained by working on this first cancer research project soon led me to another cancer research project, which examined, using both quantitative and qualitative approaches, ethnic differences in complementary and alternative medicine (CAM) use among cancer patients in Hawaii. CAM refers to unconventional remedies such as homeopathy, megavitamin therapy, self-help groups, folk remedies, religious or spiritual healing, guided imagery, and so on. The study began in 1999 as part of a research endeavor responding to an increase in 1990s in the number of

10) This study indeed utilized a questionnaire with both closed and open-ended questions as well as focus group interviews. However, just as many research projects that utilized both quantitative and qualitative approaches back then, this study used qualitative research mainly as a preliminary study, rather than actively seeking synergistic effects of integrating both quantitative and qualitative findings, which is the essential goal of a mixed methods study.

cancer patients using scientifically-unproven unconventional remedies in the U.S.¹¹⁾ This CAM project was led by Dr. Gertraud Maskarinec at the Cancer Research Center of Hawaii and funded by the National Cancer Institute (NCI).¹²⁾ Gertraud was a medical doctor and epidemiologist from Germany, who had a strong background in quantitative research. As one of the core members of the project team, I was involved in the research process, including data collection, data analysis, and writing reports.

The CAM project gave me an opportunity to experience MMR for the first time. It had a significant impact on me as a beginning researcher, transforming my mental model in social and health inquiry. It also raised many epistemological questions I had not considered before, such as what the best way to approach human inquiry was and what kind of relationship I as a researcher should develop with my research participants in the process of knowledge development. None of the team members had extensive training in qualitative research, which was not an uncommon situation back then. Nonetheless, while working on the CAM project, I, as a student in the Educational Psychology program, was fortunate enough to take one or two qualitative research courses offered under other departments in the same College of Education. In the meantime, for my colleague at the cancer center, who also collected interview data from patients for the CAM project, taking even one qualitative course was luxury that she could not afford back then. She belonged to the Department of Psychology in the College of Arts and Sciences at the University of Hawaii, which, as I observed, was based on a hard-core postpositivist program. As a result, as was the case for many of the early advocates of MMR, we basically had to self-teach ourselves how to conduct qualitative research, let alone MMR. [In fact, after completing my Ph.D. education, I had a chance to learn MMR from experts such as Drs. John Creswell, David Morgan, and Jennifer Greene in early 2000 for the first time by participating in their workshops. I conducted my dissertation using an MMR

11) The classic study by Eisenberg and his colleagues published in 1993 (Eisenberg et al., 1993) revealed many striking findings regarding American people's CAM use, indicating a rapid increase in the number of Americans using CAM and in the out-of-pocket expenditure of such remedies.

12) Much later, I learned from Dr. Creswell's book that NIH began to advocate MMR in late 90s and encouraged researchers to submit proposals that utilized MMR.

approach years before receiving formal guidance from these experts. When conducting my own mixed methods dissertation, the only resources I had were the knowledge and experiences I had gained through the CAM study at the cancer center.]

Now let me turn the clock back even earlier for a while. Prior to being involved with the CAM project, I took a course called “Knowledge Development,” which was a class I needed to take during the first semester of my Ph.D. program. In that class, students were required to read articles about fundamental issues related to social inquiry, including ontology, epistemology, and methodology, as well as articles related to the paradigm debate. The heated debates over the superiority of quantitative versus qualitative approaches in social inquiry (as well as the debates over the worldviews of postpositivism versus others, such as constructivism) had reached their peak during the 1980s and were somewhat settled by the early 1990s. However, the afterglow of these debates was still apparent when I was taking the “Knowledge Development” class in the mid-1990s and I felt as if I was being forced to make an “either-or” choice between quantitative and qualitative approaches.

Although it was a good learning experience for me to read a series of articles related to the paradigm debate in order to familiarize myself with the claims made by both camps, still the class was a pain for me. It was not only because I had to read so many pages of abstract arguments written in a foreign language (English), but also because I needed to expose myself to the adversarial tone of the discussions. I always found it uncomfortable reading the “either-or” statements of authors defending their own viewpoints while rejecting those of others. While sitting in the class or reading assigned articles for this class, I could not help but wondering why these authors could not employ a “both-and” way of thinking (as appeared in Dr. Johnson’s previous statement) I quoted. I guess that’s when I started to develop mixed methods thinking. Later on, when I encountered the MMR literature, I realized that there were so many others who were getting fed up with the debates as much as I was. Abbas Tashakkori and Charles Teddlie, in their early book on MMR (Tashakkori & Teddlie, 1998, p. 4), described the “Paradigm War” as becoming increasingly “unproductive” during the 1980s and early 1990s. Although I was just a student at the time and a newcomer to the field, I felt exactly the same as these experts when I was reading the assigned articles written by the paradigm war

warriors week after week for this class.

Despite the active debates over quantitative versus qualitative research approaches during the paradigm war, methods-related classes available for Ph.D. students in 1990s were still mostly courses on quantitative research. As a result, I came to internalize the belief that arriving at predictable and generalizable results based on a large sample and observing phenomena at a distance with objective eyes were what I should aim for as a researcher.

The complementary and alternative medicine project in Hawaii

Now let me go back to the CAM project at the Cancer Research Center of Hawaii.

This CAM study used what Creswell (2015) calls an “explanatory sequential design.” The aim of the initial quantitative study was to examine the prevalence of CAM use and its relation to quality of life (QOL) among cancer patients from ethnically diverse backgrounds in Hawaii. The hypotheses tested in the quantitative portion of the study were that cancer patients’ CAM use was associated with their ethnic backgrounds, and with their levels of QOL. Results of the survey research examining the prevalence of CAM use and QOL among ethnically diverse cancer patients in Hawaii revealed that one in four respondents used at least one type of CAM therapy after being diagnosed with cancer. CAM use was highest among Filipino and Caucasian patients while lowest among Japanese patients. The research also shows that CAM users were more likely than non-users to suffer from poor emotional functioning, an increased number of symptoms, and greater financial difficulties.

Based on the results obtained from the initial quantitative portion of the study, participants for the subsequent qualitative research using an in-depth interview method were selected for exploring the unique views and experiences of the interview participants. The interview questions covered a variety of themes, ranging from communication about CAM use between patients and physicians, CAM use and religious and spiritual beliefs, perceptions of cancer causes, dietary changes after cancer diagnosis, reasons for choosing CAM over conventional medicine, determinants of the degree of CAM use, and behavior related to seeking out health information.

Among the 1,168 survey participants, 439 patients (37%) expressed an interest in

participating in the subsequent interview study. Of those 439 patients, we selected a total of 143 patients using a stratified purposeful sampling technique so that we could include a variety of cancer sites, demographic backgrounds, residential areas, and types of CAM used. Since we were primarily interested in exploring the views of CAM users, the majority of interviewees were users (76%).

Because this CAM project incorporated both quantitative and qualitative approaches, we were not only able to identify patterns of CAM use that were associated with the patients' ethnic backgrounds and levels of QOL, but also idiosyncratic experiences and perceptions about cancer, as well as the specific CAM use of individual patients. I was quite fascinated by the art of MMR, which allowed research to have both breadth and depth, as well as to provide diverse information about the same phenomenon. What is revealed through MMR is similar to the Nazca Lines in Peru. When you look at the Nazca Lines from above, with a birds'-eye view, you can see the shapes of the animals drawn on the land. When you look at the same lines from below, from an ants'-eye perspective, all that you see are green patches, stones, sand, and other things on the ground which cannot be recognized from a bird's eye perspective. My experiences in the CAM study persuaded me to use MMR for my own dissertation, which I eventually did. In order to obtain a comprehensive picture of the world, I thought we had no choice but to see things from both a birds'-eye and an ants'-eye point of view.

The relationship between the researcher and the researched

Many significant incidents occurred during the time that I was involved with the CAM project. Among those incidents, I will share with you some of the most significant ones that shook the ontological, epistemological, and methodological assumptions I had held prior to engaging in this project.

Before working on this project, the postpositivistic stance that I had adopted toward social and health inquiry influenced the way I conducted research. My postpositivistic attitude toward research was present in the early stages of data collection, even when conducting interviews with patients for the CAM study. However, as I accumulated more experience in data collection, my mental model was challenged by the interactions I had with the study participants and gradually

transformed. This would have never happened had this project been a mono-method survey study. Here are some episodes from the CAM study that illustrate my points well.

The first episode that I'd like to share with you challenged my epistemological stance in research concerning "the relationship between the researcher and the researched." The incident occurred when I interviewed a cancer patient on one of the neighboring islands. It was Christmas time and the air was filled with a holiday mood. I arrived at the main airport on the island in the late afternoon. My interview appointment was set for 5 pm and I was rushing to the house of a male patient in his early 70s with a mixed ethnic background of Native Hawaiian and Japanese ancestries. He was waiting for me with his Japanese-American wife. We sat on the bench in the yard during the interview since it was still light outside. I greeted them and immediately started interviewing him. After completing the interview, I thanked him for his precious information and thanked both of them for their time, handing over a gift certificate from a franchised drug store. When I was about to leave the patient's home, however, he and his wife invited me to join them for dinner. I was surprised since I had not expected such an invitation. At the same time, I did not believe it was appropriate for me as a researcher to develop any type of personal relationship, even if it were just having dinner, with my study participants. "I must keep a distance from the participants so that I can analyze the data objectively." That's what I was thinking in my head. I politely declined their offer by making the excuse that I had not checked into the hotel yet and had better hurry. The patient and his wife looked at me with disappointment and told me that they had already asked their son's family to come over and pick up a couple of boxes of pizza on the way. Hearing them say that, I thought it would be impolite for me to decline their offer again. So, I decided to join them for dinner. Soon, the patient's son, the son's wife, and the patient's grandson came and joined us. We enjoyed a simple dinner and a pleasant conversation in the nice ocean breeze for a while. [By the way, a year later I learned that the patient had passed away shortly after I interviewed him. When I checked the Hawaii Tumor Registry, I found out for the first time that he had had stage-4 cancer at the time of the interview. Had I known this information before visiting him, I would have acted awkwardly and revealed my doubts about his wellness through both my verbal and nonverbal cues whenever he made positive

remarks about his health condition, which he actually did several times during the interview.]

This incident gave me an insight into what Creswell (2015) calls “an explanatory sequential design.” When engaging in MMR in which quantitative research is conducted first, followed by qualitative research intended to elaborate the findings of the quantitative results, there is the possibility that the knowledge gained from the initial quantitative strand may become an obstacle to data collection in the subsequent qualitative strand. This experience also threw some very tough questions at me regarding how much researchers can rely on verbalized responses from the participants and how the participants’ words should be interpreted when they contradict the quantitative data. Indeed, this is one of the very critical issues we need to examine if we continue to emphasize “integration” as the most important characteristic of MMR!!

Now going back to the topic regarding the relationship between the researcher and the researched, I think the incident above illustrates the moment I experienced for the first time a confusion stemming from differences in the epistemological stances of postpositivism and constructivism. The epistemology that I had been holding was challenged, which eventually led me to a new insight about social and health inquiries. Clearly, I was experiencing a struggle between a desire to establish a person-to-person relationship with study participants and a belief in the importance of keeping a distance from them for the sake of maintaining objectivity in research. This became a huge question for me as I was engaging in MMR. Later, however, I learned that, from a constructivist’s viewpoint, it was expected to develop a continuous relationship with our study participants and the data we collected were unique, and thus nobody else could collect the same data that we would. In other words, the researcher and the research participants co-construct reality through the interactions they have with each other.

Another episode that I’d like to share with you that heavily influenced my mental model was an interview I conducted with a young female patient who had breast cancer. She was in her 20s and had had both of her breasts removed. Because female breasts are often associated with a woman’s body image and beauty, a mastectomy is generally perceived as a difficult choice for breast cancer patients. This was the perception that I also shared before interviewing the patient. She was a person of

European ancestry and lived on another Hawaiian island. She was very cheerful and willing to share her story with me. Before asking questions about CAM use, we always asked the patients other cancer-related questions, such as how they found out about cancer, what they believed to be the cause of their cancer, whether their cancer was cured, and so on, according to our interview guide. As I was asking these questions, the patient began to tell me her life story. As it turned out, she had been a victim of child molestation. According to the patient, after being divorced from her father, her mother remarried the man who first molested her when she was around 16 years old. Her step-father continued to sexually molest her from that time on until she left home. She looked into my eyes and said she was happier without her breasts after having surgery. She said she would often stand in front of a mirror and look at her body without breasts, and she thought she was more beautiful than before. The story was very powerful. It gave me a completely new perspective, which I had never imagined. Her story taught me about the diversity of meanings patients attach to their cancer experiences and about the uniqueness and complexity of the thoughts and feelings that result from such meaning-making. I was fascinated by the power of qualitative research, which enabled me to touch the emic world of other people.

In the CAM project, I personally had the opportunity to listen to the unique life stories of nearly 80 different patients. In the process, I found myself gradually transformed as I interacted with the study participants and directly listened to the stories they told about their cancer journeys. The more I listened to their stories, the more I appreciated having the precious opportunity to learn from the lives of others. The series of experiences I had while being involved with the CAM project greatly affected me as a beginning researcher. My mental model was no longer the same as the one I had when I only knew about the quantitative method.

Becoming a mixed methods researcher is exactly the same as becoming bicultural and bilingual. In becoming a mixed methods researcher, we experience the same cultural confusion in the process. Confusions stem from the conflicting emphases placed on such concepts as “depth” versus “breadth,” “subjectivity” versus “objectivity,” “idiographic” versus “nomothetic orientations,” and so on. Thus, I believe that a series of experiences in becoming a mixed methods researcher share similarities with those in becoming bicultural and bilingual by eventually developing a new cultural identity as a member of the multicultural community.

A new development in the field of mixed methods research

Recently, we are observing the start of a new movement in the field of MMR. Qualitative researchers, who have their home ground in interpretivism and constructivism, are joining the MMR community and theorizing a qualitatively-driven approach to MMR. Hesse-Biber, Rodriguez, and Frost (2015), in their chapter in the *Oxford Handbook* referred to previously, describe the characteristics of a qualitatively-driven approach to MMR as “privileging a qualitative approach (in the form of qualitatively driven epistemology and methodology) that forms the core of the overall MMR project with the quantitative approach and method taking on a secondary role in the mixed methods design.” And they further explain the role of the secondary method as “to ask a subquestion or set of subquestions that assist in the elaboration or clarification of overall core qualitatively driven research question (s)” (p. 5).

I am very excited about this latest movement in the field of MMR. Since my involvement in the CAM study, I have been fascinated by the agency of people and an idiosyncratic approach to research that allows us to offer rich descriptions of how such agency is realized. Furthermore, rich descriptive data collected in naturalistic settings through fieldwork, in-depth interviews, focus groups, and documents allow us to explore emic views of the participants by closely attending to their world of meaning. With such data, we are able to examine the phenomenon under investigation at deep and multiple levels, increasing trustworthiness in research findings. With this MMR approach, quantitative data may contribute to the overall mixed methods study by providing (1) background information about study participants, (2) criteria for sampling selection for the qualitative strand, (3) data for triangulation [Here, the researcher is not necessarily aiming for convergence in findings. Instead, he or she values divergence in findings as an opportunity to create new research questions.], and [so,] (4) opportunities to come up with new research questions (Hesse-Biber, 2010).

Examples of qualitatively-driven mixed methods research

Now let me briefly provide some concrete examples of what I consider to be qualitatively-driven MMR.

The first example is qualitatively-driven MMR using correspondence analysis. In fact, in their recent chapter in the *Oxford Handbook*, Onwuegbuzie and Hitchcock (2015) [I believe they are also here with us at this conference] propose a framework that identifies an mixed methods study using correspondence analysis as one type of advanced qualitatively-driven MMR. Let me take one of the papers we produced out of our CAM project (Kakai et al., 2003) as an example of this type of MMR. This paper was published in *Social Science & Medicine* after the initial quantitative research paper had been published in the *Journal of Alternative and Complementary Medicine*. The paper published in *Social Science & Medicine* examined ethnic differences in choices of health information consulted by cancer patients using CAM. Although data related to, for example, the types of health information people use may usually be collected through a questionnaire, in this project we asked these questions through one-on-one interviews. Because our data were obtained through interviews, we were able to provide both the results of the correspondence analysis and the patients' verbal accounts that support or elaborate the quantitative findings in the paper.

A second example is an approach which we call the grounded text mining approach, or GTMA for short. Incorporating technologies into MMR is a recent trend that has been encouraged by many scholars, and Dr. Baizeley is one of them. GTMA is an approach that Prof. Inaba and I have proposed collaboratively (Inaba & Kakai, 2011, 2016). GTMA incorporates ideas drawn from a constructivist version of the grounded theory approach developed by Kathy Charmaz together with a text mining approach. Charmaz's constructivist version of the grounded theory approach assumes that knowledge is co-constructed by the researcher and the researched through their interactions (Charmaz, 2006, 2014). A text mining technique is a combination of computer-based natural language processing and its statistical visualization. Iterative explorations of inconsistencies and contradictions found between the quantitative and qualitative data analyses in the GTMA process may allow the researcher to gain a

deeper understanding of the transcripts and to obtain hints about how to conceive credible or transferable ideas applicable to other issues and contexts, while preventing the researcher's preconceived ideas from distorting his or her interpretation of the data. The iterative analytic approach of GTMA echoes the spirit underlying the strategies of qualitative data analysis proposed by Miller and Crabtree (1992) in their "Immersion and Crystallization" approach, in which a dual process of the researcher's immersing himself or herself into the text and crystallizing meaningful interpretations is repeated back and forth.

Conclusion

In conclusion, the CAM project was, without doubt, the catalyst that led me to where I am now. Had I not been involved in this study, I would not be standing here speaking to you. I would have neither conducted a mixed methods study for my own dissertation in social science, nor participated in mixed methods workshops by prominent scholars in the field, including Drs. John Creswell and others in early 2000. My meeting with these early advocates of MMR has given me opportunities to work with them and to closely witness how the mixed methods community has evolved and expanded, and achieved various milestones such as the publication of the *Journal of Mixed Methods Research* (JMMR) and the inauguration of the Mixed Methods International Research Association (MMIRA).

Moreover, the community is now crossing national, cultural, and disciplinary borders. The establishment of the Japan Society for Mixed Methods Research (JSMMR) this year is one instance of the development of a global movement in MMR. A main reason I accepted an offer to make a plenary talk at this memorable event and to serve as President of the Japan Society for Mixed Methods Research is that I feel that I may be one of only a handful of people who have been closely observing the mixed methods community develop and expand from its birth to the present, perhaps for just a little longer period than anyone else in Japan. It is promising that so many young scholars are now engaging in MMR or about to embark on MMR here in Japan. As one of the old-timers, I would like to support this movement with other members of the mixed methods community through activities of JSMMR. I don't think MMR is just about using words, images, and numbers in a

single study. It's much more than that. I think it is the art of using multiple methods, which requires the researcher's creativity. And more than anything else, I think it is a scientific research approach that takes advantage of the synergy of descriptive and numerical data for producing knowledge that could create a better world.

Finally, whatever philosophical backgrounds we have or methodological strategies we use in conducting MMR, we are all aiming for the common goal of producing "café latte" knowledge through the "integration" of quantitative and qualitative methods. This term "café latte" is borrowed from my colleague and philosopher Richard Evanoff at Aoyama Gakuin University, who is enthusiastic about finding a way to achieve successful intercultural dialogue through the integration of different cultural values in a global world. In developing "café latte" knowledge, we have to go beyond an "EITHER coffee OR milk mentality." What we need is a mentality in which "the milk is blended together with the coffee" (Evanoff, personal communication, Sept. 10, 2015).]

Thank you for your kind attention. Once again, welcome to our café latte community of diversity and inclusion!

References

- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London, Sage.
- Creswell, J. W. (2015). *A concise introduction to mixed methods research*. Thousand Oaks, CA: Sage.
- Evanoff, R. (September, 10, 2015). Personal communication.
- Greene, J. C. (2007). *Mixed methods in social inquiry*. San Francisco: Jossey-Bass.
- Hesse-Biber, S. N., & Johnson, R. B. (2015). *The Oxford handbook of multimethod and mixed methods Research Inquiry*. New York: Oxford University Press.
- Hesse-Biber, S. N., Rodriguez, D., & Frost, N. A. (2015). A qualitatively driven approach to multimethod and mixed methods research. In S. N. Hesse-Biber & R. B. Johnson (Eds.), *The Oxford handbook of multimethod and mixed methods research inquiry* (pp.3-20). New York: Oxford University Press.
- Inaba, M., & Kakai, H. (2011). Proposing the grounded text mining approach for qualitative data analysis – An analysis of a focus group discussion on cancer disclosure. *Policy Science*, 18 (3), 255-276. (written in Japanese)
- Inaba, M., & Kakai, H. (2016). Grounded text mining approach as mixed methods research. *The Japanese Journal of Nursing Research*, 49(1), 25-36.
- Johnson, R. B. (2015). Conclusions: Toward an inclusive and defensible multimethod and mixed methods science. In S. N. Hesse-Biber & R. B. Johnson (Eds.), *The Oxford handbook of multimethod and mixed methods research inquiry* (pp.688-706). New York: Oxford University Press.

- Kakai, H. (2001). *The effects of independent and interdependent self-construal on the development of critical thinking dispositions: A quantitative and qualitative study*. ProQuest/UMI (no.3017402).
- Kakai, H. (2015). Introduction to mixed methods research: The art of integrating qualitative and quantitative research. Tokyo: Igakushoin. (written in Japanese)
- Kakai, H., Maskarinec, G., Shumay, D. M., Tatsumura, Y., and Tasaki, K. (2003). Ethnic differences in choices of health information by cancer patients using complementary and alternative medicine: An exploratory study with correspondence analysis. *Social Science & Medicine*, 56(2), pp.851-862.
- Maskarinec, G., Shumay, D. M., Kakai, H., & Gotay, C. C. (2000). Ethnic differences in complementary and alternative medicine use among cancer patients. *Journal of Alternative and Complementary Medicine*, 6, pp.531-538.
- Miller, W.L., & Crabtree, B.F. (1992). Primary care research: A multimethod typology and qualitative roadmap. In B.F. Crabtree and W.L. Miller (Eds.), *Doing Qualitative Research* (1st ed.). Newbury Park, CA. Sage. (pp.3-28).
- Onwuegbuzie, A. J., & Hitchcock, J. H. (2015). Advanced mixed analysis approaches. In S. N. Hesse-Biber & R. B. Johnson (Eds.), *The Oxford Handbook of Multimethod and Mixed Methods Research Inquiry*. New York: Oxford. (pp.275-291?).
- Tashakkori, A., & Teddlie, C. (1998). *Mixed methodology: Combining qualitative and quantitative approaches*. Thousand Oaks, CA: Sage.