PARTY, POLICY, AND PROCEDURE: PUBLIC ATTITUDES AND THE SENATE FILIBUSTER

Steven S. Smith
Washington University

James L. Gibson
Washington University

Hong Min Park
University of Alabama
PARTY, POLICY, AND PROCEDURE: PUBLIC ATTITUDES AND THE SENATE FILIBUSTER*

Abstract

Striking the balance between majority rule and minority rights is a central issue in the design of political institutions. Here, we are concerned with public attitudes about majority rule, minority rights, and the Senate filibuster. Using a panel design in which the attitudes of a representative sample of individuals was measured in two contexts—before and after a major obstructionist episode in the Senate—we find that public attitudes about the Senate filibuster crystallized during the episode in a way that reflects the short-term policy and partisan advantages of the cloture rule, as well as with general attitudes about majority rule and minority rights. Attitudes about the filibuster also have an independent effect on attitudes about the parties. In general, we conclude that citizens have meaningful attitudes toward procedures such as the filibuster, and that, under at least some conditions, these attitudes influence political assessments of the political parties.
Majority rule and minority rights are important values in a democracy. The balance between them is a central issue in the making of constitutions, motivates the design of key features of legislative institutions and parliamentary rules, and regularly figures in cases before courts. In American congressional politics, the balance between majority rule and minority rights arises as a political issue whenever a majority in the House of Representatives limits the minority’s ability to offer amendments on a major bill or, more prominently, when a minority in the Senate prevents the majority from gaining a vote on a major bill, presidential nomination, or treaty. The subject often generates volumes of public argument and waves of impassioned debates about the meaning of democracy.

Missing from the scholarly accounts and popular debate is a rigorous consideration of how the mass public perceives and judges the procedures involved in passing or blocking legislation. The filibuster, in particular, often plays a central role in contemporary American politics, but scholars have devoted little attention to the causes and consequences of the public’s attitudes about the practice. It may be that how Congress is judged has little to do with anything other than its policy output. It may also be that much of the contemporary dissatisfaction with Congress is procedural. Scholarly research is simply not capable of judging whether Speaker of the House Nancy Pelosi was correct when she said, “The American people don’t care about process” (Harwood 2010, A9).

The study reported here concerns public attitudes about majority rule, minority rights, and the Senate filibuster. We bring together long-standing theoretical interests in the study of the mass public and political institutions. In the case of the mass public, we investigate how core democratic values and short-term political forces shape attitudes about political institutions and policy outcomes. While we know that public perceptions of
the legislative process contribute to the low esteem in which Congress is held (Hibbing and Theiss-Morse 2001), perceptions of the filibuster, which may be the most controversial feature of that process, have received no systematic attention in previous scholarly work on institutional attitudes. From the perspective of political institutions, we know that public opinion is a key factor in the development of strategies by parties and leaders; yet, we do not know how the public assigns credit and blame when filibusters are employed to obstruct Senate action on legislation and nominations. Plainly, understanding public attitudes about majority rule, minority rights, and the Senate filibuster is a missing link in studies of mass attitudes, institutional legitimacy and support, and elite behavior in national institutions.

We examine public attitudes based on a panel survey in which the preferences of the same 800 individuals are measured in two contexts: in a period (summer 2009) characterized by relatively little media coverage of Senate procedures, and later (January 2010) in the immediate aftermath of a major obstructionist episode in the Senate, the 2009 battle over healthcare policy. The panel design, by examining change in attitudes with an important intervening event allows stronger causal inferences about the causes and consequences of filibuster attitudes than is possible in the typical single-shot, cross-sectional survey. The design allows us to draw inferences about the effects of (a) core democratic values, such as abstract views of majority rule and minority rights, (b) policy preferences, and (c) party evaluations. In terms of the consequences of filibuster attitudes, we focus on attributions of blame for the political parties within the context of a highly salient legislative episode.

We find that public attitudes about the Senate filibuster crystallized during this
legislative episode in a way consistent with the short-term policy and partisan advantages of the cloture rule, as well as with general attitudes about majority rule and minority rights (which are related to party and policy attitudes). Specifically, Republicans, conservatives, and respondents favoring majority rule more than minority rights became substantially more pro-filibuster during the course of the 2009 Senate battle over healthcare reform. Moreover, attitudes about the filibuster have an independent effect on attitudes about the parties. In general, we conclude that, at least under some circumstances, citizens have meaningful attitudes toward procedures such as the filibuster, and that, when primed by elites, these attitudes influence political assessments of the parties.

**The Filibuster and Public Attitudes**

The Senate filibuster is extended debate by a minority intended to prevent a vote on an issue.\(^1\) In the modern Senate, minority obstruction is enabled by the lack of a general rule limiting debate in the absence of cloture. Since 1975, the Senate’s cloture rule has provided that a three-fifths majority of elected senators is required to close debate and move to a vote on a motion—a rule that allows a large minority to prevent majority action. In the modern Senate, a filibuster, or at least a credible threat to filibuster, forces the majority to acquire 60 votes to invoke cloture and gain an up-or-down vote on a bill or nomination.

Efforts to obstruct by filibustering or threatening to filibuster are now commonplace. According to one careful count, the number of filibusters per Congress increased from an average of 4.6 in the 1960s to more than 30 in recent Congresses. Cloture votes per Congress increased from an average of 5.2 in the 1960s to several dozen

\(^1\) The scholarship on the filibuster from an institutional viewpoint is substantial. See, for examples, Binder and Smith (1997), Binder, Lawrence, and Smith (2002), Binder, Madonna, and Smith (2007), Koger (2010), Wawro and Schickler (2006).
recently. In the 110th and 111th Congresses (2007-2008, 2009-2010), 110 and 112 cloture votes were cast (Sinclair 2009, Smith 2011). While a vote to invoke cloture is used for purposes other than stopping a filibuster, minority obstructionism is undoubtedly frequent, and both parties, when in the minority, regularly seek to block the majority by strategically exploiting the Senate’s rules.

Scholars have largely ignored the filibuster in their work on public opinion so our knowledge of public views of the filibuster is mainly derived from polls conducted by George Gallup’s American Institute of Public Opinion (AIPO) and a few other commercial firms. Consequently, public preferences regarding the filibuster have been measured only sporadically and only when a particularly salient filibuster has taken place. The earliest poll on the filibuster is a July 1937 AIPO poll that shows that a slightly higher percentage of respondents (34 versus 31%, with the other third saying they did not understand the question or had no opinion) opposed than favored a filibuster of President Franklin D. Roosevelt’s plan to expand the size of the Supreme Court (AIPO 1937).2

Gallup’s AIPO surveys later asked about both familiarity with the filibuster and views on reforming or eliminating the practice. In 1947, AIPO found that 48% of respondents understood what the filibuster is and, of those, 78% thought “Congress should do something about the filibuster,” and 57% favored a simple majority threshold for cloture over a two-thirds majority threshold that was in the rule at the time (Public Opinion Quarterly, 1947, 291). In 1949, when the context was the use of the filibuster on civil rights legislation, a majority in every region except the South favored simple majority cloture

2 Roosevelt correctly argued that the public wanted a vote on his plan even if a plurality opposed the plan itself. See Krock (1937) and Clark (1937). For other related 1937 polls, see “Poll on Court” (1937) and “Reports Public Rejects Policies” (1937).
(Strunk 1949, 353-4). The pattern continued in the 1950s and 1960s, with the data showing that a majority of Americans supported the enactment of civil rights legislation and a lower threshold for cloture.³

The event that stimulated the largest number of polls on the filibuster was the 2005 episode involving judicial nominations and the Republican threat to take extraordinary steps to overcome the Democrats’ obstructionism. By a ten-point margin, respondents favored the use of the filibuster (after the practice was described to them). Of those who approved of the Republicans’ stance on the nominations issue, 59% opposed the use of the filibuster. Of those on the Democrats’ side, only 28% opposed the use of the filibuster (Gallup 2005).⁴

If the few available polls are a measure, attitudes about the filibuster seem to be transient. Plainly, there is reason to believe that public support for majority rule and minority rights in the Senate is influenced by whether the public majority supports the policy position of the Senate majority or minority on a salient legislative issue. In the mid-20th century, most Americans disliked the filibuster when civil rights legislation they supported was blocked by a Senate minority; in the first decade of the 21st century, most Americans approved of the filibuster when the most conservative judicial nominees—

³ Typically, questions about filibustering and civil rights were not asked in the same survey so the individual-level relationship between policy and procedural attitudes cannot be determined, even for the few surveys for which individual-level data are available. An exception is a June 1963 Gallup survey. Of those who favored a civil rights law, 58% endorsed simple majority cloture. Of those who opposed a civil rights law, only 38% preferred simple majority cloture (AIPO 1963).
⁴ Gallup also asked the only nuanced question concerning preferences about the nomination fight and the filibuster by asking whether the respondent favored (a) preserving the filibuster and no confirmation vote, (b) favored preserving the filibuster but having a confirmation votes, or (c) changing the rule and getting votes. The survey discovered that 19% favored option (a), 34% favored (b), and 35% favored (c), which seems to indicate at least some measurable separation of preferences about the process and the desired outcome on the confirmation (Gallup 2005).
opposed by most—were blocked by a Senate minority. A reasonable proposition is therefore that public attitudes about the filibuster do not reflect strongly held attitudes about procedure. Strategic advantage seems to structure filibuster preferences, at least for many Americans.

**Core Democratic Values and Procedural Attitudes**

Still, as past polling indicates, the relationship between policy preferences and filibuster attitudes is far from perfect. At least some Americans may view the filibuster as important or legitimate for reasons that go beyond short-term political advantage. Indeed, some Americans may hold views about majority rule and minority rights that are reasonably independent of their partisan and policy attitudes. We examine that possibility here, focusing on the hypothesis that filibuster preferences are connected to more general support for majority rule and minority rights, support for minority political rights, and other core democratic values.

A formidable body of social science reports on citizens’ willingness to support basic democratic institutions and processes. This research dates at least to Stouffer’s 1955 study of political tolerance—an important source of protection of minority rights—during the McCarthy era (on the political tolerance literature, see Gibson 2007a).

However, this literature has not been much concerned with support for majority rule, usually under the assumption that most Americans favor the least difficult democratic

---

5 Schwartz, Caprara, and Vecchione (2010, 423) offer the following definition: “Core political values are overarching normative principles and belief assumptions about government, citizenship, and society.” For a recent study of these values see Goren (2005).
value, rule by the majority.\textsuperscript{6} Most people consider themselves part of the majority (the so-called false consensus effect\textsuperscript{7}) so it is not too difficult to get people to support procedures that empower themselves. The more difficult value to accept is typically the need for the preservation of minority rights, on which very considerable variability exists (Gibson 2008). As a consequence, we might expect that those who weigh minority rights more heavily as an abstract value are more likely to support the filibuster.

Preferences on the balance between majority rule and minority rights have not been given much attention in studies of democratic values in the United States (but see Davis 2007). Perhaps because both majority rule and minority rights are considered democratic values, the tradeoff between them has rarely been investigated in this long-standing literature on tolerance and support for democratic institutions and processes. Indeed, attitudes about majority rule and minority rights are not listed explicitly among the “core beliefs” in the literature on Americans’ political beliefs (Devine 1972; Feldman 1988; Lipset 1979; McClosky and Zaller 1984; Rokeach 1973; Hurwitz and Peffley 1987). Similarly, in the expansive set of studies about procedural attitudes (Hibbing and Theiss-Morse 2001; Durr, Gilmour, and Wolbrecht 1997; Gibson and Caldeira 1995; Tyler 1990; Gibson, Caldeira, and Spence 2003), no study inquires into public support for the tradeoffs between majority rule and minority rights that are essential in constitutions and the rules of parliamentary bodies. From the work of Hibbing and Theiss-Morse (2001), we know that political processes are valued by the mass public and that abstract process preferences are

\textsuperscript{6} On citizens believing themselves to be in the majority or minority as a result of being winners or losers in electoral politics, see Anderson et al. (2005).

\textsuperscript{7} “False consensus” was defined by Ross, Greene and House (1977). A review of the false consensus research can be found in Marks and Miller (1987). For a recent investigation, see Civettini (2007).
to some degree separable from policy preferences.\(^8\) We simply do not know how Americans balance the competing demands of majority rule and minority rights and what effect that balance has on attitudes toward an old and prominent procedural feature of the U.S. Congress—the filibuster.

Some guidance about other factors that might condition change in procedural attitudes can be found. Independent of other political or partisan values, Americans vary in the extent to which they are committed to universalistic principles of law and consider deviations from accepted principles as a source of unfairness (Gibson and Caldeira 1996; Gibson 2004; Gibson, Caldeira, and Spence 2005). If so, then the filibuster attitudes of individuals with stronger universalistic commitments may show less responsiveness to short-term political interests than do the attitudes of others. Thus, a central hypothesis of this research is that attitudes toward parliamentary practices like the Senate filibuster reflect more general political values such as the relative preference for majority rule versus minority rights, and support for the universalistic application of the rule of law.\(^9\)

Plainly, a tension exists in the limited literature on attitudes toward institutional processes and the filibuster. The instrumental hypothesis is that short-term policy goals determine attitudes about procedure, but the alternative hypothesis is that procedural preferences reflect larger and more abstract commitments to democratic institutions and processes. A third hypothesis also deserves attention: the influence of core democratic values on filibuster attitudes is conditional on the strength of short-term partisan and

---

\(^8\) On the relationship between perceptions of decision-making procedures and the legitimacy of judicial institutions, see Zink, Spriggs, and Scott (2009), and Gibson and Caldeira (2011).

\(^9\) A formidable literature on the interconnections of political values and policy preferences has accumulated. See, for examples, Peffley and Hurwitz (1985), Goren (2001), Jacoby (2006), and Malhotra and Margalit (2010).
policy attitudes. That is, these values play a role only in the absence of strong short-term interests.

**Hypotheses and the 2009 Context**

This study explores these contrasting conceptions of public attitudes by examining public attitudes during the 2009 healthcare debate. Democrats, then in the majority in both houses of Congress, pushed and passed healthcare reform legislation. This was four years after the leadership of a Senate Republican majority considered taking extraordinary steps (the “nuclear option”) to circumvent Democratic obstructionism on judicial nominees.\(^\text{10}\) In that context, the 2009 Senate Democrats were unable to pass their initial bill; instead, they found a compromise version that would attract the votes of all 60 members of the party conference, invoke cloture, and thereby overcome Republicans unwillingness to allow a vote.

The public was evenly divided on the healthcare legislation, although opinion trended slightly against the legislation over the fall.\(^\text{11}\) This seemed to strengthen Republican resolve to block a vote by the time legislation was prepared for floor consideration. Predictably, Democrats complained, often bitterly, about Republican obstructionism and liberal commentators insisted that steps be taken to reform Senate rules. Equally predictably, Republicans argued that the Democrats were forcing on the American public a radical policy and that Congress should consider reasonable, moderate legislation, were the Democrats willing to compromise.

---

\(^{10}\) For accounts of the event, see Chaddock (2003), CNN “Senators Compromise,” and Stolberg (2005). Several scholarly articles have examined the controversy, in addition to the historical development of the roles of the filibuster and the “nuclear option,” from a political science approach—see Binder, Madonna, and Smith (2007), Cornyn (2003), and Law and Sodum (2006).

\(^{11}\) For the Gallup poll on healthcare legislation, see Gallup “Majority of Americans.”
In their efforts to influence public opinion, elites often weave arguments about process into their arguments about policy.\textsuperscript{12} The 2009 healthcare debate was archetypal. As the Senate approached a floor debate on healthcare reform in the late fall of 2009, arguments about the super-majority requirements of cloture were made by many political elites and opinion leaders. These debates were often covered in the major newspapers and wire services. Over the last five months of 2009, as Figure 1 shows, mentions of the filibuster in U.S. newspaper and news service stories skyrocketed.\textsuperscript{13} Over 47% of the stories mentioned the arguments of one or both of the top Senate party leaders about the filibuster. Thus, more than is the case for many legislative battles, the 2009 Senate debate over healthcare implicated parliamentary procedure and may have therefore produced public responses to procedural arguments.

[PLACE FIGURE 1 ABOUT HERE]

As far as we can determine, only one prominent national public opinion poll, a CNN-Opinion Research Corporation poll in November, asked directly about the filibuster during the healthcare debate and allowed cross-tabulation with policy views (CNN/Opinion Research Corporation 2009). On the legislation itself, a majority in that poll favored liberal action but a majority also opposed the Democrats’ proposal: 46% favored the House bill that had just passed, 9% opposed the bill but preferred a more liberal alternative (for example, one including the “public option”), and 46% opposed the bill. It seems odd then that a 56-39% majority favored the “use of the filibuster in the U.S. Senate,” the very tool that stymied action and forced compromised legislation.

\textsuperscript{12} On elite influences on mass opinion, see Zaller (1992) and Goren (2005).
\textsuperscript{13} This figure reports the results of our online search using Lexis-Nexis of major U.S. newspapers and wire services mentioning Senate leaders, healthcare legislation, and the filibuster.
Yet, attitudes about the filibuster were correlated with attitudes about the issue. Of those who opposed the House version of the bill (the poll pre-dated floor action on the Senate bill) because it was too liberal, 72% favored use of the filibuster in the Senate; in contrast, 55% of those who favored the House bill opposed use of the filibuster. Although it is difficult to draw conclusions about relationships when only the aggregate marginal frequencies in a study are available, it appears that policy agreement and disagreement determined some of the variation in filibuster preferences, but far from all of it.

The House passed its version 220-215 on November 7, 2009, with just one Republican vote in favor. The Senate Democratic leader, Harry Reid (D-NV), struggled to develop a bill that would attract the necessary 60 votes for cloture. The conspicuous and tawdry process of rounding up enough votes undoubtedly was not popular with the American people, as Hibbing and Theiss-Morse (2001) would predict. Senate floor debate finally started on November 30, 2009, after well-publicized and widely ridiculed concessions yielded the last two votes necessary to defeat the Republican filibuster. With just the required 60 votes, the Senate invoked cloture and approved the compromise and bill on December 24, Christmas Eve.

As in most major filibuster episodes in the Senate, party leaders and others pursued public relations strategies to frame the issue to their advantage. The majority party’s challenge was to attribute obstructionism to the minority party while avoiding blame for being ineffective. Democrats charged that Republicans’ strategy for the Congress was nothing more than to deny President Obama and the Democrats’ legislative victories and then blame the Democrats for ineffectiveness (Drew 2010). The minority party’s challenge was to credibly claim that they were willing to work with the majority, while delaying
action on the majority party's legislation in the hope of building opposition to the less popular parts of the bill, thereby shifting public opinion and senators’ votes, while at the same time avoiding blame for obstructionism.

As important as healthcare is as a public policy issue, its value for our study is that it thrust the Senate's filibuster into the limelight of American politics. Our surveys sought to capitalize on an instance of widespread attention to the processes by which legislation is crafted in Congress.

**Research Design and Methods**

On the basis of past polling, it is tempting to claim that public attitudes about the filibuster are weakly held and manipulable, but such a claim is not readily tested with existing research. The aggregate data in the media polls cited above are subject to the ecological fallacy. Moreover, even when individual-level data are available, cross-sectional, one-shot data allow correlational analysis at one point in time but do not provide a reliable basis for characterizing processes that occur dynamically, such as that of elite persuasion of the public about parliamentary procedures. Furthermore, variables measured at the same time make it difficult to control for reciprocal effects, such as might exist between long-term democratic values and short-term attitudes about the filibuster. Consequently, to evaluate the causes and consequences of attitudes about the Senate filibuster requires a panel study with careful attention to context and how it varies over time.

In August 2009, months before the Senate floor debate began, and in January 2010, just two weeks after the Senate first passed its healthcare bill over a Republican filibuster, we conducted a survey in which attitudes about the filibuster, majority rule, minority
rights, and other matters were measured.\textsuperscript{14} The August 2009 sample ($t_1$) is comprised of 3000 respondents. The January 2010 sample ($t_2$) is comprised of 800 respondents drawn randomly from a portion of the August sample. The panel design allows us to measure change in attitudes, with the major intervening events being the Republican filibuster, conspicuous modification of the bill, successful cloture, and initial passage of the Senate bill.

Consequently, we hypothesize that:

$H_1$: \textit{Partisanship, policy attitudes, and democratic values shape attitudes about the filibuster, and}

$H_2$: \textit{Partisanship, policy attitudes, democratic values, and filibuster attitudes influence blame of the parties for the healthcare bill outcome.}

The panel design allows us to measure attitudes about the filibuster before and after Senate floor action on the healthcare bill. In addition, we measure party identification and democratic values in the first survey so that they are uncontaminated by events of the fall of 2009.

We draw inferences about these hypotheses from our panel in three ways. First, we consider the sequence of cross-sectional relationships between, on the one hand, partisanship, policy attitudes, and democratic values, and, on the other hand, filibuster attitudes at two points in time. This analysis allows us to determine whether the factors driving filibuster attitudes were reshuffled by the intervening events. While it is reasonable to hypothesize that established views of majority rule and minority rights

\textsuperscript{14} ABT/SRBI conducted both surveys. Appendix A provides details about the panel survey. The January 2010 interview was conducted before the Massachusetts senatorial special election that reduced the Democrats’ Senate majority to 59 seats, one fewer than the number of votes required for cloture, and that seemed to reshape elite and public perceptions of the healthcare debate.
influence views of the filibuster, it may be that the relationship is conditional on the absence of strong short-term forces (at t1) associated with the partisan and policy advantages at work in a specific filibuster event. As the salience of the policy debate and associated filibuster increased, the structure of filibuster attitudes may have changed as well. No previous study has been able to assess these possibly varying relationships.

Second, we explore change in filibuster attitudes, where change is measured between the August and January surveys. We ask who changed views of the filibuster over the months of the Senate debate, and estimate a multivariate model to evaluate the independent effects of partisanship, policy attitudes, and democratic values on change in filibuster attitudes. Obviously, with panel data, confidence in causal inferences rises.

Third, we consider the political consequences of filibuster attitudes. This is a cross-sectional question about the effect of filibuster attitudes in January, following initial Senate passage of the healthcare bill, on evaluations of the parties. We estimate a model of blame of the parties. Because attitudes about the filibuster should be strongly held in January, relative to the less politically intense context of the initial survey, this analysis should yield estimates of the strongest likely effect of filibuster attitudes on evaluations of the parties. Appendix B details the measurement of our key variables.

**Attitudes toward The Filibuster**

We began our questioning about the filibuster in the t1 survey by asking whether the respondent had heard of the term (see Appendix B for all question wordings). A large majority (74.5%) said they had. The respondents then were asked to select the correct definition of a filibuster from one of three possibilities. A large majority of the respondents (63.8%) correctly identified the "extended debate" definition, followed by roughly 20%
selecting one of the two foils and about 15% admitting not to knowing the definition.\textsuperscript{15} In addition, when asked how a filibuster in the Senate can be stopped, 47.9% of the respondents correctly replied that a three-fifths majority was required to end a filibuster. More than one third of the respondents (36.5%) know both the meaning of the term and the number of votes required to end a filibuster; only 24.8% know neither of these facts.\textsuperscript{16} Thus, the data indicate a remarkably high degree of awareness of the filibuster at a time when no filibuster was underway on the Senate floor and months before the Senate began floor debate on healthcare reform.\textsuperscript{17}

We then provided all respondents a definition of the filibuster and then asked about approval of the procedure. The respondents were evenly divided, with 47.9% disapproving of the filibuster but 46.1% approving of it. Controlling for self-proclaimed prior knowledge of the filibuster reveals only small differences in attitudes between the knowledgeable and the less knowledgeable. Among the former, 47.0% approved of the filibuster; among the latter, the figure is 43.2%. Thus, the respondents’ attitudes toward the filibuster are not dependent upon holding pre-existing information about the procedure.

Partisan differences in attitudes toward the filibuster were small at \( t_1 \), with 43.4% of the self-proclaimed Democrats supporting the procedure, compared to 50.7% of the self-

\textsuperscript{15} Of those who said they knew the term, 75.8 % selected the correct definition on our next question about the filibuster. Of those who said they had not heard of the term, 29.4 % nonetheless identified the correct definition, compared with only 13.0 % of those who said they did not know if they had ever heard of a filibuster.

\textsuperscript{16} From the responses to these two items, we derived a measure of filibuster knowledge that is simply the number of correct replies to the questions about the definition of the term and the number of votes required to end a filibuster.

\textsuperscript{17} We also considered the hypothesis that \( t_1 \) filibuster attitudes are closely connected to awareness and approval of the Senate. In fact, some relationships exist. Among those claiming the highest attentiveness to the Congress (“a great deal”) support is relatively high (52.3 %) compared with those paying very little attention (41.7 %). Perhaps with attentiveness to the institution comes an understanding of the common justifications for the existence and use of the filibuster.
proclaimed Republicans. Those claiming to be “independents” supported the filibuster at the level of 43.5%. Thus, the data reveal a surprisingly low level of partisan polarization over the filibuster at the time of the initial survey.

**Predictors of Filibuster Attitudes**

As we have noted, we measured general attitudes toward core democratic values: majority rule, minority political rights, and support for the rule of law (see Appendix B). We hypothesize that support for the filibuster is more common among those opposing strict “majoritarianism,” favoring minority rights, and opposing the rule of law, because the filibuster can thwart majority rule, empowers the minority, and provides something of an exception to the general principle of the rule of law (albeit one grounded in the rules of the institution). These political values were all measured during the initial interview. Table 1 reports the relationships between these values and support for the filibuster at $t_1$ and $t_2$. Of course, attitudes toward the filibuster are shaped by factors other than democratic values. We therefore added both partisanship and ideological self-identification to the equations, and, at $t_2$, we supplement the list of independent variables with a set of dummy variables representing policy attitudes close to the time of the healthcare debate. To reiterate, core values and the self-identification variables are measured at $t_1$, filibuster attitudes at both $t_1$ and $t_2$, and policy attitudes only at $t_2$.

[PLACE TABLE 1 ABOUT HERE]

At the time of the initial survey, when talk about the filibuster was relatively muted, support for the procedure represents a mixture of core values and partisan and ideological self-identification (see Table 1A). The best predictor of support for the filibuster is a preference for majoritarianism: those more strongly committed to majority rule opposed
the filibuster more, and this even when controlling for partisan and ideological affiliations. In terms of the number of pro-majority rule answers given to our three questions (data not shown), support for the filibuster varies by nearly 20 points, from 58.3% (no pro-majority responses) to 40.2% (3 pro-majority rule responses). On the other hand, support for the liberty of an unpopular political minority has nothing to do with filibuster attitudes; nor do preferences regarding the rule of law. The table also reveals that conservatives and Republicans are more likely to favor the filibuster, and the effects of these two identities are independent and roughly equivalent. That the bivariate and multivariate coefficients are similar for both identity variables suggests that the effects of partisanship and ideology are in fact independent and not closely redundant and intertwined.

Second, these relationships are far different at the time of the $t_2$ interview. While at $t_1$ those more supportive of majority rule were less favorably oriented toward the filibuster ($r = -0.12$), these same individuals were more favorably predisposed to the filibuster at $t_2$ ($r = +0.13$). The change is substantial. Those least favorable toward majority rule at $t_1$ supported the filibuster at the level of 58.3%; at $t_2$, this percentage changes little – 54.9%. At $t_1$, 40.2% of those most favorable toward majority rule supported the filibuster; at $t_2$, this percentage climbed dramatically to 70.7%. The data at $t_2$ also reveal that support for minority political liberty became substantially more important in terms of its connection to filibuster preferences. Those favoring the protection of minority liberty tended to support the filibuster, although the relationship is fairly weak (although statistically significant).

In our multivariate estimates for $t_2$, filibuster attitudes were much less closely connected to democratic values than they were at $t_1$. Indeed, the negative relationship between preferences for majoritarianism is reduced to zero at $t_2$, and even the marginally
significant multivariate coefficient for support for minority political liberty is quite weak (with those tending to support the rights of disliked minorities tending to favor the filibuster).

An important finding reported in Table 1B concerns the increase in the impact of party identification on filibuster attitudes, which is seen in both the bivariate and multivariate coefficients. Roughly speaking, the bivariate relationship of party identification and filibuster preferences doubles at the second interview. Even in the multivariate equation, which of course includes a control for ideological identification, the effect of party id increases from .07 to .11, even while the multivariate effect of ideological self-identification remains roughly constant at $t_1$ and $t_2$. Thus, we see evidence of significant partisan sorting of attitudes between the two interviews.

Table 1B also documents the influence of healthcare policy preferences on filibuster support. The omitted variable for the healthcare set of dummy variables is support for the Senate bill; compared with supporters of the bill, opponents of the bill are significantly more likely to support the filibuster. The coefficients for those preferring a more liberal bill and for those who are neutral or don’t know are no different from those supporting the bill (i.e., the coefficients on the dummy variables do not achieve statistical significance). The independent effect of healthcare opposition is modest, but the ideology and policy attitude variables help in the multivariate equation to clarify the impact of party identification: Republicans, irrespective of where they stand on policy generally and the healthcare legislation, are more likely to favor the filibuster at $t_2$.

As we have noted, the most substantial change from the first interview to the second interview is in the relationship between majoritarianism and support for the filibuster. The
signs on the bivariate coefficients flip; the significant multivariate effect at t₁ is driven to zero at t₂. How should these findings be understood?

The bivariate results suggest that a revision in understandings of the filibuster took place among some citizens (in part because we presume that values are more resistant to change in the short term). The analysis above indicates that this change took place overwhelmingly among those with strong majoritarian values. Because of this, the influence of party identification strengthened; party polarization in filibuster attitudes increased. The increased influence of party identification at t₂ then obliterates the multivariate relationship between majoritarianism and filibuster support. (Note that the relationship between party identification and majoritarianism remains constant—r = .26—because both are measured at t₁.) By the end of the health care debate, the dominant predictor of whether one supported the filibuster was party identification, followed by considerably lesser roles of opposition to the health care bill, ideological identification, and support for minority rights.¹⁸

To this point, we have examined the correlates of filibuster preferences at two points in time, and we have discovered some important differences in the strength of the

¹⁸ The Senate Republican leader, Mitch McConnell (KY), along with other Republican senators and opinion leaders, insisted that the public had turned against the Democrats’ health care reform legislation. Typical of his comments was his observation at a December 16 press conference—reported by UPI in a story entitled, “McConnell: Public Down on Healthcare Plan”—that the Democrats’ “problem is the American people who are saying to them quite loudly and consistently in all the polls, you know, ‘Do not pass this bill.’” In that story, McConnell is reported to have “declined to reveal what procedural moves he may employ,” but it was clear in most of the media coverage that Republicans intended to force cloture votes at all key stages in Senate consideration of the bill. As the Washington Post reported a few days later, “GOP leaders, who have vowed to use every available tactic to keep the measure from advancing, invoked a rarely used Senate rule to require that the entire 383-page package of amendments introduced by Reid Saturday morning be read aloud on the floor, a process that consumed about seven hours” (Washington Post, December 20, 2009, A01).
relationships. Because our data are panel data, the next logical step in our analysis is to examine change in filibuster preferences.

**Change in Attitudes about the Filibuster**

Because we repeated the filibuster approval question during the $t_2$ survey, we can assess the degree to which filibuster attitudes changed over the course of the six months or so between the two interviews. The correlation between the two responses is .31, indicating some degree of attitude stability. Between the two interviews, 23.4% of the respondents became less supportive of the filibuster, 41.5% did not change their attitudes, and 35.1% became more supportive. Of those approving of the filibuster in 2009, a large majority (72.9%) also approved of it in 2010 (see Table 2). Conversely, of the opponents in 2009, 52.4% continued their opposition to the procedure in 2010. Respondents uncertain in 2009 broke evenly in 2010, with 42.6% becoming opponents of the filibuster and 42.6% become proponents of it. Across the two surveys and ignoring the intensity of the responses, 60.6% of our respondents expressed the same view of the filibuster at both interviews (data not shown).\(^{19}\)

[PLACE TABLE 2 ABOUT HERE]

Stability in filibuster attitudes is connected to how well the respondent was informed about the procedure at the time of the initial interview. Among those most knowledgeable about the filibuster at the initial interview, the cross-interview correlation is .43 (N = 312); among those unfamiliar with the procedure, the correlation is .20 (N = 173). Not surprisingly, there was considerable attitude crystallization between the two

\(^{19}\) The following equation connects attitudes toward the filibuster at the two time points: Filibuster $t_2 = 2.26 + .32 \times$ Filibuster $t_1$. The OLS coefficients are highly statistically significant.
interviews, which is also reflected in the finding that “don't know” replies were cut in half from the initial to the subsequent interview: 5.9% versus 2.8%, respectively.

Indeed, that crystallization can be readily seen in the connection of filibuster attitudes to partisan and ideological self-identifications at both points in time. Recall from the cross-sectional analyses that, at \( t_1 \), the correlation between filibuster attitudes and party identification was .14; with ideological self-identification, the correlation also was .14. Republicans and conservatives were slightly more supportive of the filibuster. By the time of the second interview, these coefficients had roughly doubled, to .30 and .27, respectively. To illustrate, at \( t_2 \), 44.5% of the strong Democrats supported the filibuster, whereas the figure for strong Republicans was 87.2%. We suspect that this crystallization of attitudes is a systematic response to the intervening events between the two interviews in the panel. Still, it is important to note that even following the Senate vote, homogeneity of attitudes was dramatically more commonplace among Republicans than it was among Democrats.

Furthermore, in the aggregate, it is Republicans who changed their views the most. The percentage of Republicans supporting the filibuster in the first interview was 58.5%; this number climbed to 75.3% at the time of the second interview. For Democrats, the two percentages are 45.1% and 46.9%, respectively. Independents are in-between Republicans and Democrats, with support increasing from 47.7% to 58.3%. A reasonable speculation from these data – to be considered more fully below – is that Republicans became aware of the partisan advantages of the filibuster during the six months between the first and second interviews. Democrats, however, failed to recalibrate their attitudes toward the

---

20 Party and ideological identification variables were only measured during the initial interview.
filibuster, despite the seeming partisan advantages of doing so.

At the micro-level, change in filibuster attitudes does in fact vary with party identification: only 17.1% of Republicans became less supportive of the filibuster whereas 29.7% of the Democrats lowered their support (for independents this figure is 24.9%). At the same time, however, there seems to be more to filibuster attitudes than simple partisan advantage inasmuch as 25.8% of the Democrats became more supportive of the procedure, compared to 41.7% of the Republicans. That partisan advantage does not tell the full story of filibuster attitudes is indicated by the 25.8% of the Democrats and 17.1% of the Republicans who changed their attitudes in the “wrong” direction.

Perhaps the key predictor of filibuster attitude change is not simple partisanship but rather the policy advantages associated with the filibuster in the healthcare episode. In terms of simple support or opposition to the final bill passed by the Senate, a large difference in filibuster attitude change is observed, with opponents of the bill being considerably more likely to have increased their support for the filibuster as compared to supporters of the bill (40.6% versus 25.0%, respectively). This suggests a policy motivation for attitude change.

Multivariate Analysis
Table 3 reports the results of regressing change in filibuster attitudes on the core political values, ideological and partisan self-identification, and a set of three dummy variables representing attitudes toward the healthcare bill in the Senate (with support for the bill constituting the omitted category for the dummy variable set). This analysis parallels that reported in Table 1B, except that the dependent variable is change in support for the filibuster from the 2009 to the 2010 interviews.
Only a single predictor is significantly related to change in filibuster support. Mirroring some of the bivariate findings, those more strongly committed to majoritarianism were more likely to become more supportive of the filibuster. Change in one’s filibuster position is connected to one’s preferences on the balance between majority rule and minority rights. None of the other predictors significantly influence change in attitudes toward the filibuster. Party identification, for instance, has a significant bivariate correlation with filibuster change, but that coefficient is reduced to non-significance in the multivariate equation. The same can be said of policy attitudes – in the multivariate case, the coefficients for policy attitudes are indistinguishable from zero.

To recap the crucial empirical observations: (1) those favoring majority rule at the time of the initial interview were less likely to favor the filibuster. (2) At the 2010 interview, those with majoritarian values were more likely to favor the filibuster, although this effect is reduced to non-significance when party identification is added to the equation. (3) Attitudes toward the filibuster at $t_2$ were significantly more polarized by party than at $t_1$. This is because Republicans changed their view of the procedure. (4) Statistically, the effects of majoritarian values on filibuster preference change outweighs the effects of partisanship, ideology, and healthcare opinions.

These findings may be susceptible to different understandings. One view is that American people simply do not hold stable procedural attitudes. At one point of time, filibuster attitudes correctly reflected long-term procedural attitudes on majority rule and minority rights. At another point of time, especially when filibuster became salient, people change their filibuster attitudes away from their long-term procedural attitudes. This
inconsistency is so strong among those favoring majoritarianism that the majoritarianism variable becomes the single most important predictor for the filibuster attitude change. As such, the majoritarianism value itself might not be a strongly held attitude in people’s mind.

A distinct but compatible view is that those with majoritarian values came to see the filibuster in a different light. In 2009, those favoring majoritarianism felt that the filibuster was a tool for protecting the interests of the minority, not themselves. But over the course of the healthcare debate, something changed. That change may have been the result of successful elite framing of the filibuster debate, recasting the procedure as a tool for protecting the rights of the majority from “out-of-control” Democrats. The Democrats, the majority party in Congress, were painted as advancing interests contrary to the views of the *popular majority*. Since people typically view themselves as being in the majority (the so-called “false consensus effect”), policy actions in the Senate of which they disapproved were persuasively portrayed as a scheme of a legislative minority.

Which elites made these appeals? Obviously, Republicans and opponents of healthcare reform. Their arguments were persuasive, in part because those holding majoritarian values were more likely to be Republican and opponents of healthcare reform. In short, the elites were credible with a portion of the American people, and the way in which the issue was framed fit with the pre-existing values of the constituency of these elites.\footnote{Without accepting the elite as credible, the re-framing would have likely failed. Without the pre-existing values of support for majority rule, the effort to re-frame the issue would have fallen on deaf ears.} This process has much in common with that proposed by Gibson and Howard (2007) to explain the failure of anti-semitism to become pernicious in the Former Soviet Union. On framing more generally, see Druckman (2004), Entman (2004), and Chong and Druckman (2007a; 2007b).
This, then, suggests an interaction between party identification and majoritarian values, which in fact we observe. Simply put, the correlation between party identification and change in filibuster attitudes is dependent upon the level of support for majoritarianism: the correlations are .03, .01, .25, and .40, for the four levels of majoritarianism, from low to high, indicating that for those with minoritarian values, party identification is disconnected from filibuster opinions, while the relationship is reasonably strong for those with majoritarian values. Conversely, for the three types of party identifications, the correlations between majoritarianism and filibuster change are .09, .23, and .28, for Democrats, Independents, and Republicans, respectively. These coefficients indicate that change toward favoring the filibuster was particularly great among those Republicans who hold pro-majoritarian values.

The specific context of the healthcare debate gives structure to these responses. We suspect that many who opposed the Senate bill came to believe that a minority was attempting to force the legislation on the majority. While this obviously cannot be so in terms of the majority in Congress, bill opponents may have believed that the majority in Congress was out of sync with the majority of the American people. For them, the filibuster may have come to be seen as a means of protecting majority rights, not minority rights.

**Determinants of Filibuster Attitudes and Party Evaluations**

The healthcare bill that emerged from Congress is far different from the one that was initially proposed. As a result of a united Republican opposition, the filling of the late Senator Kennedy’s seat by Republican Scott Brown, and some recalcitrant Democratic

---

22 When we estimate a simple equation predicting filibuster attitude change from majoritarianism, party identification, and the interaction of majoritarianism and party id, we find a significant increase in the explained variance (and, of course, a significant coefficient for the interaction term).
senators, numerous compromises were made in order to pass the legislation. Under such circumstances, it should not be surprising that there is as much blame for the passage of the legislation as there is credit. Among our respondents, about one-half (52.5%) ascribed some blame to the Republicans for the legislation at $t_2$. But nearly two-third (78.1%) blamed the Democrats to at least some extent for the outcome. And, Democrats were also far more likely to be blamed “a great deal” for the outcome (41.0%) than Republicans (16.7%). Under these circumstances, it should not be surprising to learn that 42.2% blamed both the Democrats and the Republicans for the specific version of the healthcare bill that was passed by the Senate. Moreover, the correlation of blaming the Democrats and blaming the Republicans is +.35.

How much do filibuster attitudes figure into these allocations of blame? To answer this question, we focus on filibuster preferences as expressed in the second interview. Support for the filibuster is positively correlated with blaming the Democrats ($r = .16$), but negatively correlated with blaming the Republicans ($r = -.24$). For instance, 71.8% of the filibuster supporters blame the Democrats to at least some degree for the bill; only 11.8% blame the Republicans.

Table 4 reports a multivariate analysis of blame attributions for the legislative outcome, with separate panels for blame for the Democrats and the Republicans. The first finding supported by these tables is that preferences on healthcare reform generally predict blame for the Democrats. Opponents of reform blame Democrats for the bill, as do those who believe the bill did not go far enough (and even those who are uncertain about the bill). In terms of blaming Republicans, the relationships are small and not significant – one’s policy preferences on the legislation have little to do with ascriptions of Republican
In terms of blaming Republicans, the most interesting finding is that, beyond simple partisanship, which is a moderate predictor as expected, attitudes toward the filibuster are associated with blame attributions. Indeed, filibuster attitudes are as strong predictors as preferences on the substantive legislation. Those who oppose the filibuster tend to blame the Republicans more, even controlling for general political values, party and ideological identification, and policy preferences. The same is not true of blaming Democrats.

These findings suggest some important qualifications to the popular understanding of the healthcare reform controversy. First, majority party Democrats received a great deal of blame for the legislation. This blame is heterogeneous, made up of those opposing reforms, believing reform should go further, and those who (we suspect) found the legislative process entirely too messy. Republicans do not suffer from this sort of coalition of blamers.

When it comes to blaming minority party Republicans, three factors stand out. First, Republicans are blamed by Democrats, and this is independent of policy and procedural disagreements. This coefficient, therefore, may be thought of as representing the partisanship in the controversy, and, we note, blame for Democrats has a considerably smaller portion of partisanship associated with it. Republicans also are blamed out of substantive policy disagreements, although to a lesser degree than Democrats.

Finally, procedure matters. Some of the blame of the Republicans is associated with

---

23 In terms of the bivariate relationship, eta between blame attributions and a four-category policy variable is .29. Eta for the filibuster support measure is .26. For blaming Democrats, policy preferences are clearly superior to filibuster attitudes: eta = .42 and .20, respectively.
filibuster attitudes. None of the blame for the Democrats is connected to process attitudes. In the end, Republicans suffered from their use of the filibuster in the healthcare debate.24

Discussion

Knowledge of the filibuster among the mass public is more widespread than heretofore imagined. At the time of our initial interview (summer 2009), the public was about evenly divided in terms of support for the filibuster. Before the battle on healthcare moved into full speed, attitudes toward the filibuster were connected to more general democratic values, with those favoring majority rule more than minority rights tending to oppose the filibuster. Something happened during the healthcare debate to alter public opinion. Republicans and bill opponents became more supportive of the filibuster; Democrats and bill supporters changed their views little. As a result, partisan polarization on the value of the filibuster increased at t2. Those favoring majority rule reversed their views, now expressing support rather than opposition to the filibuster.

We suspect that the efforts of elites opposed to the legislation to re-frame the issue of the filibuster were key in restructuring opinion among bill opponents in the general

24 We also asked the respondents to judge whether the actions of the parties were “appropriate and reasonable.” For the Republicans, we asked about the use of the filibuster; for the Democrats, this question referred to the substantive compromises on the bill in order to attract the votes necessary to invoke cloture. In both instances, these variables are moderately associated with party blame: for the Republicans, the correlation is .34; for the Democrats, .33. We did not include these variables in the models reported in Tables 4A and 4B because we consider blame and “appropriateness” to be conceptually quite similar. However, were we to add these measures to the equations in Tables 4A and 4B (respectively), we would discover that these judgments of appropriateness have non-trivial and highly significant (p < .001) effects on blame attributions. In the case of Republican blame, the addition of the measure of whether the Republicans’ actions on the filibuster were reasonable drives the filibuster preference measure to non-significance, a finding that supports our view that blame of the Republicans is to a considerable degree procedural. For the Democrats, blame is associated with substantive compromise on the legislation connected to the procedural requirements of the Senate.
public. Anti-healthcare reform leaders were successful to at least some degree in re-defining the Democratic Senate majority as a minority, out of step with the majority viewpoint in the country. Of course, appeals to their followers were made on the substantive grounds of opposing healthcare reform. But the anti-reform forces also may have been successful at framing the issue for their followers in the general public as one of majority preferences. Because filibuster attitudes were connected to these larger and more stable views about the relative value of majority rule and minority rights, these appeals resonated with the most majoritarian portion of the population, which is disproportionately Republican and conservative, causing the connection between values and filibuster support to reverse itself.

Blaming Republicans was related to filibuster attitudes, but blaming the Democrats was not, controlling for partisanship, ideology, and policy views. Thus, if any blame is associated uniquely with procedural strategies, it is assigned to the minority Republicans.

Understanding the healthcare episode can only be accomplished by understanding the dynamics of the process, inasmuch as many elements of the debate changed over a relatively short period of time. Beyond healthcare reform itself, our analysis contributes to understanding several larger and more theoretical processes that have long been the concern of political scientists.

The inter-play of elite strategies and the public’s attitudes and behavior is, perhaps, the core of the study of democratic politics (see Erikson, MacKuen, and Stimson 2002, and Zaller 1992). While the inter-play is registered formally in elections and through policy enactments, it is a continuous process that is seldom studied at the level at which it is pursued by presidents and legislators—issue by issue in a temporally overlapping
sequence of policy-making episodes in legislatures, executive mansions, agencies, and courts. Naturally, we expect the elite and public attitudes about substantive public policy to be the primary ingredient in this interactive process, we often hear elites appeal to the public on procedural grounds. These appeals can in fact make a difference in politics.

Those who study the connections between core democratic values and policy preferences sometimes fail to recognize that the basic relationships between values and preferences are susceptible to change. How the mass public understands and categorizes an issue is not obdurate. Elites often urge their followers to re-think how preferences map onto values, and, on occasion, these efforts succeed. We are unsure whether the volatility of values–preferences relationship extends beyond procedural issues such as the filibuster, but this question is worthy of further investigation.

While no serious scholar of political science would assert that procedural attitudes dominate substantive policy preferences, our analysis suggests that citizen evaluations of procedures are relevant for politics. Something went wrong for the Democrats on the healthcare issue – they did not receive the credit for reform that they expected – and it seems possible to us that some of the explanation for the credit deficit has to do with the procedures of lawmaking. Our analysis suggests that procedural principles of majority rule and minority rights may well influence how policies, parties, and perhaps even institutions are judged.

Of course, we realize that the public's attitude about the filibuster may have had stronger independent effects if the legislative outcome had been different. As it turned out, our $t_2$ survey of attitudes about the parties, legislation, and filibustering occurred after the Senate passed the legislation with 60 votes, precisely the requisite number, and at a time
when House-Senate negotiations were expected to be successful. Attitudes about the exercise of majority rule and particularly minority rights may have intensified and become more influential if the healthcare legislation had been blocked by a filibuster during the Senate’s initial consideration of the legislation or later when voting on the bill’s final passage.

We certainly concede that more needs to be learned about how citizens perceive procedural abuse and connect it to their political judgments. This initial foray into this matter has, at a minimum, revealed that citizens have meaningful attitudes toward procedures such as the filibuster, and that, under at least under some conditions, these attitudes influence political preferences and assessments of our political parties. Specifying the conditions that cause values and policy preferences to converge and diverge should be a prime goal of future research by students of public opinion.
References


Figure 1. Mentions of Senate Filibuster in Major U.S. Newspapers and Wire Services, August-December 2009.

Source: LexisNexis Academic, mentions of "Senate" and "filibuster" in "U.S. Newspapers and Wires."

35
## Table 1  Predictors of Support for Filibuster

<table>
<thead>
<tr>
<th>Predictor</th>
<th>r</th>
<th>b</th>
<th>s.e.</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. First Interview</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Majoritarianism&lt;sub&gt;t1&lt;/sub&gt;</td>
<td>-.12</td>
<td>-.24</td>
<td>.05</td>
<td>-.18***</td>
</tr>
<tr>
<td>Support for Minority Political Liberty&lt;sub&gt;t1&lt;/sub&gt;</td>
<td>-.01</td>
<td>.04</td>
<td>.06</td>
<td>.03</td>
</tr>
<tr>
<td>Support for the Rule of Law&lt;sub&gt;t1&lt;/sub&gt;</td>
<td>.00</td>
<td>-.03</td>
<td>.07</td>
<td>-.02</td>
</tr>
<tr>
<td>Ideological Identification&lt;sub&gt;t1&lt;/sub&gt;</td>
<td>.14</td>
<td>.06</td>
<td>.02</td>
<td>.11**</td>
</tr>
<tr>
<td>Party Identification&lt;sub&gt;t1&lt;/sub&gt;</td>
<td>.14</td>
<td>.07</td>
<td>.02</td>
<td>.13**</td>
</tr>
<tr>
<td>Intercept</td>
<td></td>
<td>3.12</td>
<td>.26</td>
<td></td>
</tr>
</tbody>
</table>

Dependent Variable Standard Deviation = 1.23; Standard Error of Estimate = 1.20; \( R^2 = .05***; N = 798 \)

<table>
<thead>
<tr>
<th><strong>B. Second Interview</strong></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Majoritarianism&lt;sub&gt;t1&lt;/sub&gt;</td>
<td>.13</td>
<td>.02</td>
<td>.05</td>
<td>.01</td>
</tr>
<tr>
<td>Support for Minority Political Liberty&lt;sub&gt;t1&lt;/sub&gt;</td>
<td>.10</td>
<td>.13</td>
<td>.06</td>
<td>.09*</td>
</tr>
<tr>
<td>Support for the Rule of Law&lt;sub&gt;t1&lt;/sub&gt;</td>
<td>.16</td>
<td>.09</td>
<td>.07</td>
<td>.05</td>
</tr>
<tr>
<td>Ideological Identification&lt;sub&gt;t1&lt;/sub&gt;</td>
<td>.27</td>
<td>.06</td>
<td>.02</td>
<td>.11**</td>
</tr>
<tr>
<td>Party Identification&lt;sub&gt;t1&lt;/sub&gt;</td>
<td>.30</td>
<td>.11</td>
<td>.03</td>
<td>.18***</td>
</tr>
<tr>
<td>Healthcare: Oppose Senate Bill&lt;sub&gt;t2&lt;/sub&gt;</td>
<td>.25</td>
<td>.31</td>
<td>.13</td>
<td>.12*</td>
</tr>
<tr>
<td>Healthcare: Prefer More Liberal Bill&lt;sub&gt;t2&lt;/sub&gt;</td>
<td>-.03</td>
<td>.22</td>
<td>.14</td>
<td>.06</td>
</tr>
<tr>
<td>Healthcare: Neutral (Don’t Know/Refused)&lt;sub&gt;t2&lt;/sub&gt;</td>
<td>-.04</td>
<td>.10</td>
<td>.13</td>
<td>.03</td>
</tr>
<tr>
<td>Intercept</td>
<td></td>
<td>1.52</td>
<td>.28</td>
<td></td>
</tr>
</tbody>
</table>

Dependent Variable Standard Deviation = 1.28; Standard Error of Estimate = 1.21; \( R^2 = .13***; N = 798 \)

Range of dependent variable: 1 → 5. Cases weighted by \( t_2 \) weights.

***p < .001  **p < .01  *p < .05; \( \beta \) = standardized regression coefficient.
Table 2  Change in Attitudes Toward the Filibuster

<table>
<thead>
<tr>
<th>Attitude at t₁</th>
<th>Attitude at t₂</th>
<th>Disapprove</th>
<th>Uncertain</th>
<th>Approve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disapprove</td>
<td></td>
<td>52.4</td>
<td>42.6</td>
<td>24.9</td>
</tr>
<tr>
<td>Uncertain</td>
<td></td>
<td>2.0</td>
<td>14.9</td>
<td>2.2</td>
</tr>
<tr>
<td>Approve</td>
<td></td>
<td>45.6</td>
<td>42.6</td>
<td>72.9</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>349</td>
<td>47</td>
<td>406</td>
</tr>
</tbody>
</table>

Table 3  Predictors of Change in Support for Filibuster

<table>
<thead>
<tr>
<th>Predictor</th>
<th>r</th>
<th>b</th>
<th>s.e.</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Majoritarianism t₁</td>
<td>.21</td>
<td>.26</td>
<td>.06</td>
<td>.17***</td>
</tr>
<tr>
<td>Support for Minority Political Liberty</td>
<td>.09</td>
<td>.10</td>
<td>.07</td>
<td>.06</td>
</tr>
<tr>
<td>Support for the Rule of Law</td>
<td>.14</td>
<td>.13</td>
<td>.08</td>
<td>.06</td>
</tr>
<tr>
<td>Ideological Identification</td>
<td>.12</td>
<td>.01</td>
<td>.03</td>
<td>.02</td>
</tr>
<tr>
<td>Party Identification</td>
<td>.14</td>
<td>.04</td>
<td>.03</td>
<td>.06</td>
</tr>
<tr>
<td>Healthcare: Oppose Senate Bill</td>
<td>.16</td>
<td>.12</td>
<td>.15</td>
<td>.04</td>
</tr>
<tr>
<td>Healthcare: Prefer More Liberal Bill</td>
<td>-.01</td>
<td>.09</td>
<td>.17</td>
<td>.02</td>
</tr>
<tr>
<td>Healthcare: Neutral (Don't Know/Refused)</td>
<td>-.08</td>
<td>-.17</td>
<td>.15</td>
<td>-.05</td>
</tr>
<tr>
<td>Intercept</td>
<td>-1.62</td>
<td>.33</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dependent Variable Standard Deviation = 1.48; Standard Error of Estimate = 1.43; R² = .07***; N = 798; ***p<.001  **p<.01  *p<.05; β = standardized regression coefficient.
## Table 4  Predictors of Party Blame Attributions

<table>
<thead>
<tr>
<th>Predictor</th>
<th>r</th>
<th>b</th>
<th>s.e.</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Blaming Democrats</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Majoritarianism</td>
<td>.21</td>
<td>.08</td>
<td>.04</td>
<td>.07*</td>
</tr>
<tr>
<td>Support for Minority Political Liberty</td>
<td>.16</td>
<td>.14</td>
<td>.05</td>
<td>.10**</td>
</tr>
<tr>
<td>Support for the Rule of Law</td>
<td>.22</td>
<td>.11</td>
<td>.06</td>
<td>.07</td>
</tr>
<tr>
<td>Ideological Identification</td>
<td>.19</td>
<td>-.03</td>
<td>.02</td>
<td>-.06</td>
</tr>
<tr>
<td>Party Identification</td>
<td>.28</td>
<td>.06</td>
<td>.02</td>
<td>.12**</td>
</tr>
<tr>
<td>Healthcare: Oppose Senate Bill</td>
<td>.39</td>
<td>.96</td>
<td>.11</td>
<td>.39***</td>
</tr>
<tr>
<td>Healthcare: Prefer More Liberal Bill</td>
<td>-.01</td>
<td>.54</td>
<td>.12</td>
<td>.15***</td>
</tr>
<tr>
<td>Healthcare: Neutral (Don’t Know/Refused)</td>
<td>-.08</td>
<td>.34</td>
<td>.11</td>
<td>.11**</td>
</tr>
<tr>
<td>Support for Filibuster</td>
<td>.16</td>
<td>.02</td>
<td>.03</td>
<td>.02</td>
</tr>
<tr>
<td>Intercept</td>
<td></td>
<td>2.25</td>
<td></td>
<td>.25</td>
</tr>
</tbody>
</table>

Dependent Variable Standard Deviation = 1.18; Standard Error of Estimate = 1.05; $R^2 = 0.21***; N = 793

<table>
<thead>
<tr>
<th>Predictor</th>
<th>r</th>
<th>b</th>
<th>s.e.</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B. Blaming Republicans</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Majoritarianism</td>
<td>-.21</td>
<td>-.15</td>
<td>.05</td>
<td>-.10**</td>
</tr>
<tr>
<td>Support for Minority Political Liberty</td>
<td>-.01</td>
<td>.03</td>
<td>.06</td>
<td>.02</td>
</tr>
<tr>
<td>Support for the Rule of Law</td>
<td>-.12</td>
<td>-.04</td>
<td>.07</td>
<td>-.02</td>
</tr>
<tr>
<td>Ideological Identification</td>
<td>-.25</td>
<td>-.02</td>
<td>.03</td>
<td>-.03</td>
</tr>
<tr>
<td>Party Identification</td>
<td>-.34</td>
<td>-.14</td>
<td>.03</td>
<td>-.21***</td>
</tr>
<tr>
<td>Healthcare: Oppose Senate Bill</td>
<td>-.25</td>
<td>-.26</td>
<td>.14</td>
<td>-.09</td>
</tr>
<tr>
<td>Healthcare: Prefer More Liberal Bill</td>
<td>.12</td>
<td>.11</td>
<td>.15</td>
<td>.03</td>
</tr>
<tr>
<td>Healthcare: Neutral (Don’t Know/Refused)</td>
<td>.03</td>
<td>-.29</td>
<td>.14</td>
<td>-.08*</td>
</tr>
<tr>
<td>Support for Filibuster</td>
<td>-.24</td>
<td>-.14</td>
<td>.04</td>
<td>-.13***</td>
</tr>
<tr>
<td>Intercept</td>
<td></td>
<td>4.80</td>
<td></td>
<td>.31</td>
</tr>
</tbody>
</table>

Dependent Variable Standard Deviation = 1.40; Standard Error of Estimate = 1.29; $R^2 = 0.16***; N = 793

Range of dependent variable: 1 —> 5. Cases weighted by $t_2$ weights. ***$p < .001$ **$p < .01$ *$p < .05$ 

$\beta$ = standardized regression coefficient.
Appendix A: Panel Survey Design

This survey is based on a nationally representative sample. The survey, conducted by Schulman, Ronca, and Bucuvalas Inc. (ABT-SRBI), was fielded during the summer of 2009, using Computer Assisted Telephone Interviewing. Within households, the respondents were selected randomly. The interviews averaged around 23 minutes in length. The AAPOR Cooperation Rate #3 was 44.2% and the AAPOR Response Rate #3 was 27.6% (see AAPOR 2000), which is slightly below the average of telephone surveys these days (Holbrook, Krosnick, and Pfent 2007). The final data set was subjected to some relatively minor post-stratification and was also weighted to accommodate variability in the sizes of the respondents’ households. The initial questionnaire was subjected to a formal test, and, on the basis of the results of the pretest, was significantly revised. A Spanish-language version of the questionnaire was prepared and used upon the request of the respondent (2.1%).

The t₂ survey was conducted in early 2010, with 800 interviews being completed out of a subsample from the initial survey of 1,290 eligible respondents. The sample of t₁ respondents was drawn as a stratified random sample from the t₁ population. The AAPOR Cooperation Rate #3 was 82.9% and the AAPOR Response Rate #3 was 66.7%. A tiny number of t₂ interviews (1.0%) were completed in Spanish.

Appendix B: Measurement

Knowledge of and Attitudes toward the Filibuster: The sequence of questions we used to measure views of the filibuster in the initial interview are:

• With respect to the United States Senate in Washington, have you ever heard of the term “filibuster?” (1) Yes; (2) No
• In your opinion, can you say which of the following is the best definition of the term “filibuster?” (RANDOMIZE 1-3) (1) Extended debate intended to prevent a vote on an issue in the Senate; (2) A presidential veto of legislation passed by the Senate; and (3) Banning all amendments during the consideration of a bill in the Senate.

• As it turns out, a filibuster is a means by which a minority of Senators can extend debate endlessly and thereby prevent a vote on an issue in the Senate. In general, what’s your opinion of allowing the minority to block a vote on a piece of legislation? (1) Strongly approve; (2) Approve; (3) Disapprove; and (4) Disapprove strongly.

• There are procedures by which a filibuster in the Senate can be stopped. Which of the following statements best describes how a filibuster in the Senate can be stopped? (RANDOMIZE 1-3) (1) by a simple majority – 51 senators if all 100 are voting; (2) by a 3/5s majority – 60 or more senators; and (3) all senators must agree to stop the filibuster.

Blame for Political Parties: We measured party blame attributions via:

• How much do you blame the [Democratic majority/Republican minority] for the specific version of the healthcare bill that was passed by the Senate? Would you say that you blame the [majority/minority a great deal, some, not very much, or not at all?]

Preferences for Majority Rule: We measured the degree to which the respondents favored majority rule even at the expense of minority rights or the degree to which minority rights were favored even at the expense of majority rule. The measures we employed are:

• Which of the following statements do you agree most with? (a) For democracy to work best, the will of the majority must be followed OR (b) For democracy to work best, the rights of minorities must be protected? (42.8% adopt the majoritarian position: a.)

• The majority often tramples upon the rights of legitimate minorities. (41.9% adopt the majoritarian position: disagree)

• If I had to choose between allowing the majority to get what they want or protecting
the rights of the minority, I would choose protecting the rights of the minority. (24.2% adopt the majoritarian position: disagree)

Thus, in general, these respondents expressed a considerable degree of support for minority rights in the abstract, although great disagreement exists on this issue. For example, one the first item (above) 42.8% selected the majoritarian position; 42.7% adopted the minoritarian position.25

When these three items are factor analyzed, a single dominant factor emerges (eigenvalue$_1 = 1.55$, accounting for 51.6% of the common variance; eigenvalue$_2 = .80$, accounting for 26.5% of the common variance). The best indicator of the concept is the forced-choice item (the first measure listed above). The item set is at least modestly reliable for an index with such a small number of indicators, with a Cronbach’s alpha of .53 and a mean inter-item correlation of .27. We have created a measure of support for majoritarianism that is simply the average response to the three statements. For some descriptive purposes, we also use an index indicating the number of majoritarian responses to the three items. On this measure, 10.6% of the respondents gave majoritarian responses to all three of the items; 33.9% gave no majoritarian responses. Once more we see in these data a substantial tilt in favor of minority rights.

---

25 One additional item was included in the survey: “In American politics these days, the views of the majority of the American people are too often ignored.” (69.2% adopt the majoritarian position: agree). The last item does not fit well with the others. The squared multiple correlation coefficient between this item and the other three is only .03. It may well be that responses to this statement are platitudinous, with even though favoring the protection of minority rights believing that the views of the majority are too often ignored (e.g., possibly through the influence of special interest groups). From the multiple correlation coefficient it is obvious that both those with majoritarian and minoritarian orientations endorse this statement.
**Support for Minority Political Liberty:** This scale, used often in earlier research (e.g., Gibson 2007) measures the degree to which the respondent favors social order when it conflicts with the liberty of political minorities. The three items in scale are:

- Society should not have to put up with those who have political ideas that are extremely different from the majority. (20.6% adopt the order position: agree)
- It is better to live in an orderly society than to allow people so much freedom that they can become disruptive. (47.0% adopt the order position: agree)
- Free speech is just not worth it if it means that we have to put up with the danger to society of extremist political views. (18.1% adopt the order position: agree)

When the three items are factor analyzed, a single dominant factor emerges (eigenvalue1 = 1.65, accounting for 54.9% of the common variance; eigenvalue2 = .75, accounting for 25.0% of the common variance). The best indicator of the concept is the last statement (free speech is just not worth it). The item set is at least weakly reliable, with a Cronbach’s alpha of .59 and a mean inter-item correlation of .32.

We have created a measure of support for minority political liberty that is simply the average response to the three statements. For some descriptive purposes, we also use an index indicating the number of pro-liberty responses to the three items. On this measure, 31.7% of the respondents gave pro-liberty responses to all three of the items; 11.3% gave no pro-liberty responses. Thus, we see in these data a substantial tilt in favor of individual liberty.

**Support for the Rule of Law:** Support for the rule of law is conceptualized as ranging from universalism to particularism. Some hold strong commitments to law, believing that law
ought to be strictly enforced even when the consequences are not necessarily positive, whereas others believe that law ought to be obeyed only to the extent that the outcome is desirable. In this sense, support for the rule of law is a procedural commitment. This scale has been used widely in earlier research (e.g., Gibson 2007b, 2004). The items are:

- It is not necessary to obey a law you consider unjust. (80.4% adopt the rule of law position: disagree)
- Sometimes it might be better to ignore the law and solve problems immediately rather than wait for a legal solution. (73.6% adopt the rule of law position: disagree)
- The government should have some ability to bend the law in order to solve pressing social and political problems. (63.3% adopt the rule of law position: disagree)
- When it comes right down to it, law is not all that important; what’s important is that our government solve society’s problems and make us all better off. (71.9% adopt the rule of law position: disagree)

As has been found in earlier research (Gibson 2007b), the Americans are remarkably strongly committed to the rule of law.

When the three items are factor analyzed, a single dominant factor emerges (eigenvalue1 = 1.85, accounting for 46.3% of the common variance; eigenvalue2 = .83, accounting for 20.1% of the common variance). The best indicator of the concept is the last statement (law not important; important to solve social problems). The item set is at least weakly reliable, with a Cronbach’s alpha of .61 and a mean inter-item correlation of .28.

We have created a measure of support for the rule of law (universalism) that is simply the average response to the four statements. For some descriptive purposes, we also use an index indicating the number of pro-liberty responses to the three items. On this measure, 38.5 % of the respondents gave pro-rule of law responses to all four of the items; 3.7% gave no rule of law responses. Once more we see in these data a substantial
preference for the rule of law.

*Policy Interests and Party and Ideology Self-identification:* We operationalized these independent variables as:

<table>
<thead>
<tr>
<th>Variable</th>
<th>Operationalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideological Identification</td>
<td>9-point scale from (1) very liberal to (9) very conservative</td>
</tr>
<tr>
<td>Party Identification</td>
<td>7-point party identification from (1) strong Democrats to (7) strong Republicans</td>
</tr>
</tbody>
</table>
| Healthcare            | 1 = Oppose the Senate bill
                          | 2 = Don’t Know / Refuse
                          | 3 = Support the Senate bill
                          | 4 = Prefer more liberal version than the Senate bill                                |