**The Public's Fear: Revisiting the Emotional Influences**

**on White Racial Attitudes about Health Care Reform**

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**Abstract**. This study revisits a recent study that reported evidence that anger uniquely influenced the effect of symbolic racism on opinions about Barack Obama and the Democrats' health care reform. However, reanalysis of the data produced another inference, that fear increased the influence of symbolic racism on views of Barack Obama and the Democrats' health care reform. Results illustrate how two researchers can analyze the same data but produce rival inferences. Methods for preventing the need for reanalysis are discussed.

Keywords: race; reproduction; emotions; health care

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The Democratic health care reform bill enacted in 2010 was met with strong opposition from some quarters of the public and Congress. Banks (2014) presented evidence that "anger uniquely increases the impact of racial attitudes on health care opinions" (p. 508), a finding consistent with research indicating that anger is a stronger influence than fear on race-related policy preferences among respondents with higher levels of symbolic racism (Banks and Valentino 2012, Banks and Bell 2013). However, my reanalysis of the data admitted another possible inference: compared to a baseline, *fear* caused a statistically significant increase in the influence of racial attitudes on views of Barack Obama and the Democrats' health care reform.

**Review of the Experiment**

Data for the Banks (2014) survey experiment were collected by Knowledge Networks in June and July of 2010, through the Time-sharing Experiments for the Social Sciences program. The data contained 986 respondents, all of whom were white non-Hispanic. The two waves of the survey had respective response rates of 70.5% and 77.5%.

In the first wave, respondents were asked six items measuring symbolic racism, a single item measuring support for limited government, and items about political party membership, political ideology, religious denomination, and frequency of religious services attendance. See the Supporting Information for the measurement of symbolic racism and support for limited government.

The second wave was conducted a few days to a few weeks later. Respondents were placed into one of four conditions intended to prime a particular emotion or feeling. Respondents placed into a condition intended to prime anger, fear, or enthusiasm were shown a photo of [an angry/a fearful/an enthusiastic] person and given instructions to describe events that have made or could make the respondent feel the indicated emotion. Respondents in the relaxed condition were not given a photo but received instructions to describe events that have made or could make the respondent feel relaxed.

Following the treatment, respondents were asked to report views regarding Barack Obama and the Democrats' health care reform bill:

Do you approve or disapprove of the way Barack Obama is handling Health Care? Please indicate whether you approve strongly, approve somewhat, neither approve nor disapprove, disapprove somewhat, or disapprove strongly.

As of right now, do you favor or oppose Barack Obama and the Democrats' Health Care reform bill?

Respondents who reported favoring the reform bill in the second item were asked to report whether they favored the bill strongly or not strongly; respondents who reported opposing the reform bill were asked to indicate whether they opposed the bill strongly or not strongly. The approve-or-disapprove item, the favor-or-oppose item, and the strength-of-favoring-or-opposing item were the only items that measured opinions about the health care reform.

**Research Design**

There were three outcome variables in the reanalysis. First, disapproval of the way Barack Obama is handling health care was coded from 1 (approve strongly) to 5 (disapprove strongly). Second, opposition to Barack Obama and the Democrats' health care reform bill was coded in a single outcome variable from 0 (favor strongly) to 3 (oppose strongly); respondents who indicated that they favored or opposed the bill but did not respond to the follow-up item were respectively coded as favoring or opposing the bill not strongly. Third, the two aforementioned items were used to construct a scale for negative views of Barack Obama and the Democrats' health care reform, which had a Cronbach's alpha of 0.93 (Cronbach 1951); responses to each outcome variable were standardized so that item means and standard deviations were respectively 0 and 1, with higher values indicating stronger disapproval or opposition.

Responses to these three variables were estimated in models that included only: separate dichotomous variables for the anger, fear, and enthusiasm conditions; a variable for symbolic racism, support for limited government, or partisanship; and interaction terms between condition variables and symbolic racism, support for limited government, or partisanship. Symbolic racism, support for limited government, and partisanship were coded to range from 0 to 1, with higher values respectively indicating higher levels of symbolic racism, support for limited government, and Republican partisanship. Linear regressions were weighted, with cases dropped only if the case had missing data for at least one model variable.

**Results**

Model 1 in Table 1 estimated responses to the item measuring disapproval of the way that Barack Obama is handling health care; the only statistically significant coefficients were for symbolic racism, the fear condition, the interaction of fear and symbolic racism, and the constant. Model 2 estimated responses to the item measuring opposition to Barack Obama and the Democrats' health care reform bill: the only statistically significant coefficients were for symbolic racism, the fear condition, the interaction of fear and symbolic racism, and the constant. Model 3 estimated the scale of negative views of Barack Obama and the Democrats' health care reform; again, the only statistically significant coefficients were for symbolic racism, the fear condition, the interaction of fear and symbolic racism, and the constant.

[Table 1 about here]

Given variable codings, the 2.06 coefficient on symbolic racism in Model 3 indicates that, for persons in the omitted relaxed condition, a change from the lowest level of symbolic racism to the highest level of symbolic racism was estimated to correlate with a 2.06 standard deviation increase in negative views of Barack Obama and the Democrats' health care reform. The -0.73 coefficient on the fear condition variable indicates that, compared to persons in the relaxed condition with the lowest level of symbolic racism, persons in the fear condition with the lowest level of symbolic racism had more positive views of Barack Obama and the Democrats' health care reform, by 0.73 standard deviations. The 0.97 coefficient on the SR x Fear interaction term indicated that the full effect of symbolic racism in the fear condition was 0.97 standard deviations higher than the full effect of symbolic racism in the relaxed condition.

The top row of Figure 1 plots estimates for Model 3. The black dashed line in each graph indicates the influence of symbolic racism in the relaxed condition: the steep slope of the relaxed line in each graph indicates that symbolic racism is a strong predictor of negative views of Barack Obama and the Democrats' health care reform in the relaxed condition. The slightly less steep green line in the top right box indicates that the observed influence of symbolic racism was slightly less strong in the enthusiasm condition compared to the relaxed condition; the steeper red and blue lines in the top left and top middle boxes respectively indicate that the observed influence of symbolic racism was stronger in the anger and fear conditions compared to the relaxed condition. The difference in the slopes between the fear and anger condition was not statistically significant in Model 1, 2, or 3, with respective p-values of 0.146, 0.378, and 0.241; however, respective p-values for the difference in the slopes between the fear and anger conditions were 0.047, 0.158, and 0.084 when the symbolic racism scale was constructed using the Stata alpha command with items standardized before scaling and cases retained if the case had substantive responses to at least three of the six symbolic racism items; this scale had only 2 cases coded as missing due to non-substantive responses.

[Figure 1 about here]

Symbolic racism taps racial attitudes and conservativism simultaneously (Sears and Henry 2003: 271), so it is possible that results in Models 1, 2, and 3 reflect the influence of conservatism instead of the influence of racial attitudes. To address this possibility, Models 4, 5, and 6 in Table 2 correspond to Models 1, 2, and 3 in Table 1, but with support for limited government replacing symbolic racism as a predictor (see Banks 2014: 505). None of the emotional primes  anger, fear, or enthusiasm  had a different effect on the influence of symbolic racism than the relaxed prime did, in terms of influencing responses to the outcome variables. Model 6 results are plotted in the middle row of Figure 1, illustrating this lack of a difference in the effect of the three emotional primes on limited government, relative to the relaxed prime.

[Table 2 about here]

Results for the limited government models suggest that the symbolic racism variable in this experiment might reflect racial attitudes and not support for limited government, but results for Models 7, 8, and 9 in Table 3 suggest that the symbolic racism variable in this experiment might nonetheless largely reflect non-racial attitudes. These models replace symbolic racism with a seven-point self-reported partisanship scale coded from strong Democrat (0) to strong Republican (1). Patterns of results for partisanship displayed in the bottom row of Figure 1 generally match results for symbolic racism in Models 1, 2, and 3, but with smaller effect sizes for partisanship than for symbolic racism.[[1]](#footnote-1) These results suggest that much of the effect of symbolic racism in this experiment might be due to partisanship and not racial attitudes per se. The difference in slopes between the fear and anger condition was not statistically significant in Model 7 but was statistically significant in Models 8 and 9, with respective p-values of 0.127, 0.025, and 0.047.

[Table 3 about here]

**Using Model Specification and Restrictions from Banks (2014)**

Results from Models 1, 2, and 3 suggest that anger did not have a unique influence on the effect of racial attitudes on health care opinions, a finding that conflicts with results from Banks (2014). With the help of Dr. Banks, I was able to almost exactly reproduce results from the first numeric column of Table 2 in Banks (2014), presented in Model 10 of Table 4 here. Model 10 results indicate that anger  but not fear  had a statistically significant influence on the impact of symbolic racism regarding opposition to Barack Obama and the Democrats' health care reform bill. See the Supporting Information for a list of several important differences between key models in the two studies.

[Table 4 about here]

To assess the robustness of the inference about fear's influence on the effect of symbolic racism in predicting negative views of Barack Obama and the Democrats' health care reform, Models 11, 12, and 13 use the model from the first numeric column of Table 2 in Banks (2014) to predict the previously-unreported outcome variables in Models 1, 2, and 3. Results indicate that the fear condition term and fear interaction term retain statistical and substantive significance even using the model specifications and restrictions from the first numeric column of Table 2 in Banks (2014).

**Conclusions**

The data analyzed in Banks (2014) permit multiple inferences. Depending on model specification and the choice and specification of the outcome variables, fear and/or anger had an influence on the effect of symbolic racism and partisanship on negative views of Barack Obama and the Democrats' health care reform. Fear is a plausible emotion for influencing opposition to the health care bill, given the massive scale of the proposed reform to one-sixth of the U.S. economy (Whitesides and Smith 2009), the possibility that the reform might cause the loss of current insurance (Robertson 2009), and the concern that the reform would create "death panels" (Holan 2009). One important implication from the reanalysis is that, if fear drives opposition to the health care reform among a certain subgroup, this permits more prescriptions than if the main driver were anger: to the extent that fear reflects uncertainty about the future, fear can be partially addressed by more incremental policy change and by providing the public with more information.

More generally, the reanalysis illustrates that two researchers can produce rival inferences from the same data. Researchers have expressed concern about "researcher degrees of freedom" in which flexibility in data analysis can produce incorrect inferences (Simmons et al. 2011, Gelman and Loken 2014). Sometimes data permit multiple inferences, and in these cases is it important to identify all of the inferences that can be drawn from the data. However, this places an extra burden on researchers to estimate all reasonable model specifications and requires readers to trust that the set of inferences from all reasonable model specifications have been reported.[[2]](#footnote-2) These problems can be reduced or eliminated with a preregistration plan in which researchers announce ex ante their primary research design choices (Monogan 2013, 2015). These preregistration plans permit researchers to legitimately present analyses as confirmatory and protect researchers from claims that reported results are the product of post-hoc research design choices.

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**Table 1. Influence of Emotions on the Effect of Symbolic Racism**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1 | 2 | 3 |
|  | Disapproval of the way Barack Obama is handling health care | Opposition to Barack Obama and the Democrats' health care reform bill | Negative views of Barack Obama and the Democrats' health care reform scale |
| SR x Anger | 0.48(0.41) | 0.48(0.38) | 0.52(0.39) |
| SR x Fear | **1.04\*(0.37)** | **0.82\*(0.36)** | **0.97\*(0.35)** |
| SR x Enthusiasm | -0.22(0.42) | -0.43(0.42) | -0.26(0.41) |
| Anger condition | -0.32(0.27) | -0.31(0.26) | -0.34(0.26) |
| Fear condition | **-0.78\*(0.25)** | **-0.64\*(0.26)** | **-0.73\*(0.25)** |
| Enthusiasm condition | 0.03(0.29) | 0.18(0.31) | 0.06(0.28) |
| Symbolic racism (SR) | **1.94\*(0.27)** | **2.05\*(0.25)** | **2.06\*(0.26)** |
| Constant | **-1.22\*(0.18)** | **-1.31\*(0.17)** | **-1.31\*(0.17)** |
| Observations | 959 | 956 | 953 |

Note: Numeric cell entries are coefficients, with standard errors in parentheses. Boldface and asterisks indicate statistical significance at the p<0.05 level (two-tailed test).



**Figure 1. Influence of Emotions on the Effect of Symbolic Racism**

Note: The black dashed line in each graph indicates the relaxed condition. Solid lines in the figure are based on Model 3 in Table 1 (top row), Model 6 in Table 2 (middle row), and Model 9 in Table 3 (bottom row).

**Table 2. Influence of Emotions on the Effect of Support for Limited Government**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 4 | 5 | 6 |
|  | Disapproval of the way Barack Obama is handling health care | Opposition to Barack Obama and the Democrats' health care reform bill | Negative views of the health care reform bill opinions scale |
| LG x Anger | -0.17(0.30) | -0.15(0.26) | -0.16(0.27) |
| LG x Fear | 0.25(0.26) | 0.25(0.25) | 0.28(0.24) |
| LG x Enthusiasm | -0.34(0.32) | -0.38(0.32) | -0.38(0.31) |
| Anger condition | 0.09(0.22) | 0.09(0.21) | 0.09(0.21) |
| Fear condition | -0.28(0.20) | -0.29(0.20) | -0.30(0.19) |
| Enthusiasm condition | 0.15(0.24) | 0.21(0.24) | 0.19(0.24) |
| Support for limited government (LG) | **2.11\*(0.18)** | **2.10\*(0.17)** | **2.17\*(0.17)** |
| Constant | **-1.26\*(0.14)** | **-1.26\*(0.14)** | **-1.30\*(0.13)** |
| Observations | 902 | 900 | 897 |

Note: Numeric cell entries are coefficients, with standard errors in parentheses. Boldface and asterisks indicate statistical significance at the p<0.05 level (two-tailed test).

**Table 3. Influence of Emotions on the Effect of Partisanship**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 7 | 8 | 9 |
|  | Disapproval of the way Barack Obama is handling health care | Opposition to Barack Obama and the Democrats' health care reform bill | Negative views of the health care reform bill opinions scale |
| Partisanship x Anger | 0.44(0.26) | 0.43(0.25) | 0.45(0.25) |
| Partisanship x Fear | **0.77\*(0.25)** | **0.87\*(0.23)** | **0.85\*(0.24)** |
| Partisanship x Enthusiasm | 0.12(0.27) | 0.33(0.27) | 0.23(0.26) |
| Anger condition | -0.28(0.16) | -0.27(0.16) | -0.29(0.16) |
| Fear condition | **-0.54\*(0.16)** | **-0.59\*(0.15)** | **-0.59\*(0.15)** |
| Enthusiasm condition | -0.24(0.18) | -0.33(0.18) | -0.29(0.18) |
| Partisanship | **1.38\*(0.20)** | **1.37\*(0.19)** | **1.42\*(0.20)** |
| Constant | **-0.63\*(0.13)** | **-0.63\*(0.12)** | **-0.65\*(0.12)** |
| Observations | 979 | 976 | 973 |

Note: Numeric cell entries are coefficients, with standard errors in parentheses. Boldface and asterisks indicate statistical significance at the p<0.05 level (two-tailed test).

**Table 4. Influence of Emotions on the Effect of Symbolic Racism**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 10 | 11 | 12 | 13 |
|  | Dichotomous opposition to Barack Obama and the Democrats' health care reform bill | Disapproval of the way Barack Obama is handling health care | Opposition to Barack Obama and the Democrats' health care reform bill | Negative views of the health care reform bill opinions scale |
| SR x Anger | **1.58\*****(0.71)** | 0.62(0.37) | **0.79\*(0.35)** | **0.75\*(0.36)** |
| SR x Fear | 0.59(0.65) | **0.85\*(0.33)** | **0.66\*(0.32)** | **0.79\*(0.31)** |
| Anger condition | **-1.03\*****(0.46)** | -0.41(0.25) | **-0.49\*(0.24)** | **-0.48\*(0.24)** |
| Fear condition | -0.50(0.45) | **-0.67\*(0.24)** | **-0.53\*(0.25)** | **-0.62\*(0.23)** |
| Symbolic racism (SR) | **2.48\*****(0.45)** | **1.75\*(0.25)** | **1.73\*(0.23)** | **1.80\*(0.23)** |
| Income | -0.38(0.29) | -0.29(0.19) | -0.27(0.19) | -0.29(0.19) |
| South | 0.17(0.13) | -0.04(0.08) | 0.01(0.08) | -0.01(0.08) |
| Employed | **0.35\*****(0.17)** | 0.18(0.12) | 0.21(0.11) | 0.21(0.12) |
| Political discussion | -0.69(0.46) | -0.19(0.29) | -0.29(0.28) | -0.24(0.28) |
| Own home | 0.12(0.16) | -0.03(0.10) | 0.05(0.10) | 0.01(0.10) |
| Urban | **-0.50\*****(0.16)** | **-0.26\*(0.10)** | **-0.29\*(0.10)** | **-0.29\*(0.10)** |
| Constant | **-1.07\*****(0.36)** | **-0.84\*(0.22)** | **-0.92\*(0.21)** | **-0.91\*(0.21)** |
| Observations | 706 | 707 | 706 | 704 |

Note: The outcome variable for Model 10 is a dichotomous variable measuring whether a respondent favors or opposes Barack Obama and the Democrats' Health Care reform bill. Outcome variables for Models 11, 12, and 13, are the same as for Models 1, 2, and 3, respectively. Numeric cell entries are coefficients, with standard errors in parentheses. Boldface and asterisks indicate statistical significance at the p<0.05 level (two-tailed test). Excluded from the analysis: respondents placed into the enthusiasm condition, respondents who provided text responses that indicated that the respondent did not take the treatment seriously or follow directions correctly, and respondents who completed the survey too quickly or too slowly.

**Supporting Information**

Prompt for the emotion conditions

"Here is a picture of someone who is [ANGRY/AFRAID/ENTHUSIASTIC]. We would like you to describe in general things that make you feel like the person in the picture. It is okay if you don't remember all the details, just be specific about what exactly it is that makes you [ANGRY/AFRAID/ENTHUSIASTIC] and what it feels like to be [ANGRY/AFRAID/ENTHUSIASTIC]. Please describe the events that make you feel the MOST [ANGRY/AFRAID/ENTHUSIASTIC], these experiences could have occurred in the past or will happen in the future. If you can, write your description so that someone reading it might even feel [ANGRY/AFRAID/ENTHUSIASTIC]."

Prompt for the relaxed condition

"Now we would like you to describe in general things that make you feel RELAXED. It is okay if you don't remember all the details, just be specific about what exactly it is that makes you RELAXED and what it feels like to be RELAXED. Please describe the events that make you feel the MOST RELAXED, these experiences could have occurred in the past or will happen in the future. If you can, write your description so that someone reading it might even feel RELAXED."

Measurement of symbolic racism

"For each of the following statements, we would like you to indicate whether you agree strongly, agree somewhat, neither agree nor disagree, disagree somewhat, or disagree strongly.

1. Generations of slavery and discrimination have created conditions that make it difficult for blacks to work their way out of the lower class
2. It is really a matter of some people not trying hard enough; if blacks would only try harder they could be just as well off as whites.
3. Irish, Italian, Jewish and many other minorities overcame prejudice and worked their way up. Blacks should do the same without any special favors.
4. Government officials usually pay less attention to a request or complaint from a black person than from a white person.
5. Over the past few years, blacks have gotten less than they deserve.
6. Most blacks who receive money from welfare programs could get along without it if they tried."

Responses were summed to the above six items, with items 2, 3, and 6 reverse coded. Items 4 and 6 were not used in the Banks (2014) analyses. There were 21 cases with a missing response on at least 1 of the 6 symbolic racism items.

Measurement of limited government

"Some people think the government should provide fewer services in order to reduce spending. Other people feel it is important for the government to provide more services even if it means an increase in taxes. Where would you place yourself on this scale, or haven’t you thought much about this?"

Responses were initially coded from 1 ("The government should provide fewer services in order to reduce spending") to 7 ("The government should provide more services even if it means an increase in taxes"), but were reverse coded for the reanalysis.

Selected differences between key models in Banks (2014) and the present study

1. Banks (2014) did not report results for the presumed outcome variable that asked whether respondents approved or disapproved of the way Barack Obama is handling health care.
2. For the outcome variable asking whether respondents favored or opposed Barack Obama and the Democrats' health care reform bill, Banks (2014) reported results only for the dichotomous favor-or-oppose item; the present study reported results that included responses from the item about whether respondents strongly favored or strongly opposed the health care reform bill.
3. Table 2 in Banks (2014) reported results for anger and fear relative to the relaxed condition, but excluded cases for the enthusiasm condition. Table 3 of Banks 2014 did report results for respondents in the enthusiasm condition compared to respondents in the baseline condition, but that table excluded respondents in the anger and fear conditions.
4. The symbolic racism scale in Banks (2014) included only four of the six symbolic racism items from the questionnaire.
5. Table 2 of Banks (2014) excluded ten respondents not in the enthusiasm condition who completed the survey too quickly or too slowly. Note that data retrieved from the Time-Sharing Experiments for the Social Sciences website did not contain data on the length of time that respondents took to answer the survey items, so this part of the Banks study could not be verified from the available data.
6. Table 2 of Banks (2014) excluded nine respondents who were not in the enthusiasm condition, who had not already been excluded for survey-taking time length reasons, and whose responses indicated that the respondent did not take the treatment seriously or follow directions correctly (e.g., a response of "not smiling eyebrows pointed").
7. Table 2 of Banks (2014) included controls for income, Southern residence, employment status, home ownership, urban residence, and political discussion. Banks described the political discussion control as "a measure of several political topics respondents mention in their open-ended responses to the emotion inductions" (pp. 511-512). This political discussion control coded whether respondents mentioned one of eight political or racial issues, such as education or welfare; this post-treatment political discussion control had four levels.
1. Estimated effect sizes were lower for conservatism than for partisanship, but the p-value for the fear condition and for the interaction of fear and conservatism all fell under 0.10 (two-tailed test) for each of the three outcome variables for models replacing partisanship with conservatism. See Table SI-1 in the Supporting Information. [↑](#footnote-ref-1)
2. Consider possible permutations for the present analysis: (1) opposition to Barack Obama and the Democrats' health care reform bill could be measured with a dichotomous favor-or-oppose coding or with a coding that reflects strength of favoring or opposition, (2) symbolic racism could be measured with the four-item battery that is more common in the literature or with the six items that were included in the survey, (3) analyses could be weighted or unweighted, (4) analyses could control or not control for demographics, (5) analyses could include or exclude respondents whose text responses indicated that the respondent did not take the treatment seriously or follow directions correctly, (6) analyses could include or exclude respondents who completed the survey too slowly or too quickly, and (7) analyses could include or exclude the political discussion variable. These seven choices produce 128 models, and do not account for the fact that several of these choices have more than two options, such as the threshold for excluding respondents who completed the survey too slowly or too quickly. [↑](#footnote-ref-2)