A Reconsideration of Self-Interest in American Public Opinion

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Introduction

A fairly extensive body of research has investigated the weight that self-interested concerns carry in defining the opinions that citizens come to adopt (e.g. Bobo and Kluegel 1993; Feldman 1982; Green and Gerkin 1989; Kinder and Kiewiet 1981; Lau, Brown, and Sears 1978; Sears, Hensler, and Speer 1979; Sears, Lau, Tyler, and Allen 1980; Sears and Citrin 1982; Sears, Huddy, and Shaffer 1986; Tyler 1990). Over and over in these studies the same conclusion emerges: the evidence for self-interest effects is, in most cases, weak at best. In an early review of this literature Lau and his colleagues concluded that "[i]n all these cases, self-interest, defined in terms of real or potential impact of a policy issue upon the individual's personal life, had only minor effects on policy attitudes and upon behavior connected with them" (Lau, Brown, and Sears 1978, 479). More recent reviews have reached similar judgments (e.g. Citrin and Green 1990; Kinder and Sears 1983; Sears and Funk 1990). Sears and Funk, for example, conclude their examination of the issue this way:

> To summarize, self-interest ordinarily does not have much effect on the mass public's political attitudes. There are occasional exceptions, as when there are quite substantial and clear stakes (especially regarding personal tax burdens) or ambiguous and dangerous threats. But even these conditions only infrequently produce systematic and strong self-interest effects, and then, ones that are quite narrowly specific to the interest in question. The general public thinks about most political issues, most of the time, in a disinterested frame of mind. (1990, p. 170)

Thus previous research tells us that self-interest is likely to be influential in certain situations, when, as Citrin and Green put it, the "personal consequences of one's choices are visible, tangible, large, and certain" (1990, p. 18, numbering excluded). But these circumstances are very much the exception rather than the rule.[1]

This paper takes a new look at the role that self-interest plays in shaping public opinion, and provides evidence that quite sharply contradicts the conclusions reviewed above. Instead of finding

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[1] Some research suggests that self-interest is more influential in guiding political behavior than in guiding political attitudes. See Green and Cowden 1992, Citrin and Green 1990.

the usual -- that self-interest is only weakly related to policy preferences, and that its effect is meager by contrast with the effects of other explanatory variables -- this research finds self-interest to be very consequential to the opinions that citizens adopt. Powerful effects emerge for each of the three issues on which this investigation is focused: national health care, public funding of private and parochial schools, and affirmative action. In light of this evidence I will argue that previous research has left us with a set of conclusions about self-interest that, although not entirely wrong, underestimates its true significance for our explanations of public opinion.

Much of what I will have to say here that challenges the conventional wisdom about self-interest depends upon the fact that I have taken an approach to measuring, and to a lesser extent, conceptualizing, self-interest that differs from that which has been taken in the past. Thus it is with questions of conceptualization and measurement that I will begin.

Conceptualizing and Measuring Self-Interest

Previous investigators have usually conceived of a policy's implications for a person's self-interest in terms of its tangible, material consequences for an individual and his or her family. David Sears, for example, defines self-interest as the "(1) short-to-medium term impact of an issue (or candidacy) on the (2) material well being of the (3) individual's own personal life (or that of his or her immediate family" (Sears and Funk 1990, p. 148). Working within the parameters of such definitions, researchers have then developed either a set of fully objective measures that distinguish among those who stand to benefit and to lose from a given policy, or a set of measures that allow for individual differences in perceptions of the extent to which some objectively defined interest has been, is being, or will be promoted or threatened by the policy. The former category, for example, would include general socio-demographic variables like race, age, income, and employment status, as well as other attributes of people or their circumstances that are germane to the particular issue under investigation (e.g. on the issue of whether of whether public educational expenditures should be increased one would take note of whether the individual has a child in the public school system). In the latter category fall such indicators as the perceived likelihood that affirmative action will increase one's chance of losing one's job, or of not being promoted.

Studies of self-interest have also tended to employ a whole array of different objective interest variables in their explanatory equations, recognizing that a number of different interests might be implicated in any given political controversy, and that these interests may also vary in their importance across different political issues. Interests related to class and race might both be important to opinions on welfare policies, for example, but differ in their relative significance. And their relative importance to welfare opinions might be reversed for other issues.

What previous research has not done is to explore the implications of self-interest understood subjectively, as defined by the self.[2] What is central to this version of self-interest is people's own judgments about whether they would personally be harmed or benefitted by any given public policy (and to what degree), given their own account of what constitutes a "cost" or a "benefit" to them. The very issues that dominate in the definitions of objective self-interest recede when self-interest is conceived subjectively. What matters for the latter is that the referent for assessing the consequences of the policy is oneself, as opposed to, say, people in general, or the country as a whole, or particular social groups like whites and blacks, not whether the perceived harm or benefit fits into any particular category of objective interests. In this sense, the notion that people favor policies that advance their subjective sense of self-interest parallels the rational-choice idea that people are seeking to maximize their personal-utility, leaving open the question of what those utility calculations might be taking into account (Stoker 1992).

I can think of four primary reasons why one might find stronger effects of self-interest on policy attitudes when using a subjective indicator of self-interest than when relying only upon a collection of objective measures. Only one of these reasons has to do with the possibility that people take non-tangible or non-material things into account when they think about their self-interest. In

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[2] David Sears argues that his work has employed both subjective and objective indicators of self-interest, but he uses the "subjective" label to refer to indicators that tap varying perceptions of the extent to which a policy threatens or advances some interest that the researcher has deemed important to the issue (an objective interest, in other words). See Sears and Funk 1990, especially page 149. Citrin and Green (1990) provide a useful discussion of the difference between an objective and subjective approach to thinking about self-interest.

other words, only one of these reasons requires acknowledging a broader view of the kinds of things that might enter into self-interest than that which has generally been articulated in past scholarship. The other three reasons have to do with the ways in which we could be misled the standard tactic of estimating models that relate policy opinions to a set of objective indicators, even if a standard definition of self-interest like Sears' is true.

The way I think about these issues begins by regarding people's own sense of whether a policy will be costly or beneficial to them personally (their subjective sense of self-interest) as (1) directly affecting whether they will offer a favorable or unfavorable opinion of the policy, and (2) directly reflecting their objective circumstances, or those circumstances as mediated through their own possibly biased or fuzzy perceptions. In other words, we can think of the subjective sense of personal cost or benefit as a variable that intervenes between the person's objective circumstances and their policy opinions.[3]

One reason that we might under-estimate the effect of self-interest by following the standard modeling practice reflects the fundamental logic of intervening variables. To illustrate this point, consider the very simple model depicted below, where "X" refers to an objective interest variable like income. To simplify matters, assume that all three variables are measured on the same scale (e.g. to range between 0 and 1):

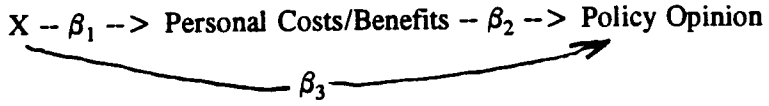
$$X -- \beta_1 --> \text{Personal Costs/Benefits} -- \beta_2 --> \text{Policy Opinion}$$

If this model was, in fact, the correct one, then by regressing the policy opinion on X one would be estimating the indirect effect of X (product of β_1 and β_2), which is certain to be smaller than the direct effect of the personal cost/benefit assessments (β_2). Furthermore, if we assume that there is noise in people's assessment of whether they stand to personally benefit from a policy, then the equation using X as a predictor would explain less of the variance in the policy opinions than would

[3] After we start to get into the data analysis and results, I will consider the ways in which this model might be inadequate. But it both serves useful heuristic purposes here and will serve as my starting point for the data analysis to come.

the equation that uses the personal cost/benefit assessments.[4]

Of course, variables which directly affect one's sense of whether a policy will be personally costly or beneficial may also exert direct effects on the policy attitude one eventually develops, as depicted below.



If this model were true, then a regression model regressing policy opinions on X would be estimating the X variable's total effect -- the sum of its direct effect on the policy opinion (β_3) and its indirect effect (the product of β_1 and β_2). This gives rise to the second reason that a subjective measure of self-interest might reveal stronger evidence of self-interest motives than a set of objective measures: If the direct and indirect effects of the objective measures work in the opposite direction, then the apparent effects of self-interest would be suppressed even further. Referring again to the example above, assume that β_1 and β_2 are positive, but that β_3 is negative. In this case by regressing policy opinions on X one would be estimating a total effect that sums positive (β_1*β_2) and negative (β_3) components, which could reduce a powerful effect into apparent nothingness, or yield results bearing a sign that is the opposite of what one would expect from a self-interest perspective. We will see vivid examples of this later.

Third, we might simply not have the right indicators. Expressed in terms of the schematic model, we have excluded some important X variables. This possibility might not seem very likely, especially given the extensive effort that has often gone into the development of self-interest indicators. But we will see some evidence later that raises this problem quite starkly. To foreshadow that discussion, we will see that people have quite a variety of ideas about how a national health insurance plan might affect them personally (and tangibly). It would take a considerable deal of both ingenuity and interview time before one could represent each of these considerations in an explanatory

[4] This would be true even if the "X" in question was an index that itself combined a number of other indicators, or an objective interest variable that took into account perceptual differences, as long as it makes sense to retain a distinction between that X and one's sense of personal cost/benefit.

model.

Finally, an objective strategy might under-estimate self-interest's effects if people differ in what they count as a cost or a benefit, or in the weight they give to different costs and benefits in arriving at a summary judgment about how a policy will affect them personally. This would be a problem for the objective modeling strategy even if everything that enters into people's subjective self-interest assessments has to do with the material circumstances of their lives. To illustrate this, imagine that there are five different (tangible, material) goods in the world, A through E. Some people might care only or especially about A, others about B and D, and still others about C through E. We could represent this diversity with a linear model that links personal cost/benefit assessments to the goods, A through E, by individually-varying coefficients that indicate how much weight they receive:

$$\text{Perceive Costs/Benefits} = \beta_{iA}A + \beta_{iB}B + \beta_{iC}C + \beta_{iD}D + \beta_{iE}E$$

By subscripting the β coefficients, this model acknowledges that people may vary in the weight that they give to different goods (or bads) when they construct their cost/benefit judgments. The standard regression model, in contrast, assumes invariant βs. Differences among people only arise from differences in the situations in which they find themselves (as represented by differences in their scores on objective interest variables), or in their perceptions of whether some particular interest will be threatened or promoted by some policy or political solution (as represented in differences in their scores on variables designed to tap differences in perceptions of the extent to which a policy affects some objectively defined interest).[5]

So far I have gone through four reasons why the standard strategy for measuring and

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[5] Those who have investigated the effect of self-interest have, however, often been assiduous in looking for interaction effects among the objective interest variables, or between these variables and others. These efforts reflect an attempt to overcome the invariance limitation. However it is easy to see how easily this strategy could be rendered problematic if the varying effects occur in model relating X to the personal cost/benefit assessments, and yet one is evaluating interactions in the model relating X to the policy opinions. Furthermore, there is only so far that one can go with an interactive specification toward representing the kind of diversity in interests that might enter into people's sense of how the policy will affect them personally.

modeling self-interest's effect might be problematic, and still have not abandoned the central idea animating most conceptualizations of self-interest in the research literature -- that "self-interest" be taken to refer to questions of tangible, material, cost or benefit to the individual. Yet once we allow people to define their own interests, how they do so, and whether they think in narrow material terms, becomes an empirical issue that we cannot control by stipulating definitions. It becomes possible not only that people will differ in how they weigh different goods, but that their own ideas about what counts as a good (for themselves) will differ from the objective account of self-interest that we researchers would employ.

I think it likely both that people will differ in what they count (or weigh heavily) as a personal cost or benefit, and that what they count as a personal cost or benefit will sometimes transcend what we would narrowly and objectively recognize as "self-interest." (We will see some evidence of this later.) This does not, however, mean that no interests are universal nor that people will not care deeply about the material conditions of their lives. Considering liberal contentions about interests is instructive in this regard. Take Rawls (1971). Rawls makes paradigmatic liberal claims about interests: Individuals have diverse interests (and the liberal State must respect that diversity), but each individual can nevertheless be said to have an interest in some goods, namely what Rawls identifies as primary goods: rights and liberties, powers and opportunities, income and wealth, self-respect, health and vigor, intelligence and imagination. In Rawls' view, these are "things that every rational man is presumed to want" (1971, 62). Accepting that some goods might be universal goods, then, does not entail accepting that all interests are universal. Furthermore, if we take seriously the arguments of liberals like Rawls, it will also not be the case that every universal interest will be material or will otherwise fall under the descriptions of interests usually employed by those studying the place of objective self-interest in politics.

In sum, we have a number of reasons to expect that people's own sense that a political initiative will be personally beneficial or costly (or that an existing policy has been so) may be important to their opinions despite the weak findings about self-interest that have repeatedly turned up in studies that have relied upon objective indicators. As should also be clear, taking the subjective

account seriously does not mean that one must abandon objective categories of interests. We can employ a subjective indicator of self-interest that measures how people think of the costs and benefits of a policy for themselves, while also analyzing how well our objective categories about interests correspond to the way that people conceive of the policy's positive or negative implications for their lives. In other words, we can use a set of objective categories about interests in analysis and for interpretation, while at the same time exploring the unique motivational implications of self-interest as constructed by the self. It is this kind of task that I will turn to next.

Data and Measures

The analyses I will present are based on data collected in the fall of 1993 in the National Election Study's (NES) 1993 Pilot Study, which involved a telephone reinterview with 750 respondents from the 1992 NES Pre-Post Election Study. The pilot survey carried a series of questions designed to probe the self- and group-interest basis of policy opinions and candidate evaluations. Each respondent was first asked a set of eight basic questions about national health care, and then asked a parallel set of questions either about the use of federal funds to finance private and parochial schools (school funding) or about affirmative action policies for blacks; random assignment determined whether respondents were questioned about school funding or affirmative action. Given this split-ballot design, the study provides full-sample data on questions pertaining to national health care, and half-sample data on questions pertaining to school funding and affirmative action.[6]

The core set of eight questions included (A) a question asking respondents to provide an overall opinion of the policy under consideration (whether national health care/insurance, school funding, or affirmative action); (B) a question asking respondents to indicate whether the policy would have (national health care, school funding) or has had (affirmative action) either positive or negative consequences for themselves personally -- this is the key subjective self-interest indicator; (C) a set of five questions asking respondents to indicate whether the policy would have, or has had, either positive or negative consequences for five groups in society: the middle-class, poor, wealthy,

[6] This design was used in order to expand the number of issues asked about, paid for at the expense of sample size.

whites, and blacks; and (D) a question again asking about the perceived consequences of the policy, this time with respect to society overall.[7]

Each policy question followed a branching format yielding responses that ranged from strongly opposed to strongly favorable toward, in turn, the introduction of a government-sponsored national health insurance plan, the use of federal funds to support private and parochial schools, and affirmative action job programs for blacks. Each interest question asked respondents to indicate whether they thought the policy would have or has had very negative, somewhat negative, somewhat positive, very positive, or no consequences -- for themselves personally, society in general, and the five class and race groups. Prospective wording was used for the national health care and school funding; these policies were treated as policy initiatives under consideration. Retrospective wording was used for affirmative action. The exact question-wording is given in the appendix.

Tables 1A-1C contain the frequency distributions and averages for the core set of policy and interest items. The policy opinion responses were scored to range from 0 to 1, with 1 indicating greatest support. For this analysis, responses to the interest questions were scored to range from -1 (very negative) to +1 (very positive), with 0 representing no effects. Although I will not be analyzing the group-interest items much further in this paper, I include their distributions here because they help give us a sense of how the Pilot Study respondents were thinking about these

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[7] The order in which these questions were asked was experimentally varied in each case, as depicted below.

First Form:	*Second Form:*
policy question	policy question
consequences for oneself	consequences for society
consequences for middle-class	consequences for middle-class
consequences for poor	consequences for poor
consequences for wealthy	consequences for wealthy
consequences for whites	consequences for whites
consequences for blacks	consequences for blacks
consequences for society	consequences for oneself

I will be treating the two half-samples together in this paper. An analysis of form effects demonstrated small differences based on order of presentation. I will say more about these differences later.

issues.

Looking first at the distributions of the opinion items, we see signs of polarization on the issues of national health care and school funding in the sense that strong opinion holders outnumber weak opinion holders on both the favorable and unfavorable sides of the issues. Yet while two-thirds of those questioned support a national health care plan, only one-third supports public funding of private and parochial schools. Less than 20% are in favor of affirmative action policies, and most of affirmative action's opponents identified their opposition as strong.

If one focuses on the mean ratings for the group-interest variables one sees some systematic differences across the issues. People judge the national health care issue, appropriately, as helping the poor and hurting the wealthy, on average. That said, it is also the case that they do not view this issue in zero-sum terms; poor people are expected to benefit a lot (average =.66), and the wealthy to lose a little (average=-.12). The average for middle-class people is lodged between that of the wealthy and poor (.13). The averages for society overall, whites, and blacks fall in-between those for the middle-class and poor, with blacks placed somewhat more closely to poor people than are whites. Finally, people, on average, view themselves as likely to benefit from a national health care policy (average=.07), but this average is lower than all except that for the wealthy. Thus national health care is seen as a policy that benefits all but the wealthy, but others more than the self.

In contrast to the clear class gradient in the health care averages, there are virtually no mean differences in the school funding results. The only notable point about the pattern of averages is a curiosity: the society average is negative while all the other averages are positive (although the contrasts here are quite trivial). Thus while this issue may involve group conflict, especially along religious lines, it is not an issue that these respondents see as dividing whites and blacks, or poor and rich.

Finally, the pattern of means for affirmative action, not surprisingly, emphasizes racial conflict. Blacks are judged to benefit most from affirmative action programs (average=.40) and whites to lose the most (average=-.17), with the positive/negative asymmetry we saw for health care emerging again here; blacks gain more than whites lose. The average for poor people is half that of

the black average (.21), while all of the other variable averages cluster in the -.05 to -.09 region, with middle-class people next closest to whites in terms of judged harm (-.09).

Focusing on variation in the interest responses, we see that the modal self-interest response was "no effects" for each issue, though the percentages seeing the issue as having no consequences for them personally ranged from 31% for national health care, to 51% for school funding, and 72% for affirmative action. (It will be important to keep these figures in mind when we consider the findings from the regression analyses presented later.) People were more likely to see themselves as unaffected than any of the groups asked about, with one exception -- the effects of national health care for wealthy Americans (31% of the respondents judged that the imposition of a national health care plan would have no consequences for themselves, while 42% thought it would not affect wealthy people.) And on each issue people were more likely to judge the wealthy as unaffected by the policy than any of the other four social groups, and most likely to view poor people and blacks as affected.

Further perspective on the Pilot Study data comes from examining the pattern of intercorrelations among responses to the interest questions. Table 2 contains the results. There are a lot of numbers in this table but only two stories that I want to tell here. First of all, the pattern of intercorrelations for each issue confirm some of the ideas we have gotten from examining the variable means. People clearly tend not to view these issues in zero-sum terms. With only one exception, all of the dozens of correlations are positive, although the positive coefficients range in magnitude quite widely. The one negative correlation in the table concerns how a national health care program will affect poor and wealthy Americans (-.11); people do, on average, recognize the class conflict on this issue. Similarly, one of the weakest positive coefficients concerns the issue of how affirmative action has affected blacks and whites (.04). While not negative, this correlation is dramatically lower than the comparable correlations found for national health care and school funding (a whopping .65, and .70, respectively).

Second, people tend to assimilate their own sense of whether the policy will help or benefit themselves to their sense of whether the policy will be costly or beneficial for the country as a whole (or vice versa). The correlations here range from a high of .54 for national health care, to .45 for

school funding and .38 for affirmative action. This does not necessarily mean that people are bringing ideas about what will happen to society overall into their own sense of what will benefit or harm them. But it does mean that, as a matter of simple association, people tend to see their interests as relatively consistent with what is costly or beneficial for the country as a whole.

Reconsidering the Importance of Self-Interest for Public Opinion

I will turn now to the primary purpose of this paper -- reevaluating the significance of self-interest for opinion formation in light of the arguments I presented earlier and using the subjective measure of self-interest just introduced. My plan of analysis is as follows. First I will consider the extent to which people's ideas about the personal costs or benefits of a policy initiative can be explained by our ordinary objective measures of self-interest. This will involve estimating a regression model which treats the personal cost/benefit assessment as the dependent variable and a set of objective self-interest measures as independent variables.[8] On the issue of national health care I will be able to supplement this analysis with a discussion of responses to an open-ended question that followed the closed-ended self-interest question, and that asked people to identify how they saw the policy as affecting themselves. Second, I will consider how our sense of the importance of self-interest to opinion formation changes once we conceptualize and measure self-interest subjectively. The analysis will contrast one model that relies upon the subjective measure, another that uses the array of objective interest variables, and a third that relies upon both subjective and objective indicators. When considered in conjunction with the first, this analysis will also help illuminate why objective measures bear weaker relationships to opinions than does the subjective measure (which, as it turns out, they do). Finally, I will evaluate how the apparent effect of self-interest holds up once

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[8] A note on terminology. I will refer to variables as objective if they identify characteristics of people or their circumstances that are relevant to who the policy helps or hurts, as judged by an outside observer -- in this case, me. Some of these variables, however, will have a subjective component. Income, for example, does not, but the respondent's own assessment of whether his or her health care costs are affordable, does. I will refer to both kinds of variables as objective indicators. In addition, I will at times refer to the Pilot Study questions about self-interest as measures of subjective self-interest, or subjective measures of self-interest, or as personal cost/benefit assessments. I use these terms interchangeably.

the model is extended to include other predictors of the policy opinions. I will discuss the national health care case first and in some detail, and then follow with a more cursory discussion of how the school funding and affirmative action results compare to those for national health care.

National Health Care

The 1992 election brought national health care reform into the public spotlight, with Bill Clinton's urgent rhetoric, Ross Perot's charts, and poignant testimony by citizens participating in 1992's town hall meetings; hard facts and anecdotes both detailing the sorry state of the American health care system. By the time the Pilot Study was in the field, Bill Clinton had been elected, and health care reform remained high on the national agenda. Hillary Clinton's task force had been working for months at developing a plan for reform, and the Administration's ideas were being circulated to Congress. And while I don't have hard data on this, casual observation suggests that the issue was receiving a great deal of attention by the mass media. On the day that the Pilot Study went into the field (Thursday, September 23), in fact, the New York Times carried a huge spread on the issue of national health insurance, complete with a boxed table depicting who would stand to benefit and who would stand to lose from the Administration proposals being considered at the time (titled "A Consumer's Guide: How Different Groups Would Be Affected"). In short, the national health care issue was a very salient issue during the period the Pilot survey was being conducted.

As promised, I will begin my investigation of this issue by looking at how well people's own sense of whether they would benefit or lose from a nationalized health care plan can be explained in terms of a set of objective predictors. The model I will estimate contains number of variables specifically pertaining to health care: whether the respondent has health care insurance (based on averaging the responses to two questions about coverage); how satisfied the respondent is with the quality of his or her health care; whether the respondent views his or her current health care as affordable; whether the respondent receives Medicare or Medicaid benefits; whether the respondent has had to put off medical or dental treatment in the past year; and whether the respondent is disabled. One of the health insurance questions was asked in the pilot survey, but the rest of these questions were asked in the 1992 pre-election survey. (See the appendix for further details.) In

addition, the model contains a number of more general variables that might plausibly distinguish people with different interests on this issue: whether the respondent is self-employed; family income; a multi-item index of the respondent's recent personal economic circumstances; whether the respondent is unemployed; whether the respondent is worried about losing his or her job; whether the respondent is a homeowner; and age. All of these variables, as well as the personal cost/benefit assessments, were coded to range from 0 to 1.[9]

The results, given in Table 3A, contain much that one would expect. Those who are uninsured, find their current health expenditures not affordable, are currently receiving health benefits through Medicaid (though not Medicare), are relatively poor, and/or have been suffering recently through economic hardships are all more likely to view a national health care plan as benefitting themselves. All things considered, older respondents are also likely to view such a policy as benefitting themselves, as one would expect given the more serious health concerns that accompany old age. Only one result, or rather non-result, might bring surprise: there is absolutely no relationship between people's satisfaction with the quality of the health care they are currently receiving and their sense of whether they would stand to lose or benefit by a national health care plan. Of course, this result makes sense if people are divided on the question of whether or not a national health care plan would improve matters.[10]

Together, these effects count for about 20% of the variance in the personal cost-benefit assessments. Although this R-squared value is nothing to scoff at, it does mean that four-fifths of the variability in these assessments is left unexplained. Should we take this to mean that people's sense

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[9] The direction of the coding will be indicated in the Table. For all of the regression analyses the sample was limited to include only non-hispanic identifying whites, and blacks. This restriction was only important for the affirmative action case, but was carried through for all of the analyses in order to maximize sample comparability across the issues.

[10] Indeed, as we will see later, people did cite health care quality when explaining why they thought they would be personally affected by the imposition of a national health care plan. However while some saw a national plan as likely to improve the quality of the health care they receive, others saw it working in the opposite direction. Furthermore, those who saw quality improving tended to couch such improvements as tied to broader insurance coverage, which is probably not what the closed-ended question is tapping.

of whether a national health care plan will be costly or beneficial to themselves reflects something other than their tangible material circumstances? On the basis of other evidence we have available, although it is only suggestive, I would answer: probably not. A random subset of the respondents who identified a national health plan as having consequences for themselves were asked to identify the consequences that they had in mind (an open-ended question, "What kinds of things do you have in mind?," followed the closed-ended question). Thirty-nine pilot respondents were asked this question, as were twenty-two Pilot Study Pretest respondents. Their responses fell into the categories outlined below.[11]

Negative Personal Consequences:

Insurance coverage or benefits would be reduced.

Quality of health care available would be decreased.

Specific mentions of long lines, long waits, services not being available when needed.

Specific mention of special health care needs that would be better met under current health care system

Loss of freedom or personal control, less choice.

More complicated, more bureaucratic system.

Health care costs would be higher -- general.

Taxes would be higher.

Specific mentions of having to pay more to provide coverage for others.

Businesses would be hurt, would not be able to afford the costs.

Economy in general would suffer

Positive Personal Consequences:

Insurance coverage or benefits would be expanded.

R would have better quality health care, or better health.

Specific mention that R or family member currently pays for own health insurance.

R or family member is currently uninsured

Specific mention of special health care needs that would be better met by a national health

[11] In addition to these categories are the usual "DK" and "NA." Two of the respondents gave answers I would categorize as NA. Four of the respondents gave answers I would code as DK.

care plan.

More choice.

Less complicated, less bureaucratic system

Health care costs would be lower -- general.

Security -- If lost job, or became seriously ill, health care needs would still be taken care of; less worry.

Would make job hunting easier.

Care personally about whether other people are taken care of, or that society is equitable.

Notice, first of all, that most of these categories refer to interests that are consistent with our general expectations of objective interest. People were worried about financial cost or benefit, costs and benefits in the quality of health care or health care delivery (and thus both about their health, and about the time they would spend taking care of their health), and costs and benefits accounted in terms of the bureaucratic hurdles they would face. Some, also, were worried about their ability to freely make choices -- about their own freedom (though not necessarily only about their own freedom only).

Although the open-ended responses indicate that people were largely thinking about their own concrete personal circumstances, or those of their family members, these responses also illustrate some of the reasons why a subjective measure of self-interest might both fail to be statistically accounted for by a set of objective measures, and perform differently than those measures in an analysis of the self-interested basis of policy attitudes. Perhaps the most important reason is simply the diversity of things people find relevant. In order to represent this diversity with a set of objective indicators we would need to ask a fairly large set of questions, and to ask specifically about both the respondent and the respondent's family.[12] Even so, we would probably miss some of the reasons people see the policy as helping or hurting them, especially when people are thinking about rather

[12] The survey asked people whether they were covered by health insurance. Responses to this question were analyzed in Table 3A and were predictive of the subjective self-interest responses. No question asked directly about whether other family members were or were not covered. Yet in their open-ended responses, several people mentioned sons, daughters, or spouses who were either uninsured or had had to pay out-of-pocket for their own health care insurance.

special or unique features of their own lives. A second reason is that some people have ideas about their self-interest that transcend narrow notions of objective self-interest. This was not at all common in these results, but two people did explicitly mention seeing personal benefit because they would be happier in a society with universal coverage (see the last category under positive benefits). Finally, although some respondents gave multiple mentions, more common were those who just emphasized one idea. This variation is consistent with the general idea that people will vary in the kinds of considerations that they take into account, or weigh heavily, when they come to a judgment about what will be beneficial or costly to them.

With respect to the issue of national health care, then, it appears that people's views about how a government-sponsored plan will affect them are largely consistent with our ordinary sense of the objective costs and benefits at stake, even though people vary in their sense of whether those objective interests would be threatened or advanced by the plan. How, then, do the subjective and objective measures compare in their relationship to the policy opinions people adopt? My next analysis takes up this question, and Table 3B contains the results. In the first column are the results when the subjective self-interest measure is alone used to predict opinions on the national health care issue. In the second column are results from a model that included only the group of objective interest variables as predictors. The third column contains results when both sets of variables were included. I will discuss each of these sets of results in turn.

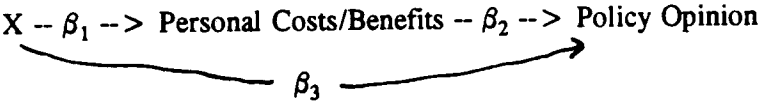
People's opinions on national health care bear an impressively strong relationship with their sense of whether or not they would stand to benefit from the policy. The regression analysis yields an unstandardized coefficient of .73 with a t-statistic of 13.55 and an r-squared of .24. Thus those at different ends of the personal cost/benefit continuum take stands that differ on average by .73 on the 0 to 1 policy scale. This is a huge difference, albeit not one that we can trace, causally, to the operation of self-interest. Eschewing claims about causality, we can at least say that people are generally inclined to offer opinions that coincide with what they think will benefit themselves.

The importance of self-interest to this issue looks quite different when one focuses on the objective measures and their relationship to policy opinions, as researchers have done typically in the

past (column 2). First of all, the whole collection of objective interest variables only accounts for half of the variance in policy opinions that is accounted for by the lone subjective indicator (12% vs. 24%). Second, and more importantly, if one believed the results from the equation that included only the objective measures one would in several cases draw a different, and I think the wrong conclusion about how respondents' material circumstances affected their opinions on national health care.

In this respect consider the second column findings for three variables: whether the respondent was insured, self-employment, and income. The estimated effect of being uninsured has the expected sign, but is insignificant (.09, t=1.16); those who are self-employed show significantly greater opposition to the policy (-.14, t=2.50), which may or may not be the direction one would expect from a self-interest perspective;[13] and poorer respondents are significantly more opposed to the policy than are wealthier respondents, quite the opposite of what one would expect. Each of these findings, in fact, contradict the findings from Table 3A relating the objective and subjective indicators of self-interest. As we saw there, whether or not one was uninsured was one of the most potent predictors of people's assessments of how they would benefit from a national health care policy, joined by income which worked in the expected direction in that equation; poor people were much more likely than the wealthy to see the policy as benefitting themselves. And self-employment status was completely unrelated to whether or not people saw the policy as likely to be personally costly or beneficial.

In order to understand what is going on here, it is helpful to think in terms of the schematic causal model that I laid out earlier:



This model represents people's judgments of personal cost/benefit as intervening between their objective circumstances and their policy opinions, while recognizing that their objective circumstances

[13] If we think of the self-employed as people who have to pay for their own health insurance then this sign is not expected. If we think of them as people who have to pay for other people's health insurance (their employees) then this sign makes sense.

might also affect their policy opinions directly. Thinking in terms of this model, Table 3A contained the β_1 findings for a set of X variables. The third column of Table 3B (which I will discuss momentarily) contains estimates of β_2 and β_3. The second column of Table 3B contains coefficients that estimate the total effects of the X variables in this model, where the total effects equal the direct effects of X (β_3) plus the indirect effect ($\beta_1 * \beta_2$).[14]

Being uninsured looks largely inconsequential in the second column of results because its effect on policy opinions in entirely indirect, working through its effects on perceptions of personal cost/benefit (Table 3A); its direct effect, once the perception of personal cost or benefit is taken into account, is even slightly negative (-.04, t=-.55, column 3). Income, on the other hand, has a powerful direct effect on national health care opinions, but it is an effect that works in the opposite direction of its effect on personal cost/benefit assessments. We already saw that poorer people were more likely than the wealthy to view a national health care policy as beneficial to themselves (b= .18, t=3.38, Table 3A). And those who think they will benefit from a national health care policy are much more likely to favor it than are those who stand to lose (b=.69, t=11.8, Table 3B column 3). But, after those views and the other objective interest variables are taken into account, poorer people are much less likely to support the national health care plan than are the wealthy (b=-.38, t=-5.12).

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[14] I don't mean to imply that these models yield estimates of causal effects. The third column results come from estimating, through OLS, a regression which uses both the subjective and objective indicators of self-interest to predict policy opinions. The coefficients on the objective measures reflect the variables' direct effects in the sense that perceptions of personal cost or benefit have been controlled. But the model, obviously, is incomplete; it excludes other variables, such as those that will be added in Table 3D to come, that are important to opinions on national health care. Adding these variables, however, does not affect the point I am trying to make here. Furthermore, even given a more fully-specified model, one might want to use an instrumental variables approach to estimating the effect of personal cost/benefit assessments in order to guard against bias due to unmodeled factors that affect both these assessments and the policy opinions. This would follow the standard practice when multiple equations, involving multiple endogenous variables, are being estimated. Given the data I have available, this would not only require making exclusion-restriction decisions that are likely to be problematic (which Xs do and do not affect policy opinions directly?), but it in one sense would defeat the purpose of introducing the subjective indicator of self-interest. This strategy would be more feasible if one had panel data and lagged indicators. In any event, I am trying to use the logic of direct and indirect effects to explicate how we might be misled by a model which simply focused on the relationship between objective interest variables and policy opinions.

This powerful direct effect overwhelms the indirect effect, resulting in the otherwise paradoxical relationship found in the second column of Table 3B.[15] Table 3C summarizes the results from Table 3A and 3B, indicating the direct, indirect, and total effects of income along with those for all of the other variables.

The situation for self-employment is different from both the uninsured and income cases. This variable bears a strong relationship to policy opinions in the equation that excludes the subjective self-interest indicator (b=-.14, t=-2.50, column 2) entirely because of its strong direct effect once subjective self-interest is included (b=-.13, t=-2.60); people's self-employment status was completely unrelated to their own sense of the policy's cost and benefits for themselves (b=-.01, t=-.38). This finding raises a thorny question, that I must raise, if not answer, here. Are we to judge this variable's effect as necessarily indicating something other than self-interest since it did not emerge as a predictor of self-interest measured subjectively? More generally, how should we think about the direct effects of the objective indicators in the equation that controls for personal cost/benefit assessments?

In the particular case of self-employment, as we will soon see, the effect disappears once other explanatory variables are added into the equation. In this and other such cases we would conclude that the effect is spurious, not reflecting the operation of self-interest. But what of variables that show persistent effects (which in the present case turn out to include the respondent's employment status, and the index of recent personal economic hardship)? The case can be made that these also reflect self-interest effects, above and beyond those traced to self-interest as measured subjectively. Here are three reasons. First, and most obviously, self-interest may operate in ways that people are not entirely aware of, or willing to admit to in an interview. Second, the subjective indicator of self-interest that I have employed may inadequately represent the degree to which people find their interests affected by this (or any other) policy. The category of "very positive," for

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[15] This negative relationship is not only very powerful but it persists even when a large assortment of control variables are included in the equation, as we will see in Table 3D. I will consider the finding again in that context.

example, seems completely anemic when considered in light of the urgent health care and health insurance problems that some Americans face. Third, the objective measures might show significant direct effects because I have failed to model the right relationship between the subjective and objective indicators of self-interest and the policy opinions. Perhaps, for example, the sense that one will benefit from a policy is of greater consequence for those experiencing economic hardship, as Citrin and Green (1990) hypothesize, for example.[16] A model that excludes such interactions, if correct, would tend to show direct effects of the objective indicators like those we see here.[17]

The major lesson to be drawn from all this is that, if people's own sense of how the policy will affect them is important to the opinions they adopt, then analyses which fail to take this into account are likely to mislead. If we based our investigation of self-interest only on the collection of objective measures (and the analysis as it has proceeded thus far), we would draw the wrong conclusion about the potential significance of self-interest to opinions on this issue generally, and about the way that particular objective circumstances affect the policy opinions people adopt. Note that this point does not depend on saying that people care about something other than their own material (if not necessarily economic) circumstances. Even if everything that goes into their personal cost/benefit assessments is narrowly material, and even if everyone happened to agree about what was at stake, and to value the same things, erroneous conclusions could easily arise. The reversal for income probably reveals this most clearly.

So far we have seen that people's opinions on national health care are strongly associated with their sense of whether they would or would not be benefitted by the policy. But the question remains, how does this effect hold up once other explanations of their opinion are taken into account? Table 3D presents the results which answer this question.

As before, there are several columns of findings. In the first column I simply replicate the

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[16] More generally, if some are thinking in terms of interests that could be redescribed as needs, those interests may well be more potent politically than are other interests.

[17] This is a sensible hypothesis or worry, but it is beyond the scope of the analysis that I pursue here.

analysis which employs both the objective and subjective self-interest measures as predictors, this time for a sample whose size is shrunk by the presence missing data on the other variables to be included in the equations. The second column contains results from estimating a model that included a wide array of variables that one could plausibly view as relevant to opinion formation on this issue. These are ideological self-designation; party identification; a six-item index of egalitarianism; a four-item index of moral traditionalism; a three-item index of views about whether government is too big; a four-item index of symbolic racism; a single question asking whether the respondent would be willing to pay higher taxes in order to fund government programs that they favor; a four-item index of support for social services spending; education; sex; and race. Party identification was measured in the pilot survey, but all other items come from the 1992 pre- or post-election survey. The third column replaces all of the variables just named with responses to a single question from the interest battery -- about the policy's judged consequences for the country as a whole. The final column contains the results when all of the variables are included in the model estimated.

In one sense the most important findings will be found in the second column of results. This equation models the basis of policy opinions with the usual suspects, including demographic and general predispositional variables along with the indicators of self-interest we have been examining thus far. If the self-interest effects remain powerful here this will contradict what previous studies have tended to find when using only objective measures of self-interest. But in another sense the most important results are in the third and fourth columns. These equations pose a harder test. The subjective self-interest measure is competing with a variable that was measured with the same response format, that focuses exclusively on the particular issue of national health care as does the subjective self-interest question, and that was assessed in close proximity on the same survey. But perhaps even more important is the substance of the test; how the policy will affect oneself is going up against judgments about how the policy will affect the country as a whole.[18]

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[18] This analysis, admittedly, is crude. It employs the simple logic of control, ignoring the possible interactions and causal dependencies among the set of explanatory variables. Taking such complexities into account would undoubtedly change our conclusions at least at the margin, and I

What, then, do we find? First of all, party identification, egalitarianism, willingness to pay higher taxes, and general social services support each help predict national health care opinions, but their effects do not substantially alter the picture we have of self-interest's importance. The coefficient on the subjective self-interest measure goes down, from .71 (t=11.78) to .53 (t=9.01), indicating that the self-interest responses share some variance with the variables named above.[19] But even at its lowered level the coefficient is substantial in magnitude, and roughly twice the size of the predispositional coefficients.[20]

When the societal-interest assessments are included, the estimated effect of self-interest drops more dramatically, roughly in half, going from .71 to .36 (t=5.83) in the equation that excludes the standard control variables, and further to .31 (t=5.12) in the equation that includes both sets of controls. The societal-interest judgments bear a powerful relationship to the policy stances people take, whether measured by its unstandardized regression coefficient (b=.49, t=8.78 in the fourth column equation) or by how much it enhances our ability to account for variance in the policy opinions. In fact, the increase in the adjusted r-squared when this variable is added to the collection of interest variables (.44 vs. .29) exceeds that obtained when all of the other variables were added (.42 vs. .29). Yet even in the final specification the effect of subjective self-interest is strong, with a coefficient that continues to exceed that found for all of the other predispositional variables. Besides the societal-interest assessments, only one other relationship is stronger (in the sense of generating larger effects across the range of its scale) -- that involving the relationship between the policy opinions and income.

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intend to consider such possibilities as I continue to work with these data. Nonetheless, the question of how much of self-interest's apparent affect disappears when other variables are taken into account remains an important one.

[19] But the subjective self-interest responses are only weakly related to the general predispositional variables, a finding which is consistent with previous research on the relationship between predispositions and self-interest using other measures (Sears and Funk, 1990).

[20] Since all of the variables are scaled from 0 to 1, this means that the estimated effect of subjective self-interest across the range of its scale is roughly twice the effect of the other variables across the range of their scales.

The income relationship remains a curiosity here. Poorer people are less likely to support the policy than are wealthy people once we control for their own sense of personal cost benefit, and the level of economic difficulty they have faced recently (among other things). The relationship hardly budges with the inclusion of measures of partisanship, ideology, or other political predispositions. Nor is this relationship affected if one includes education or political information levels into the model (not shown). Because of this, my tentative conclusion is that this effect represents wealthy respondents' greater ability to pay the costs entailed by a national health insurance plan. However one would obviously like to see some direct evidence on this point.

Based on the analysis we have seen thus far, the effects of self-interest appear impressive. But is this an isolated case? Is self-interest important here only because the issue of national health care was so salient at the time the Pilot Study was fielded, or because it engages the interests of so many people, so concretely and so directly? We can get some sense of how robust the national health care findings are by looking at the results for the two other issues evaluated in the Pilot Study, public funding of private and parochial schools (school funding) and affirmative action. Recall that people were much more likely to identify the national health care issue as affecting themselves than either of these other two issues (Table 1A-1C). Although the school funding issue has repeatedly entered public debate, it was not a major issue on the national agenda in the fall of 1992. Nor was affirmative action, at least not in contrast to how salient it has been in earlier times, as, for example, when the 1990 and 1991 Civil Rights Acts were being debated.

For each of these issues I have performed statistical analyses that are parallel to those conducted for national health care. Some of the explanatory variables are different, of course, because of the particularities of each issue. I will turn next to a brief discussion of the major findings from these investigations.

Public Funding of Private and Parochial Schools

I will begin, as before, with a look at how well a set of objective indicators can account for people's assessments of whether a policy of publicly funding private or parochial schools would be costly or beneficial to themselves. The objective interest variables included in this case were:

whether or not the respondent has a child or grandchild in school; whether or not the respondent has a child or grandchild in private or parochial school; the respondent's satisfaction with his or her (grand)children's education, estimated separately for those with (grand)children attending public vs. private or parochial school; race; whether or not the respondent identified as Catholic; and degree of religious involvement, based on questions about frequency of prayer, church attendance, Bible reading, and the importance of religion to the respondent.[21]

The results from modeling the personal cost/benefit assessments as a function of the objective indicators contain several surprises (Table 4A). One might expect that people whose children are attending private or parochial schools would view a federal program to fund such schools as beneficial to them. This is what I expected. But, if anything, the opposite is the case. There is an interaction in this specification so the results are a bit complicated. First consider the results for those who are wholly satisfied with their children's education (when both satisfaction variables are set to 0): Parents with children in public school viewed the policy as more beneficial to them than did those without children in school (.05, t=1.30); parents with children attending private or parochial schools viewed the policy as having more negative consequences for them than both of these groups (-.16 less than parents of public-school children, t=-1.34). These differences become only more accentuated among parents who were dissatisfied with their children's education. Public school parents viewed the policy as even more beneficial (.05, t=1.12), and private school parents judged the policy's likely results for them in even more stark negative terms (-.29, t=2.01).

Among those already invested in the private or parochial school system, then, the introduction of public funding was seen as a personally threatening, not personally advantageous, policy move. It is not hard to make sense of these results, in retrospect. It appears that the parents of children who attend private or parochial school think that things would only get worse for them if the government

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[21] Including the Catholic denomination and religious involvement variables requires something of a stretch for an objective self-interest argument. I included them here because I was following a general strategy of including variables as predictors of self-interest if a group-conflict perspective would suggest them.

were to step in, and if private educational institutions would become open to children regardless of their parent's financial means. Any such post-hoc interpretation must be treated as speculative if not supported by direct evidence. But simply raising the possibility helps to remind us of how easily our initial expectations about objective interest might go awry, which adds to the problems that the standard approach to investigating self-interest faces.

Several other results in Table 4A are also somewhat surprising. Religious involvement and Catholic identity bear the right signs, but are weak in magnitude and not statistically significant. Black respondents saw the policy as more beneficial to them than did white respondents (although the difference is not statistically significant); given arguments about "white flight," I would have expected the opposite to be true. More sensible, it seems, is the income relationship. Poorer respondents viewed the policy as more beneficial to them than did wealthier respondents, a relationship which could reflect concerns about the educational opportunities the policy would make available (to the children of poorer respondents) and about the tax burden that the policy would generate (especially heavy for the wealthier respondents).

Speculation aside, perhaps the major conclusion to be drawn from this analysis is how poorly the model accounts for variation in people's assessments of how the policy would affect them. The model yields an R-squared of 3%, leaving the basis of people's judgments of cost and benefit almost entirely unexplained.[22]

Even so, those judgments of cost and benefit were closely tied to the opinions people expressed on the school funding issue (Table 4B). We may not have a clear sense of why people saw the policy as likely to help or hurt them personally, but whatever it is that people had in mind here appears to have been of consequence to their attitudes on this issue. The bivariate relationship is strong (b=.75, t=8.53), comparable to that found for national health care, and explains more the of the variation in opinion than do the interest variables taken as a set (R-squared of.18 vs. .10, in the

[22] I pressed a bit further on this issue, considering models that distinguished between children and grandchildren, for example, but none of these efforts yielded a clearer portrait.

first and second columns of results).[23]

We also see that both Catholic identifiers and the religiously involved were considerably more supportive of the private/parochial school funding policy than were non-Catholics or non-religious people, despite the fact that these groups did not differ much in how they thought they would be affected personally. This is similar to the case of self-employment that arose in the national health care results. Expressed in the terms I used in that discussion, these variables have a sizeable direct effect on policy opinions but no (or a weak) indirect effect through the personal cost/benefit assessments (Table 4C).[24] In this case, it is probably more plausible to think of Catholic identification and religious involvement as important for reasons tied to group-interest or symbolic politics, than to view the effects as self-interest emerging above and beyond its effect as mediated by the subjective assessments (e.g., for reason that would have to do with the limitations of the subjective self-interest question, or model-specification problems, as discussed earlier). Whether or not this is true, however, we are in a better position to think about and to empirically explore this question by analyzing the data about religiosity or denomination together with the data on how people think about the costs and benefits of this issue for themselves.[25]

Finally, the estimated effect of subjective self-interest remains quite strong once other variables are included in the model (Table 4D), though most of the variables added bear no

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[23] The R-squared of .18 is lower than that found for national health care (simply indicating a lower pearson correlation between the variables in this case). This contrast is not unimportant, but I will save discussing it until we have the third set of results, for affirmative action, in front of us.

[24] Whether or not people have children in private schools starts to behave somewhat like these variables as well. In the third column equations the coefficient is large and positive, b=.20, but nonsignificant (t=1.13), in part because the number of people falling into this category is quite small. These people were less likely than others to see this policy as helping them personally, but after taking subjective self-interest into account, they were more supportive of the policy than were others.

[25] There are also two cases in which variables that help account for people's sense of personal cost/benefit would fail to emerge as significant in an equation that used only the objective indicators analyzed here (see Table 4C). One case involves income, and the other involves one of variables about educational satisfaction. However, neither of the effects involved have anything near the significance of those reported in the national health care case, and so the distortion here is quite subtle, though not entirely without consequence.

relationship to the opinions people expressed on this issue. Egalitarianism joins race, Catholic identification, and religiosity as a significant predictor of policy opinions, as does the assessed consequences for the country as a whole when that variable is added into the equation. When the societal interest variable is excluded, the personal cost/benefit coefficient remains roughly twice the size of the next largest coefficient in the model, that for religious involvement. But once the societal interest variable is included, the coefficient drops sharply (from b=.67, t=6.81 to b=.30, t=3.38) to a magnitude that roughly parallels that found for religious involvement and egalitarianism.[26]

Affirmative Action

As with the school funding issue, questions about affirmative action were only asked of one half-sample. After excluding those with missing data on variables pertaining to objective and subjective self-interest, the sample size is only 277 overall, and includes only 27 blacks. This effectively limits the kind of analysis one can do, especially if one expects the model to vary between blacks and whites. Yet one misses an important component of the story if one focuses only on whites. For this reason, the analysis includes both blacks and whites, but the effects of a number of variables are estimated for whites only: agreement or disagreement with the view that affirmative action hurts whites' job chances; whether the respondent is self-employed; family income; recent economic circumstances; employment status; whether the respondent is worried about losing his or her job; homeownership; and age. Responses to one question asked only of whites and another asked only of blacks are also contained in the analysis. Whites were asked about the likelihood that they would lose a job or promotion to an equally qualified or less qualified black. Blacks were asked about the likelihood that they would lose a job or promotion to an equally qualified or less qualified

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[26] Interestingly, once all of the variables are included age begins to bear the curvilinear relationship one would expect to find from an objective self-interest perspective. Given the coefficients on age and age-squared, both older and younger people are less supportive of this policy than are those in the middle age ranges, after taking everything else into account. Furthermore, the effect of egalitarianism is considerably sharper in the final equation, once ideas about societal consequences are taken into account. A strong principled commitment to equality works to undermine support for the policy at the same time that support for the policy is enhanced if it is judged to have beneficial consequences for the country as a whole.

white. Finally, the model includes a dummy variable for race, which represents the difference between blacks and whites when all of the other variables are coded 0.[27]

From a group conflict perspective, one would expect to find that whites who are poorer, in worse economic straits, and perhaps younger, would face circumstances subject to greater racial competition, and would view affirmative action policies as having been more personally threatening. None of these relationships emerges as significant here, however (Table 5A). Furthermore, whites who thought it likely that they would lose a job or promotion to blacks viewed affirmative action as having been marginally more beneficial to themselves than did those who judged this unlikely -- quite the opposite of what one would expect, though the effect does not attain conventional levels of statistical significance (b=.04, t=1.37). However, whites who responded that affirmative action threatens the job chances of whites generally did see affirmative action as having had more negative consequences for themselves (b = -.07, t=-2.43). Why these variables work in opposite directions is a mystery that I cannot explain.

The most powerful relationship to emerge in this analysis occurs for blacks, with regard to their sense of the chance that they would lose job or promotion opportunities to equally or less qualified whites. Those who viewed this as likely saw affirmative action as having had much more positive personal consequences that did those who judged this unlikely (b=.27, t=2.87). Thus blacks' perceptions about whether they face the hurdle of discrimination in the job market is strongly related to their sense of whether they have benefitted from affirmative action. Furthermore, blacks in general judged themselves as having benefited more from affirmative action than did whites, although because of the interactive features of the model I have specified, this is hard to see. When the assessment of personal consequences is measured on the -1 to +1 scale, a simple comparison of means reveals an average of .09 for blacks and -.08 for whites. Translated onto the 0-1 scale, this is

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[27] This is easier to see if one examines the separate equations for blacks and whites that this model estimates. Ignoring subscripts, these are as follows. Blacks: $Y = \text{constant} + \beta(\text{race}=1) + \beta(\text{lose job to white}) + \epsilon$ Whites: $Y = \text{constant} + \beta(\text{race}=0) + \beta(\text{lose job to black}) + \beta(\text{whites' job chances}) + \beta(\text{self-employed}) + \beta(\text{income}) + \beta(\text{economic circumstances}) + \beta(\text{unemployed}) + \beta(\text{worried about job}) + \beta(\text{own home}) + \beta(\text{age}) + \epsilon$

a difference of .085 -- discernible, but meager. Viewed in the context of the results in Table 5A, this difference is (predicted to be) accentuated when one is comparing blacks who think it likely that they would lose a job to an equally or more poorly qualified white, and whites who think that affirmative action generally hurts whites job chances. The racial difference would be diminished when one makes other comparisons. Ceteris paribus conditions are not met here, and the sample size for blacks is tiny, but the insignificance of the dummy variable for race ($b < .005$, $t = -.04$) underscores the small size of the racial differences here. As we will see shortly, racial differences of opinion are much more striking.

Taken together, these results tell us more about what does not explain differences in subjective self-interest on this issue than about what does. As with the school funding issue, the r-squared here is small, .06, leaving most of the variation in the data unaccounted for (what variation there is; recall that 72% of the respondents saw this issue as having no consequences for them personally). Of course, this does not mean that people's judgments about personal cost or benefit are inexplicable, or random, or non-material or anything else in particular. What it does mean is that they cannot be accounted for by the particular model and variables I have relied upon here. As with the health care case, where the open-ended responses helped us see where the model could have gone awry, this failing could reflect problems with the model more than anything else.

The remaining analyses, which evaluate the self-interest-policy opinion linkage, tell a story that is both similar to that for the issues of national health care and school funding, but that also contains some noticeable differences. First, self-interest measured subjectively demonstrates a strong bivariate relationship with opinions on affirmative action, a relationship that, when measured with the unstandardized regression coefficient, is comparable in size to that found for the other issue areas ($b = .74$, $t = 6.79$; Table 5B). Yet it accounts for less variance (considered alone) than did the self-interest measure on the other two issues (.14, vs .24 and .18 for national health care and school funding, respectively). Technically, this variation in the r-squared values is partially tied to the variance of the self-interest variable across the three cases; the standard deviation is largest for national health care and smallest for affirmative action. Substantively, this involves the extent to

which people identify the policy as having consequences for themselves. Think of the large number of people (72%) who identified affirmative action policies as having had no implications for themselves; variation in opinion among this group of people is something we simply cannot use subjective self-interest to explain.[28]

Second, a number of the objective interest variables bear relationships to affirmative action opinions despite showing weak or non-existent effects in the equations predicting self-interest, and so much so that the objective interest variables actually do better than the subjective self-interest measure in a head-to-head comparison of how much variation they explain (14% vs. 18%, comparing columns 1 and 2 of Table 5B). Income becomes a significant predictor, and whether or not one is worried about losing one's job approaches significance; yet given that they are estimated for whites only, each bears the wrong sign when judged from a group conflict-perspective (poor and worried are more likely to support the programs). Moreover, a sizeable racial difference in opinion affirmative action emerges, with the dummy variable for race yielding a coefficient of .34 (t=3.31, column 2). The existence of a racial difference is not, of course, surprising. But it is somewhat more surprising, and certainly striking, when viewed in the context of the previous analysis that showed no main effect of race. Racial differences of opinion on affirmative action may (or may not) be rooted in group-interest, but do not appear to grow out of differences in the way in which people see the policies as having benefitted themselves.

In the final analysis of this set, which introduces the control variables, we see another contrast with the findings obtained for the other two issues (Table 5D). The basic pattern we have seen before replicates: Self-interest remains important after the control variables are entered, though the coefficient falls somewhat in magnitude after we add the standard control variables, and drops more sharply when we add the societal-interest assessments (from .61 to .53 to .38, t=3.53). But unlike

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[28] We can explain their views on average, however, by comparison with the others; they are more favorable toward affirmative action, on average, than are those who think they have been negatively affected, personally, and less favorable, on average, than are those who think they have been positively affected.

the other two cases, people's assessments of how affirmative action had affected them personally were actually more consequential to their opinions than were their judgments about the policy has affected the country as a whole (coefficients of .38 vs. .31). Furthermore, self-interest's effect nearly reaches that of the most powerful variable in the model, the index of symbolic racism (b=.44, t=4.41).[29] Thus the case for self-interest look as strong or even stronger on this issue than it did on the others we have considered.

Cautions and Caveats

This analysis has appeared to establish that self-interest is much more fundamental to citizens' policy attitudes than previous research would suggest. The bivariate relationship was consistently strong with respect to each issue studied; people were unlikely to advocate a policy that they thought had had or would have negative ramifications for them, and unlikely to oppose one that was beneficial. Moreover, self-interest emerged as a powerful force even in models that took into account a wide array of demographic and policy predisposition variables. Self-interest's effect approached or exceeded the effect of partisanship (national health care), egalitarianism (public funding of private and parochial schools), and symbolic racism (affirmative action). Perhaps more important, however, is the comparison between the effect of the policy's perceived consequences for oneself and that of its perceived consequences for the country as a whole. Both judgments were influential, although people's concerns about society tended to be more influential than their concerns about themeslves. Yet even in this comparison self-interest emerged as more consequential on one issue, affirmative action.

Yet there are reasons to be cautious in drawing conclusions at this stage, three that I want to raise in particular. The first concerns questions of causal direction. The models I have developed and estimated here view judgments of personal cost or benefit as causally prior to policy attitudes. Do I have the directionality right here, or is it at least in part the other way around? Perhaps people's ideas about whether the policy is likely to affect them positively or negatively are partially or

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[29] The same conclusions are supported if one excludes blacks from the analysis.

even largely a function of whether they favor or oppose the policy. This is a threat that only arises when self-interest is conceptualized and measured as it has been here, as something that the individual determines or judges for him or herself. When working with objective account of self-interest, and objective measures, the question of causal direction is uncontroversial.

The second concern is more or less a stronger version of the first. Perhaps people's responses to all of questions asked the policy -- including the opinion question, the self-interest question, and the societal interest question -- are each just indicators of one single thing: whether people have a general pro-attitude or a con-attitude toward the policy (remember the first point at which your eyes glazed over, looking at all of those positive correlations in Table 2). The third concern also bears a resemblance to the first. Since all of the personal cost/benefit questions were asked either immediately after, or closely in the wake of the policy opinion questions, isn't it likely that people's self-interest responses and their policy opinions would show an artificially enhanced degree of constraint?

Giving these concerns serious consideration would require lots of analysis, and to be persuasive, probably longitudinal and/or experimental data. But I can offer a few responses based both on the analyses I have already presented and on others that I can only sketch out here. I will consider these challenges in reverse order.

It is likely that the relationships I have reported are affected by the proximity of the questions in the survey, although perhaps not in exactly the way one would expect. The Pilot Study introduced a question-ordering experiment to investigate this possibility. The design of the question-wording experiment is summarized below with the key manipulation starred:

First Form:	Second Form:
policy question	policy question
*consequences for oneself	*consequences for society
consequences for middle-class	consequences for middle-class
consequences for poor	consequences for poor
consequences for wealthy	consequences for wealthy
consequences for whites	consequences for whites
consequences for blacks	consequences for blacks
*consequences for society	*consequences for oneself

In the first form, the assessment of personal consequences immediately followed the policy item, and the societal consequences question came last in the series. In the second form these positions were reversed. Following a simple proximity logic, one would expect that the policy opinion--cost/benefit correlation would be enhanced when the items were presented contiguously, and diminished as the number of items that intervene between them increases. However, if anything, the opposite is the case. Regardless of the issue, self-interest bears at least a marginally stronger relationship to the policy opinion when it was asked last in the series rather than when it was asked immediately following the policy opinion. It appears that the group-interest questions are providing a priming context for self-interest.[30] Thus question placement may be important to the relationships we observe between subjective self-interest and policy opinions, but for reasons that may have more to do with context than sheer proximity.

Another piece of evidence that bears on the issue of question proximity makes use of the panel design of the Pilot Study. All of the analyses I have presented relied upon policy opinion and self-interest variables that were measured in the same survey. But opinion questions about each issue were also asked in either the 1992 pre-election or the post-election survey. The same affirmative action question asked in the Pilot Study was asked in the post-election survey. Comparable, albeit different questions about the other two issues were asked as well. The school funding question was also asked in the post-election survey, while the national health insurance question was asked in the pre-election survey. An analysis of the relationship between subjective self-interest and responses to these policy items demonstrates just about what one would expect. The coefficients (Bs or Rs) are all lower than what one sees with policy opinions as measured in 1993, but the gap is smallest for affirmative action (same question, post-election survey), larger for school funding (different question, post-election survey) and largest for national health care (different questions, pre-election survey, lots

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[30] The form differences are trivial in the national health care case (bs of .74 vs. .76), and larger for school funding (bs of .63 vs. .71) and affirmative action (bs of .44 vs. .93). The large difference for affirmative action can partially be attributed to how little variance there is in the self-interest measure in the first form. I am in the process of completing a more thorough analysis of the form differences, to be reported in a Pilot Study Technical Report.

of politics in between). Table 6 contains these results, with those for the societal interest question added in for comparison. Thus we can say with confidence that the relationships we have seen in Tables 3-5 are stronger than those that would be observed had the questions been asked in different surveys, if only for reasons that have to do with random sources of unreliability.

What, then, about the possibility that I am just measuring one single attitude with different indicators that I have placed on the right and on the left-hand side of my equations? In one sense this position poses the greatest challenge to what I have been arguing in this paper. In another sense, however, this position is so extreme that is the easiest to respond to. In responding, I would begin with a discussion of the concept of subjective self-interest itself, and of the contrast between judgments of self- and societal-interest. Since I have already addressed the first issue, let me just say a word about the second. What I have been referring to as subjective self-interest, as I pointed out in an earlier discussion, corresponds to the rational-choice concept of personal-utility. In contrast, people's ideas about how a policy will affect the country as a whole correspond to the concept of social-utility that is central to social-choice theories and utilitarian moral theories more generally. There is a clear conceptual distinction here. True, people's ideas about how they will be affected tend to correspond to their ideas about the country will be affected. (They corresponded less well in the case of affirmative action, when the judgments were retrospective. That, however, may say more about affirmative action than about retrospective assessments.) But this does not mean that they are, therefore, interchangeable. Of course, to make this point more persuasive, one would need to provide direct evidence -- that people are thinking about different things when they offer judgments of personal and societal cost/benefit (at least in the sense that they are thinking in terms of themselves and of society, respectively), for example, or evidence on the question of why the correlation between self and societal interest arises. I have done neither of these things here, although the open-ended responses I discussed have suggested that people were indeed thinking about themselves when they responded to the personal cost/benefit question.

Once one accepts that self- and societal-interest are different, the one-big-attitude thesis essentially falls apart. Because if people could arrive at opinions either by considering how the policy

will affect them personally or their sense of how it will affect the country as a whole, then it makes sense to distinguish these two judgments from policy opinions too. But this still leaves what I think is the thorniest problem -- the problem of causal direction with which I began this discussion. The strongest evidence I have that the causal direction right again comes from the open-ended responses on the national health care issue; in explaining their summary cost/benefit judgments most people spoke of things that had to do with the actual circumstances of their lives. But a description of the categories that 39 Pilot respondents and 22 Pretest respondents used to talk about their interests hardly counts as conclusive.

Conclusion

Despite their numerous investigations, survey researchers have failed to uncover evidence that self-interest exerts a powerful force in public opinion formation. Some effects regularly emerge, but except in fairly extraordinary circumstances, they are both meager when judged on their own terms, by most any standard, and swamped by the effects of what David Sears and others have termed "symbolic predispositions." This investigation, in contrast, supports an alternative conclusion. On each issue studied here -- national health care, public funding of private and parochial schools, and affirmative action -- people's sense of whether they would stand to benefit from a policy initiative, or had benefitted from an extant policy, were important, and important in two ways. First, for whatever reason, people strongly tended to adopt opinions that were consistent with sense of whether the policy would be costly or beneficial to them. And second, people's sense of the policy's costs or benefits for themselves seemed to partially drive the opinions they held, at least in the sense that the effect of their personal cost/benefit assessments remained strong in a regression model that took into account many other plausible bases of opinion on these issues.

Some aspects of this research, however, have yielded findings which are consistent with the prevailing understanding. One issue concerns the circumstances under which self-interest effects will emerge as most powerful. Sears and Funk (1990) and Citrin and Green (1990), among others, have argued that self-interest will be important if the issue is salient enough, and the stakes large and clear enough. On the issues studied here, the percentage of people who identified the policy as having no

effect on them personally ranged from a high of 72% for affirmative action to a low of 31% for the very salient issue of national health care. This variation did not affect the importance of self-interested concerns for those who did judge themselves affected, as measured by the different policy positions taken by those seeing the policy as costly or beneficial (technically indicated by the unstandardized regression coefficients). But it did mean that self-interest explained less variation in the policy opinions on the issues where large numbers of people judged their interests to be disengaged.[31]

I have proposed a number of reasons for why previous research may have left us with a misleading sense of self-interest's effects, each developed in the context of a model that views the respondent's own sense of how they will be affected by a policy as an intervening variable that lies between the policy opinions they adopt, on the one hand, and on the features, history, and circumstances of their lives, on the other. My arguments here emphasized the ways that we could go astray when following a strategy that failed to represent and model the intervening step -- the subjective sense of personal cost or benefit -- even if everything that people cared about was rooted in the tangible, material circumstances of their lives. In other words, much of my argument can be seen as saying that we need to adopt a new tactic for investigating what we have been looking for all along. But the subjective approach to measuring self-interest ultimately leaves open the question of what counts as self-interest, after saying only that it must be both <u>about</u> and <u>defined by</u> the self. This raises the question of how people construct their own interests, and whether their sense of things mirrors our ordinary notions of objective interest.

This is only one of the questions for further research that this approach to thinking about and measuring self-interest opens up. Another issue that grows directly out of the current investigation concerns the adequacy of the additive model relating judgments of self- and societal-interest to the

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[31] Notice that affirmative action would seem to count as a highly salient issue, and yet it recorded by far the lowest percentage of people who saw their interests engaged. Given the fairly narrow scope of affirmative action policies this is not surprising. But the result reminds us that salience alone may not alter the extent to which people will judge a policy as affecting themselves.

policy attitudes people hold. Other, non-additive, models are plausible and more compelling, theoretically. A number of questions that previous researchers have asked and answered using objective indicators of self-interest could also bear reexamination within an approach that emphasizes subjective constructions of self-interest. One question that has regularly been addressed in the past concerns whether some groups of people are more likely to adopt policy opinions that serve their self-interest than are others -- especially those who are more or less sophisticated politically, or in more or less dire economic straits. And then there is need for research that evaluates more carefully some of the challenges to this approach that I laid out earlier. Thus, even if the "not-so-minimal" effects argument that I have developed here suffers under closer scrutiny, this investigation does leave us with many new issues to consider.

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Table 1
Descriptive Statistics on Responses to Policy and Interest Questions

A. National Health Care

Policy Opinion				
Strongly Oppose	Weakly Oppose	Weakly Favor	Strongly Favor	Overall Average (0 to 1 scale)
23.6 (268)	9.3 (66)	10.8 (77)	56.3 (400)	.67 (711)

	Interest Series					
	Very Negative	Somewhat Negative	No Effects	Somewhat Positive	Very Positive	Overall Average (-1 to +1 scale)
Self	9.3 (67)	19.9 (143)	30.8 (221)	26.5 (190)	13.4 (96)	.07 (717)
Society	8.3 (60)	17.0 (123)	3.0 (22)	48.3 (349)	23.3 (168)	.31 (722)
Middle-class	7.7 (56)	25.3 (183)	13.1 (95)	40.9 (296)	12.9 (93)	.13 (723)
Wealthy	13.7 (98)	23.9 (171)	41.8 (299)	13.0 (93)	7.6 (54)	-.12 (715)
Poor	3.3 (24)	6.5 (48)	4.1 (30)	27.6 (203)	58.6 (431)	.66 (736)
Whites	4.3 (30)	14.5 (100)	15.5 (107)	46.7 (323)	19.1 (132)	.31 (692)
Blacks	3.5 (25)	6.9 (49)	10.0 (71)	42.1 (299)	37.5 (266)	.52 (710)

Table 1 -- Continued
Descriptive Statistics on Responses to Policy and Interest Questions

B. Public Funding of Private and Parochial Schools

Policy Opinion				
Strongly Oppose	Weakly Oppose	Weakly Favor	Strongly Favor	Overall Average (0 to 1 scale)
56.5 (218)	10.1 (39)	11.9 (46)	21.5 (83)	.33 (386)

	Interest Series					
	Very Negative	Somewhat Negative	No Effects	Somewhat Positive	Very Positive	Overall Average (-1 to +1 scale)
Self	6.6 (26)	18.1 (71)	51.4 (202)	15.0 (59)	8.9 (35)	.01 (393)
Society	12.7 (49)	33.5 (129)	11.2 (43)	29.4 (113)	13.2 (51)	-.02 (385)
Middle-class	9.1 (35)	28.4 (109)	16.1 (62)	33.9 (130)	12.5 (48)	.06 (384)
Wealthy	6.4 (25)	13.4 (52)	37.9 (147)	25.0 (97)	17.3 (67)	.17 (388)
Poor	19.8 (77)	19.1 (74)	12.1 (47)	26.0 (101)	22.9 (89)	.07 (388)
Whites	4.7 (17)	23.5 (85)	28.8 (68)	38.4 (139)	14.6 (53)	.17 (362)
Blacks	11.2 (41)	21.9 (80)	14.5 (53)	32.0 (117)	20.5 (75)	.14 (366)

Table 1 -- Continued
Descriptive Statistics on Responses to Policy and Interest Questions

C. Affirmative Action

Policy Opinion				
Strongly Oppose	Weakly Oppose	Weakly Favor	Strongly Favor	Overall Average (0 to 1 scale)
55.3 (182)	25.2 (83)	9.4 (31)	10.0 (33)	.23 (329)

	Interest Series					
	Very Negative	Somewhat Negative	No Effects	Somewhat Positive	Very Positive	Overall Average (-1 to +1 scale)
Self	3.8 (13)	14.3 (49)	72.2 (247)	6.7 (23)	2.9 (10)	-.05 (342)
Society	8.5 (28)	33.7 (111)	19.1 (63)	32.5 (107)	6.1 (20)	-.03 (329)
Middle-class	6.4 (21)	38.4 (126)	26.8 (88)	24.1 (79)	4.3 (14)	-.09 (328)
Wealthy	5.8 (19)	17.3 (57)	61.2 (202)	12.7 (42)	3.0 (10)	-.05 (330)
Poor	7.9 (26)	17.6 (58)	14.2 (47)	44.8 (148)	15.5 (51)	.21 (330)
Whites	12.4 (41)	42.9 (142)	15.7 (52)	24.2 (80)	4.8 (16)	-.17 (331)
Blacks	3.9 (13)	11.6 (39)	9.5 (32)	51.9 (175)	23.1 (78)	.40 (337)

Table 2
Correlations among Interest Questions

National Health Care
(n=628)

	Self	Society	Mid-class	Wealthy	Poor	Whites	Blacks
Self	1.00						
Society	.54	1.00					
middle-class	.59	.66	1.00				
Wealthy	.12	.19	.26	1.00			
Poor	.26	.45	.35	-.11	1.00		
Whites	.44	.62	.65	.38	.40	1.00	
Blacks	.32	.52	.46	.15	.58	.65	1.00
Variable average	.07	.31	.13	-.11	.67	.30	.51

Public Funding of Private and Parochial Schools
(n=347)

	Self	Society	Mid-class	Wealthy	Poor	Whites	Blacks
Self	1.00						
Society	.45	1.00					
Middle-class	.46	.71	1.00				
Wealthy	.23	.29	.29	1.00			
Poor	.38	.61	.60	.07	1.00		
Whites	.50	.63	.64	.41	.61	1.00	
Blacks	.41	.66	.59	.18	.76	.70	1.00
Variable average	.02	.00	.07	.17	.07	.17	.13

Affirmative Action
(n=266)

	Self	Society	Mid-class	Wealthy	Poor	Whites	Blacks
Self	1.00						
Society	.37	1.00					
Middle-class	.42	.50	1.00				
Wealthy	.22	.26	.33	1.00			
Poor	.31	.35	.36	.22	1.00		
Whites	.28	.46	.56	.34	.37	1.00	
Blacks	.14	.25	.19	.09	.40	.04	1.00
Variable average	-.05	-.07	-.11	-.06	.21	-.17	.40

Table 3A
Objective Explanations of Personal Cost/Benefit Assessments:
National Health Care
(n=576)

Currently insured 0 (yes), 1 (no)	.18 (3.71)
Satisfaction with health care quality 0 (sat), 1 (not sat)	-.01 (-.43)
Is current health care affordable 0 (yes), 1 (no)	.10 (4.53)
Medicare recipient 0 (no), 1 (yes)	.02 (.49)
Medicaid recipient 0 (no), 1 (yes)	.09 (1.68)
Put off medical or dental treatment 0 (no), 1 (yes)	.01 (.40)
Disabled 0 (no), 1 (yes)	-.05 (-.82)
Self-employed 0 (no) to 1 (entirely)	-.01 (-.38)
Income 0 (high) to 1 (low)	.18 (3.38)
Recent economic circumstances 0 (good) to 1 (bad)	.17 (2.79)
Unemployed 0 (no), 1 (yes)	.05 (.87)
Worried about losing job 0 (no) to 1 (very)	.05 (1.15)
Own home 0 (yes), 1 (no)	.04 (1.45)
Age 0 (18 yrs) to 1 (90 yrs)	.12 (1.74)
Adjusted R^2	.20
Standard error	.52

Note: Entries are unstandardized regression coefficients with t-statistics in parentheses below.

Table 3B
The Relationship between National Health Care Opinions
and Alternative Indicators of Self-Interest

Consequences of policy for oneself 0 (neg) to 1 (pos)	.73 (13.55)	--	.69 (11.80)
Currently insured 0 (yes), 1 (no)	--	.09 (1.16)	-.04 (-.55)
Satisfaction with health care quality 0 (sat), 1 (not sat)	--	.00 (.02)	.01 (.23)
Is current health care affordable 0 (yes), 1 (no)	--	.16 (4.61)	.09 (2.84)
Medicare recipient 0 (no), 1 (yes)	--	.07 (1.14)	.06 (1.02)
Medicaid recipient 0 (no), 1 (yes)	--	.07 (.87)	.01 (.14)
Put off medical or dental treatment 0 (no), 1 (yes)	--	.05 (1.12)	.04 (1.06)
Disabled 0 (no), 1 (yes)	--	.15 (1.52)	.19 (2.10)
Self-employed 0 (no) to 1 (entirely)	--	-.14 (-2.50)	-.13 (-2.60)
Income 0 (high) to 1 (low)	--	-.26 (3.13)	-.38 (-5.12)
Recent economic circumstances 0 (good) to 1 (bad)	--	.35 (3.83)	.24 (2.86)
Unemployed 0 (no), 1 (yes)	--	.24 (2.59)	.20 (2.46)
Worried about losing job 0 (no) to 1 (very)	--	.08 (1.29)	.05 (.86)
Own home 0 (yes), 1 (no)	--	.08 (1.90)	.05 (1.40)
Age 0 (18 yrs) to 1 (90 yrs)	--	.11 (1.10)	.03 (.36)
Adjusted R^2	24	.12	.30
Standard error	37	.40	.36

Note: N=576. Entries are unstandardized regression coefficients with t-statistics in parentheses below.

Table 3C
Direct and Indirect Effects of Objective Self-Interest Indicators
on National Health Care Opinions
(n=576)

	Direct Effects	Indirect Effects	Total Effects
Consequences of policy for oneself	.69***	--	(same)
Currently insured	-.04	.12***	.09
Satisfaction with health care quality	.01	.01	.00
Is current health care affordable	.09**	.07***	.16***
Medicare recipient	.06	.01	.07
Medicaid recipient	.01	.06*	.07
Put off medical or dental treatment	.04	.01	.05
Disabled	.19*	-.03	.15
Self-employed	-.13**	.01	-.14**
Income	-.38***	.12***	-.26***
Recent economic circumstances	.24**	.12**	.35***
Unemployed	.20**	.03	.24**
Worried about losing job	.05	.03	.08
Own home	.05	.03	.08*
Age	.03	.08*	.11

Note: Entries are either drawn directly or calculated from the results given in Tables 3A and 3B. For the objective indicators, the direct effects were drawn from the last column of Table 3B (all variables in the model), the total effects were drawn from the second column of Table 3B (all variables except personal cost/benefit assessments in the model), and the indirect effects equal (.69) times (the effect of the variable on personal cost/benefit assessments, Table 3A). Discrepancies between the total effects and the sum of the direct and indirect effect are due to rounding error. Entries are starred to indicate the variables statistical significance in the relevant equation. For the indirect effects column, this refers to the variable's significance level in the equation predicting the personal cost/benefit assessments.
* = $p < .05$, ** = $p < .01$, *** = $p < .001$

Table 3D
The Relationship between Assessments of Personal Cost or Benefit and Opinions on National Health Care: A Multivariate Model (n=539)

Consequences of policy for oneself (1=pos)	.71 (11.78)	.53 (9.01)	.36 (5.83)	.31 (5.12)
Is Rs health care affordable (1=no)	.09 (2.72)	.01	.05 (1.68)	.00
Medicare reciepient (1=yes)	.07	.08 (1.64)	.07	.08 (1.67)
Disabled (1=yes)	.20 (2.17)	.10	.21 (2.59)	.12 (1.56)
Self-employed (1=entirely)	-.12 (-2.28)	-.03	-.04	.01
Income (1=lowest)	-.38 (-5.02)	-.35 (-4.76)	-.38 (-5.55)	-.36 (-5.32)
Recent economic circumstances (1=bad)	.24 (2.84)	.09	.22 (2.89)	.11
Unemployed (1=yes)	.20 (2.43)	.20 (2.65)	.16 (2.11)	.17 (2.39)
Own home (1=no)	.06 (1.71)	.05 (1.50)	.07 (2.11)	.07 (2.10)
Ideology (1=lib)	--	-.03	--	-.12 (-1.62)
Party identification (1=Dem)		.25 (4.44)	--	.22 (4.15)
Egalitarianism (1=high)	--	.20 (2.17)	--	.11
Moral traditionalism (1=low)	--	.06	--	.01
Size of government (1=lib)	--	.01	--	-.02
Symbolic Racism (1=low)	--	.12	--	.13 (1.75)
Willing to pay higher taxes (1=yes)	--	.08 (2.35)	--	.05 (1.67)
Social services spending (1=support)	--	.25 (3.46)	--	.21 (3.08)
Education (1=low)	--	.03	--	.03
Sex (1=female)	--	-.04	--	-.02
Race (1=black)	--	-.05	--	.00
Consequences of policy for society (1=pos)	--	--	.61 (11.45)	.49 (8.78)
Adjusted R^2	.29	.42	.44	.50
Standard error	.36	.33	.32	.30

Note: Entries are unstandardized regression coefficients with t-statistics in parentheses. T-statistics that are less than 1.5 are not printed. Each equation also contained six other variables: currently insured, satisfaction with health care quality, medicaid recipient, put off medical or dental treatment, worried about losing job, and age. Their coefficients never approached statistical significance and in order to save space are not printed here.

Table 4A
Objective Explanations of Personal Cost/Benefit Assessments:
Public Funding of Private and Parochial Schools
(n=320)

Child in school 0 (no), 1 (yes)	.05 (1.30)
Child in private or parochial school 0 (no), 1 (yes)	-.16 (-1.34)
Satisfaction with education, given child(ren) in public school 0 (sat to 1 (not sat)	.05 (1.12)
Satisfaction with education, given child(ren) in private school 0 (sat) to 1 (not sat)	-.29 (-2.01)
Catholic 0 (no), 1 (yes)	.04 (1.13)
Religious Involvement 0 (low) to 1 (high)	.07 (1.42)
Race 0 (white), 1 (black)	.06 (1.15)
Income 0 (high) to 1 (low)	.16 (2.39)
Recent economic circumstances 0 (good) to 1 (bad)	-.09 (1.36)
Unemployed 0 (no), 1 (yes)	-.04 (-.50)
Own home 0 (yes), 1 (no)	.01 (.30)
Age 0 (18 yrs) to 1 (90 yrs)	-.16 (-.60)
Age squared 0 to 1	.19 (.65)
Adjusted R^2	.03
Standard error	.48

Note: Entries are unstandardized regression coefficients with t-statistics in parentheses below.

Table 4B
The Relationship between School Funding Opinions
and Alternative Indicators of Self-Interest

Consequences of policy for oneself 0 (neg) to 1 (pos)	.75 (8.53)	--	.67 (7.73)
Child in school 0 (no), 1 (yes)	--	.01 (.12)	-.02 (-.44)
Child in private or parochial school 0 (no), 1 (yes)	--	.10 (.50)	.20 (1.13)
Satisfaction with education, given child(ren) in public school 0 (sat to 1 (not sat)	--	.09 (1.44)	.06 (1.07)
Satisfaction with education, given child(ren) in private school 0 (sat) to 1 (not sat)	--	-.08 (-.35)	.11 (.50)
Catholic 0 (no), 1 (yes)	--	.13 (2.35)	.10 (2.06)
Religious Involvement 0 (low) to 1 (high)	--	.35 (4.19)	.31 (3.93)
Race 0 (white), 1 (black)	--	.10 (1.27)	.06 (.88)
Income 0 (high) to 1 (low)	--	.04 (.32)	-.07 (-.70)
Recent economic circumstances 0 (good) to 1 (bad)	--	-.08 (-.73)	-.02 (-.20)
Unemployed 0 (no), 1 (yes)	--	.07 (.57)	.09 (.84)
Own home 0 (yes), 1 (no)	--	.03 (.58)	.03 (.50)
Age 0 (18 yrs) to 1 (90 yrs)	--	.19 (.44)	.30 (.74)
Age squared 0 to 1	--	.17 (.34)	.04 (.09)
Adjusted R^2	.18	.10	.25
Standard error	.39	.40	.37

Note: N=320. Entries are unstandardized regression coefficients with t-statistics in parentheses below.

Table 4C
Direct and Indirect Effects of Objective Self-Interest Indicators
on School Funding Opinions
(n=320)

	Direct Effects	Indirect Effects	Total Effects
Consequences of policy for oneself	.68***	--	(same)
Child in school	-.02	.03	.01
Child in private or parochial school	.20	-.11	.10
Satisfaction with education -- public	.06	.03	.09
Satisfaction with education -- private	.11	-.19*	-.08
Catholic	.10*	.03	.13**
Religious Involvement	.31***	.05	.35***
Race	.06	.04	.10
Income	-.07	.11**	.04
Recent economic circumstances	-.02	-.06	-.08
Unemployed	.09	-.03	.07
Own home	.03	.01	.03
Age	.30	-.11	.19
Age-squared	.04	.13	.17

Note: Entries are either drawn directly or calculated from the results given in Tables 4A and 4B. For the objective indicators, the direct effects were drawn from the last column of Table 4B (all variables in the model), the total effects were drawn from the second column of Table 4B (all variables except personal cost/benefit assessments in the model), and the indirect effects equal (.67) times (the effect of the variable on personal cost/benefit assessments, Table 4A). Discrepancies between the total effects and the sum of the direct and indirect effect are due to rounding error. Entries are starred to indicate the variables statistical significance in the relevant equation. For the indirect effects column, this refers to the variable's significance level in the equation predicting the personal cost/benefit assessments.
* = $p < .05$, ** = $p < .01$, *** = $p < .001$

Table 4D
The Relationship between Assessments of Personal Cost or Benefit and Opinions on School Funding: A Multivariate Model
(n=298)

Consequences of policy for oneself (1=pos)	.67 (7.59)	.62 (6.81)	.32 (3.64)	.30 (3.38)
Child in school (1=yes)	-.01	-.03	-.02	-.04
Child in private school (1=yes)	.26	.25	.24	.23
Sat. with education -- public (1=dissat)	.06	.06	.05	.05
Sat. with education -- private (1=dissat)	.22	.21	.19	.17
Race (1=black)	.08	.16 (1.97)	.10 (1.58)	.12 (1.73)
Catholic (1=yes)	.13 (2.45)	.12 (2.36)	.10 (2.12)	.10 (2.14)
Religious Involvement (1=high)	.32 (3.92)	.27 (2.86)	.21 (2.80)	.19 (2.26)
Income (1=lowest)	-.09	-.11	-.10	-.12
Recent economic circumstances (1=bad)	.01	.07	.01	.05
Unemployed (1=yes)	.09	.06	.06	.03
Own home (1=no)	.03	.03	.04	.04
Age (1=oldest)	.39	.46	.54	.65 (1.73)
Age squared	-.05	-.16	-.38	-.51
Ideology (1=lib)	--	-.04	--	-.07
Party identification (1=Dem)	--	-.02	--	.03
Egalitarianism (1=high)	--	-.23 (-1.60)	--	-.29 (-2.22)
Moral traditionalism (1=low)	--	.01	--	-.08
Size of government (1=lib)	--	-.05	--	.00
Symbolic racism (1=high)	--	-.06	--	.04
Education (1=low)	--	.07	--	.04
Sex (1=female)	--	.02	--	.05
Consequences of policy for society (1=pos)	--	--	.59 (8.54)	.59 (8.29)
Adjusted R^2	.25	.25	.40	.40
Standard error	.37	.37	.33	.33

Note: Entries are unstandardized regression coefficients with t-statistics in parentheses. T-statistics that are less than 1.5 are not printed.

Table 5A
Objective Explanations of Personal Cost/Benefit Assessments:
Affirmative Action
(n=277)

Race 0 (white), 1 (black)	-.00 (-.04)
Chance will lose job or promotion to black (whites only) 0 (unlikely) to 1 (likely)	.04 (1.37)
Chance will lose job or promotion to white (blacks only) 0 (unlikely) to 1 (likely)	.27 (2.87)
Whites Only (Blacks Coded at 0):	
AA hurts whites' job chances 0 (disagree) to 1 (agree)	-.07 (-2.43)
Self-employed 0 (no) to 1 (completely)	-.01 (-.23)
Income 0 (high) to 1 (low)	.05 (.92)
Recent economic circumstances 0 (good) to 1 (bad)	-.06 (-1.12)
Unemployed 0 (no), 1 (yes)	-.02 (-.31)
Worried about losing job 0 (no) to 1 (very)	.02 (.41)
Own home 0 (yes), 1 (no)	.01 (.31)
Age 0 (18 yrs) to 1 (90 yrs)	.01 (.20)
Adjusted R^2	.06
Standard error	.32

Note: Entries are unstandardized regression coefficients with t-statistics in parentheses below.

Table 5B
The Relationship between Affirmative Action Opinions
and Alternative Indicators of Self-Interest

Consequences of policy for oneself 0 (neg) to 1 (pos)	.74 (6.79)	--	.60 (5.68)
Race 0 (white), 1 (black)	--	.34 (3.31)	.34 (3.51)
Chance will lose job or promotion to black (whites only) 0 (unlikely) to 1 (likely)	--	-.05 (-.95)	-.08 (-1.48)
Chance will lose job or promotion to white (blacks only) 0 (unlikely) to 1 (likely)	--	.24 (1.40)	.08 (.48)
Whites Only (Blacks Coded at 0):			
AA hurts whites' job chances 0 (disagree) to 1 (agree)	--	-.20 (-3.76)	-.16 (-3.09)
Self-employed 0 (no) to 1 (entirely)		-.06 (-.91)	-.05 (-.88)
Income 0 (high) to 1 (low)	--	.20 (2.25)	.18 (2.06)
Recent economic circumstances 0 (good) to 1 (bad)	--	.07 (.72)	.10 (1.15)
Unemployed 0 (no), 1 (yes)	--	-.04 (-.44)	-.03 (-.35)
Worried about losing job 0 (no) to 1 (very)		.12 (1.54)	.11 (1.49)
Own home 0 (yes), 1 (no)	--	.01 .20	.00 (.10)
Age 0 (18 yrs) to 1 (90 yrs)	--	.07 .70	.06 (.67)
Adjusted R^2	.14	.18	.27
Standard error	.30	.30	.28

Note: N=277. Entries are unstandardized regression coefficients with t-statistics in parentheses below.

Table 5C
Direct and Indirect Effects of Objective Self-Interest Indicators
on Affirmative Action Opinions
(n=277)

	Direct Effects	Indirect Effects	Total Effects
Consequences of policy for oneself	.60***	--	(same)
Race	.34***	.00	.34***
Chance will lose job/promotion to black	-.08	.02	-.05
Chance will lose job/promotion to white	.08	.16**	.24
Affirmative action hurts whites' chances	-.16**	-.04**	-.20***
Self-employed	-.05	-.01	-.06
Income	.18*	.03	.20*
Recent economic circumstances	.10	-.04	.07
Unemployed	-.03	-.01	-.04
Worried about losing job	.11	.01	.12
Own home	.00	.01	.01
Age	.06	.01	.07

Note: Entries are either drawn directly or calculated from the results given in Tables 5A and 5B. For the objective indicators, the direct effects were drawn from the last column of Table 5B (all variables in the model), the total effects were drawn from the second column of Table 5B (all variables except personal cost/benefit assessments in the model), and the indirect effects equal (.60) times (the effect of the variable on personal cost/benefit assessments, Table 5A). Discrepancies between the total effects and the sum of the direct and indirect effect are due to rounding error. Entries are starred to indicate the variables statistical significance in the relevant equation. For the indirect effects column, this refers to the variable's significance level in the equation predicting the personal cost/benefit assessments.
* = $p < .05$, ** = $p < .01$, *** = $p < .001$

Table 5D
The Relationship between Assessments of Personal Cost or Benefit and Opinions on Affirmative Action: A Multivariate Model
(n=257)

Consequences of policy for oneself (1=pos)	.61 (5.61)	.53 (5.11)	.39 (3.58)	.38 (3.53)
Race (1=black)	.41 (3.96)	.24 (2.26)	.39 (4.01)	.26 (2.58)
Chance will lose job or promotion to black (whites only; 1=likely)	-.06	-.07	-.08 (-1.54)	-.07
Chance will lose job or promotion to white (blacks only; 1=likely)	.02	.06	.00	.02
Whites Only (Blacks Coded at 0):				
AA hurts whites' chances (1=agree)	-.15 (-2.77)	-.08	-.12 (-2.38)	-.07
Self-employed	-.05	-.01	-.04	-.03
Income (1=lowest)	.18 (2.01)	.09	.10	.03
Recent econ. circumstances (1=bad)	.11	.05	.12	.09
Unemployed (1=yes)	-.05	-.05	-.08	-.07
Worried about losing job	.11	.08	.09	.07
Own home (1=no)	.01	.00	.03	.02
Age (1=oldest)	.06	.11	.09	.12
Ideology (1=lib)	--	.03	--	-.01
Party identification (1=Dem)	--	.00	--	-.01
Egalitarianism (1=high)	--	-.16	--	-.20 (-1.79)
Moral traditionalism (1=low)	--	.14 (1.62)	--	.13 (1.53)
Size of government (1=lib)	--	.07	--	.06
Symbolic racism (1=low)	--	.49 (4.78)	--	.44 (4.41)
Education (1=low)	--	.11 (1.54)	--	.13 (1.89)
Sex (1=female)	--	.01	--	-.01
Consequences of policy for society (1=pos)	--	--	.38 (5.61)	.31 (4.48)
Adjusted R^2	.28	.36	.36	.41
Standard error	.29	.27	.27	.26

Note: Entries are unstandardized regression coefficients with t-statistics in parentheses. T-statistics that are less than 1.5 are not printed.

Table 6
The Relationship between Policy Opinions and Personal or Societal Cost/Benefit, Using Policy Opinions Measured at Different Times and with Different Questions

	Health Care (Different Questions) (n=557)		School Funding (Different Questions) (n=278)		Affirmative Action (Same Question) (n=271)	
	92 Pre-Election	93 Pilot	92 Post-Election	93 Pilot	92 Post-Election	93Pilot
Consequences for Oneself:						
b	.41	.75	.49	.78	.66	.75
(t)	(9.41)	(13.77)	(4.17)	(8.31)	(6.24)	(7.01)
R^2	.14	.25	.06	.20	.13	.15
Consequences for Society:						
b	.42	.81	.56	.78	.44	.52
(t)	(10.70)	(17.04)	(6.71)	(12.40)	(6.79)	(7.98)
R^2	.17	.34	.14	.36	.15	.19

Note: Entries are bivariate results. B-coefficients are unstandardized.

Question Wording and Index Construction

Policy Questions

National Health Care Should the government see to it that everyone has health insurance or should health insurance be left to individuals and their employers? (strongly/not-strongly follow-up)

Public Funding of Private and Parochial Schools At present, only public schools get government tax funds to educate children. Some people, however, say that private and parochial schools should receive tax support too. What is your opinion -- should we continue the policy of giving tax dollars only to public schools, or should we give tax dollars to private and parochial schools too? (strongly/not strongly follow-up)

Affirmative Action Some people say that because of past discrimination blacks should be given preference in hiring and promotion. Others say that such preference in hiring and promotion is wrong because it gives blacks advantages they haven't earned. What about your opinion -- are you for or against preferential hiring and promotion of blacks? (strongly/not strongly follow-up)

Interest Questions

Form One

We're going to ask you now to think about how various government policies might affect you personally and also different groups in American society.

First, thinking about you personally and your life as it is: if the government set up a national health insurance plan would the consequences for you, in general, be very positive, somewhat positive, somewhat negative, very negative, or would there be no consequences for you personally?

Now thinking about our first group: middle-class Americans (continue with same response options).
What about wealthy Americans?
What about poor Americans?
How about whites?
How about blacks?
What about the country as a whole?

Form Two (Country and Self Reversed)
We're going to ask you now to think about how various government policies might affect different groups in American society as well as you personally.

First, thinking about the country as a whole: if the government set up a national health insurance plan would the consequences for the country, in general, be very positive, somewhat positive, somewhat negative, very negative, or would there be no consequences for the country as a whole?

Now thinking about our first group, middle-class Americans: (same response options).
What about wealthy Americans?
What about poor Americans?
How about whites?

How about blacks?
Thinking now about you personally and your life as it is: (same response options).

The same structure was used for public funding of private and parochial schools, and for affirmative action. The lead question, for the school funding issue read (form one):

First, thinking about you personally and your life as it is: if the government began supporting the education of children attending private and parochial as well as public schools would the consequences for you, in general, be very positive, somewhat positive, somewhat negative, very negative, or would there be no consequences for you personally?

For affirmative action, the lead question was retrospective, not prospective, and read (form one):

First, thinking about you personally and your life as it is: Have programs that give blacks preferences in hiring and promotion had in general very positive consequences for you, somewhat positive, somewhat negative, very negative, or no consequences for you personally?

Other Variables

Variable numbers in the 3000-4000 range mean the question was asked in the 1992 pre-election survey. Questions numbered in the 5000-6000 range were asked in the post-election survey, and those in the 7000 range were asked in the pilot survey.

Uninsured This variable averaged responses to two questions asking whether the respondent was covered by health insurance, one asked in the 1992 study (V3714) and one asked in the 1993 study (V7384). 1=no to both, .5 no to one, 0=yes to both.

Satisfaction with Health Car Quality (V3715) 1=satisfied, 0=dissatisfied

Is Current Health Care Affordable (V3713) 1=yes, 0=no (regarding whether R/family can afford to pay for health care R/family needs)

Receive Medicare (V3442) 1=yes, 0=no or don't know

Receive Medicaid (V3443) 1=yes, 0=no or don't know

Put off Medical or Dental Treatment (V3434) 1=no, 1=yes

Disabled (Recoded from V3914) 1=yes, 0=no

Self-Employed (V3925) 1=work for self only, .5=work for self and others, 0=work for others, not employed (skipped out of question)

Family Income (V4104) Two range categories were first recoded to a value representing their midpoint (66 to 8, 77 to 17), then the entire variable was reversed and recoded to range from 0 (highest income level) to 1 (lowest income level).

Unemployed (Recoded from V3915) 1=yes, 0=no

Recent Personal Economic Circumstances This variable averaged responses to eight questions, each first recoded to range from 0-1, and scored so that higher numbers corresponded to worse personal economic circumstances. Thus the index ranged from 0-1, scaled in the same direction. Six of the eight came from the battery of economic hardship questions asked in the 1992 pre-election survey (V3433, V3435-V3439, each yes-no, regarding putting off buying things; borrowing money, dipping into savings, looking for a job or trying to work more hours, saving money, and falling behind in rent/mortgage payments). The variable about putting off health/medical needs came from this battery but was kept as a separate variable (see above). The other two variables were retrospective personal economic assessments as measured in the 1993 pilot survey (V7241) and the 1992 pre-election survey (V3426).

Worried about Losing Job (V3929) 1=very, .5=somewhat, 0=no

Own Home (V4135) 1=no, 0=yes

Age (V3903) Scaled to range from 0 (youngest=18) to 1 (oldest=90)

Ideology (recoded using V3509 and V3512) Seven point liberal/conservative identification scale, including respondents who were eventually prompted to identify themselves somewhere on the continuum as well as "don't know" responders (who were placed at the midpoint); this in an attempt to retain cases. The scale was then recoded to range from 0 (conservative) to 1 (liberal).

Party Identification (V7370) Recoded to range from 0=Strong Republican to 1=Strong Democrat

Egalitarianism An index averaging responses to six agree/disagree questions about equality in American society, V6024-V6029, coded to range from 0 (inegalitarian/conservative) to 1 (egalitarian/liberal). Alpha=.71

Moral Traditionalism An index averaging responses to four agree/disagree questions about traditional moral standards and moral disarray in American society, V6115-V6118, coded to range from 0 (traditional/conservative) to 1 (non-traditional/liberal). Alpha=.65

Size of Government An index averaging responses to three forced-choice questions about whether government is too large, V5729-V5731, coded to range from 0 (government too big/conservative) to 1 (government not too big/liberal). Alpha=.71

Symbolic Racism An index averaging responses to four agree/disagree questions blending ideas about blacks and about individualistic values, V6126-V6129, coded to range from 0 (anti-black/conservative) to 1 (not anti-black/liberal). Alpha=.74

Willing to Pay Higher Taxes for Services (V5922) 1=yes, .5= don't know, 0=no

Social Services Spending
A four-item additive index of spending questions, regarding food stamps (v3725), welfare programs (v3726), programs to help the unemployed (v3816), and programs to help the poor (v3817), coded to range from 0 (reduce spending) to 1 (increase spending). Alpha=.74.

Education (V3908) Recoded to range from 0 (advanced degree) to 1 (eight grades or less).

Sex (V4201) 0=male, 1=female

Race The primary designation of 1=black and 0=white was made using V4202. However people identifying as hispanic in V4121 or V4122 were excluded.

(Grand)Child in School (V7398) 1=yes, 0=no

(Grand)Child in Private or Parochial School (recoded from V7404) 1=yes, 0=no

Satisfaction with Education (Grand)Child is Receiving (V7403), recoded to range from 0 (satisfied) to 1 (dissatisfied). V7403 summarized the results of a branched series of questions.

Catholic (recoded from V3850) 1=yes, 0=no

Religious Involvement An index averaging four items, frequency of prayer (V3822), frequency of Bible reading (V3823), frequency of church attendance (V3828), and the importance of religion (V3820-V3821).

Chance will Lose Job or Promotion to Equally or Less Qualified White (asked of whites)/Black (asked of blacks) (V7418) Scored to range from 0=very unlikely to 1=very likely

Affirmative Action Programs Hurt Whites Job Chances (V7422) An agree/disagree question, scored to range from 0=disagree strongly to 1=agree strongly

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