

# Americans' Attitudes About the Senate Filibuster

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## Abstract

We examine public attitudes about one of the most visible procedural features of Congress, the Senate's filibuster and cloture practice. We measure the stability of those attitudes during an important legislative episode, relate them to more abstract attitudes about majority rule and minority rights, and draw inferences about the importance of those attitudes for evaluations of the parties and vote intention for the 2010 elections. We find that filibuster attitudes change in ways predicted by respondents' partisan and policy preferences. Moreover, controlling for party identification, ideology, policy views, and attitudes about majority rule and minority rights in the abstract, filibuster attitudes have modest, asymmetric effects on party evaluations but no effect on vote intention.

## Keywords

public attitudes, U.S. Congress, U.S. Senate, filibuster

Do Americans hold procedural values that serve as the basis for holding members of Congress accountable? The conventional wisdom is that Americans do not care much about procedural matters and instead care about policy matters that have a direct effect on them. While members of Congress

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frequently complain about the procedural unfairness of the other side, these complaints may have little effect on the public independent of the public's attitudes about the substantive policy issues at stake. In this article, we examine public attitudes about one of the most visible procedural features of Congress, the Senate's filibuster and cloture practice. We measure the stability of those attitudes during an important legislative episode, relate them to more abstract attitudes about majority rule and minority rights, and draw inferences about the importance of those attitudes for evaluations of the parties and vote intention in the 2010 elections. We find that filibuster attitudes change in ways predicted by respondents' partisan and policy preferences. Moreover, controlling for party identification, ideology, policy views, and attitudes about majority rule and minority rights in the abstract, filibuster attitudes have modest, asymmetric effects on party evaluations but no effect on vote intention.

### **Elites, Policy Preferences, and Procedural Attitudes**

The interplay of elite strategies and the public's attitudes and behavior is central to the study of democratic politics. Elites not only offer policy positions and rationales but they also make public arguments about their own and their opponents' procedural moves. Arguments about the fairness, constitutionality, responsiveness, and efficiency of decision-making processes are made with great frequency. These elite arguments are intended to be persuasive, but they may be addressed to a public that has only weakly held attitudes about procedural matters.

The balance between majority rule and minority rights is a common feature of elite arguments about process. It is a central issue in the making of constitutions and motivates the design of key features of legislative institutions and parliamentary rules. In American congressional politics, the balance between majority rule and minority rights arises as a political issue whenever a majority in the House of Representatives limits the minority's ability to offer amendments on a major bill or, more prominently, when a minority in the Senate prevents the majority from gaining a vote on a major bill, presidential nomination, or treaty. The subject often generates volumes of public argument and waves of impassioned debates about fairness and democratic values.

There is a conventional wisdom about public opinion about congressional procedure. When she was Speaker of the House, Nancy Pelosi asserted that "the American people don't care about process" (Harwood, 2010, p. A9).

Pelosi was echoing the sentiment of House Republican leader Robert Michel, who observed in 1983 that public obeyed the MEGO principle—"my eyes glaze over"—whenever he started to complain about how majority Democrats treated his party on the House floor.<sup>1</sup> Journalist James Fallows observes that the media, by trying to provide balanced coverage, fails to report on essential procedural detail and contributes to the lack of public understanding.<sup>2</sup>

We benefit from an extensive body of social science literature that addresses how the American public forms their political attitudes. A reasonable expectation from the literature on nonattitudes, priming, and framing is that the public is likely to have weak, malleable, and inconsistent opinions about a subject like legislative procedure (Converse, 1964; Druckman, 2001; Jacobs & Shapiro, 2000; Lippman, 1922; Tversky & Kahneman, 1981; Zaller, 1992). We also have a sizable literature that maintains that the American public holds certain abstract democratic values (Gibson, 2007; Hibbing & Theiss-Morse, 2001) and is capable of taking cues from elites about how to apply them (Downs, 1957; Lupia, 1994; Popkin, 1991). Partisan elites often seek to influence public opinion by appealing to democratic values held by their audience, almost always in tandem with arguments about the policies they are advocating.

While we know that public perceptions of the legislative process contribute to the low esteem in which Congress is held (Hibbing & Theiss-Morse, 2001), perceptions of the filibuster, which may be the most controversial feature of that process, have received no systematic attention in previous scholarly work on institutional attitudes. From the perspective of political institutions, we know that public opinion is a key factor in the development of strategies by parties and leaders. Nevertheless, we do not know how the public assigns credit and blame when filibusters are employed to obstruct Senate action on legislation and nominations. There is no rigorous consideration of how the mass public perceives and judges the procedures involved in passing or blocking legislation.

The study reported here concerns public attitudes about majority rule, minority rights, and the Senate filibuster. We investigate how long-term and short-term political forces shape attitudes about political institutions and policy outcomes. We examine public attitudes based on a panel survey in which the preferences of the same 800 individuals are measured in two contexts: in a period (summer 2009) characterized by relatively little media coverage of Senate procedures, and later (January 2010) in the immediate aftermath of a major obstructionist episode in the Senate, the 2009 battle over health care policy. The panel design, by examining change in attitudes with an important intervening event, allows for strong causal inferences about the causes and consequences of filibuster opinions.

We find that public attitudes about the Senate filibuster crystallized during this legislative episode in a way consistent with the short-term policy and partisan advantages of the cloture rule. Specifically, Republicans, conservatives, and respondents opposing the health care reform policy became substantially more supportive of the filibuster practice during the course of the 2009 Senate battle over health care reform. Moreover, in the immediate aftermath of the episode, evaluations of the parties show the influence of filibuster attitudes, and vote intention for the 2010 elections shows the lingering effect of those attitudes. We conclude that both the substantive policy interests and the elite framing affect people's attitudes on the filibuster. At the same time, we also conclude that, at least under some circumstances, citizens have meaningful attitudes toward the filibuster.

### **Alternative Conceptions of Public Attitudes Toward the Filibuster**

The Senate filibuster is extended debate by a minority intended to prevent a vote on an issue. In the modern Senate, minority obstruction is enabled by the lack of a general rule limiting debate in the absence of cloture. Since 1975, the Senate's cloture rule has provided that a three-fifths majority of elected senators is required to close debate and move to a vote on a motion—a rule that allows a large minority to prevent majority action. In the modern Senate, a filibuster, or at least a credible threat to filibuster, forces the majority to acquire 60 votes to invoke cloture and gain an up-or-down vote on a bill or nomination.<sup>3</sup>

Efforts to obstruct by filibustering or threatening to filibuster are now commonplace. According to one careful count, the number of filibusters per Congress increased from an average of 4.6 in the 1960s to more than 30 in recent Congresses. Cloture votes per Congress increased from an average of 5.2 in the 1960s to several dozen recently. In the 110th and 111th Congresses (2007-2008, 2009-2010), 110 and 112 cloture votes were cast (Sinclair, 2009; Smith, 2011). While a vote to invoke cloture is sometimes used for purposes other than stopping a filibuster, minority obstruction is undoubtedly frequent, and both parties, when in the minority, regularly seek to block the majority by strategically exploiting the Senate's rules.

The Senate's practices stand in sharp contrast to those of the U.S. House of Representatives and most other legislatures, which empower simple majorities to act (Binder, 1997; Binder & Smith, 1997; Smith & Gamm, 2013). The Senate's practices are conspicuous, frequently subject to public mention and controversy, and given a strong normative defense by senators and outsiders.

## *Procedural Values as Exogenous Bases of Political Evaluation*

The public may hold general attitudes about the relative importance of majority rule and minority rights that influence or constrain opinion about the Senate filibuster. Unfortunately, preferences on the balance between majority rule and minority rights have not been given much attention in studies of democratic values in the United States, perhaps because both majority rule and minority rights are considered important democratic values.<sup>4</sup> Similarly, in studies of procedural attitudes (Durr, Gilmour, & Wolbrecht, 1997; Gibson & Caldeira, 1995; Gibson, Caldeira, & Spence, 2003; Hibbing & Theiss-Morse, 2001; Tyler, 1990), no study inquires into public support for the tradeoffs between majority rule and minority rights that are essential in constitutions and the rules of parliamentary bodies.

Although we have little guidance from social science, a reasonable hypothesis is that civic education in America instills values that support both majority rule and minority rights. Less reasonable is any argument about Americans' preferences for the way majority rule and minority rights should be balanced in legislative bodies. We simply do not have evidence to guide us. We know that support for civil liberties varies over time (Gibson, 2008), but general attitudes about majority rule and minority rights have not been measured and reported. A first-cut hypothesis is that Americans' *procedural values*—their view of the proper balance of majority rule and minority rights in legislative bodies—shape their views of the use of the filibuster in the Senate.

## *Procedural Attitudes as Endogenous to Policy Attitudes*

Public preferences regarding the filibuster have been measured only sporadically and only when a particularly salient filibuster has taken place.<sup>5</sup> In the late 1940s, filibusters of popular civil rights legislation were the issue. In 1947, George Gallup's American Institute of Public Opinion (AIPO) found that 57% favored a simple majority threshold for cloture over the two-thirds majority threshold that was in the rule at the time (*Public Opinion Quarterly*, 1947, p. 291). In 1949, a majority in every region except the South favored simple majority cloture (Strunk, 1949, pp. 353-354). The pattern continued in the 1950s and 1960s, with the data showing that a majority of Americans supported the enactment of civil rights legislation and a lower threshold for cloture. In a June 1963 Gallup survey, questions about filibustering and civil rights were asked in the same survey for the first time. Of those who favored a civil rights law, 58% endorsed simple majority cloture. Of those who opposed a civil rights law, only 38% preferred simple majority cloture (AIPO, 1963).

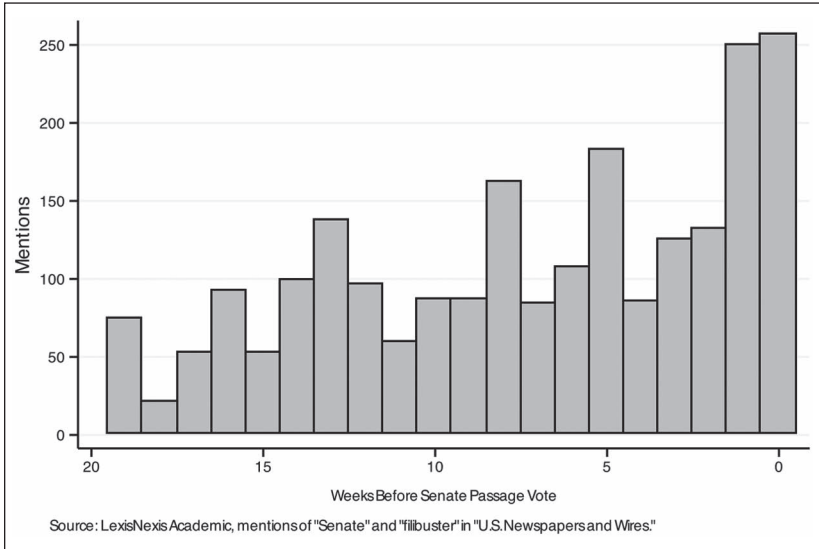
The event that stimulated the largest number of polls on the filibuster was a 2005 episode involving judicial nominations and the Republican threat to take extraordinary steps to overcome the Democrats' obstruction. By a 10-point margin, respondents favored the use of the filibuster. Of those who approved of the Republicans' stance on the nominations issue, 59% opposed the use of the filibuster. Of those on the Democrats' side, only 28% opposed the use of the filibuster (Gallup, 2005).

From this limited experience, a reasonable alternative hypothesis is that public attitudes about the filibuster do not reflect exogenous *procedural values* but rather reflect the *temporary procedural advantage* that the practice provides to one side in a salient policy battle.

## The 2009 Context

This study explores the interaction between policy preferences and filibuster opinion by examining public attitudes during the 2009 health care debate. The episode occurred 4 years after the leadership of a Senate Republican majority considered taking extraordinary steps (the "nuclear option") to circumvent Democratic obstruction on judicial nominees.<sup>6</sup> In 2009, Democrats, then in the majority in both houses of Congress, pushed and passed health care reform legislation. Senate Democrats found a compromise version that attracted the votes of all 60 members of the party conference, invoked cloture, and passed their bill. The public was evenly divided on the health care legislation although opinion trended slightly against the legislation over the fall. This seemed to strengthen Republican resolve to block a vote by the time legislation was prepared for floor consideration. Predictably, Democrats complained, often bitterly, about Republican obstructionism, and liberal commentators insisted that steps be taken to reform Senate rules. Equally predictably, Republicans argued that the Democrats were forcing on the American public a radical policy without adequate debate or consideration of amendments.

The 2009 health care debate was archetypal in the manner in which elites weaved arguments about process into their arguments about policy. Procedural arguments were often reported in the media. Over the last 5 months of 2009, as Figure 1 shows, mentions of the filibuster in U.S. newspaper and news service stories skyrocketed. Over 47% of the stories mentioned the arguments of one or both of the top Senate party leaders about the filibuster. More than is the case for most legislative battles, the media coverage of Senate action on health care implicated parliamentary procedure and may have stimulated a public response to elites' procedural arguments.



**Figure 1.** Mentions of Senate filibuster in major U.S. newspapers and wire services, August-December 2009.

The House passed its version of the legislation (220-215) on November 7, 2009, and Senate Democratic leader, Harry Reid (D-NV), struggled to develop a bill that would attract the necessary 60 votes for cloture. The conspicuous process of rounding up enough votes undoubtedly was not popular with the American people, as Hibbing and Theiss-Morse (2001) would have predicted. Senate floor debate finally started in late November 2009, after well-publicized and widely ridiculed concessions yielded the last two votes necessary to defeat the Republican filibuster. With just the required 60 votes, the Senate invoked cloture and approved the compromised bill (60-39) on December 24, Christmas Eve.<sup>7</sup>

### Hypotheses, Research Design, and Data

As much as any issue since the civil rights fights of the mid-20th century, the health care thrust the Senate’s filibuster practice into the limelight. Our surveys sought to capitalize on an instance of widespread attention to the processes by which legislation is crafted to explore the determinants of initial and changing opinions about the filibuster.

## Hypotheses

Our hypotheses about the determinants of filibuster attitudes are based on the conventional wisdom and two alternative accounts:

1. *Null Hypothesis (Nonattitude Hypothesis)*: The American public does not exhibit meaningful attitudes about the filibuster.
2. *Procedural Values Hypothesis*: Exogenous attitudes about the balance of majority rule and minority rights shape attitudes about the filibuster.
3. *Procedural Advantage Hypothesis*: Filibuster attitudes are formed in response to short-term political advantage.

Under (1), filibuster attitudes are not related to either (a) general procedural attitudes about the balance of majority rule and minority rights or (b) short-term partisanship and policy advantage in the 2009 episode. This reflects the conventional wisdom and serves as our null hypothesis. Under (2), procedural values shape attitudes about the Senate filibuster before and after the episode. At both times, people who prefer majority rule to minority rights in the abstract are less likely to support the filibuster, and the filibuster attitudes rarely change over time. Under (3), filibuster attitudes are not related (or weakly related) to partisanship and policy preferences before the 2009 episode but become structured by partisan and policy preferences during the episode: Republicans, conservatives, and respondents opposing the health care reform policy become more supportive of the filibuster practice.

Apart from the determinants of filibuster attitudes, we also explore whether those attitudes have political implications. If we find that filibuster attitudes evolve over the 2009 episode and those evolving attitudes have political implications for the parties, then filibuster attitudes after the episode should have an effect on evaluations of the two political parties and vote intention for the 2010 elections, independent of party identification, policy attitudes, and procedural values.

## Panel Design

A panel survey design is ideal to conduct empirical tests for our hypotheses. The aggregate data in the media polls are subject to the ecological fallacy.<sup>8</sup> Moreover, even when individual-level data are available, cross-section, one-shot data allow correlational analysis at one point in time but do not provide



a reliable basis for charactering processes that occur dynamically, such as that of elite persuasion of the public about the filibuster. Consequently, evaluating the causes and consequences of attitudes about the Senate filibuster benefits greatly from a panel study with careful attention to context and how it varies over time.

In August 2009, months before the Senate floor debate began, and in January 2010, just 2 weeks after the Senate first passed its health care bill over a Republican filibuster, we conducted a survey in which attitudes about the filibuster, majority rule, minority rights, and other matters were measured.<sup>9</sup> The August 2009 sample ( $t_1$ ) is comprised of 3,000 respondents. The January 2010 sample ( $t_2$ ) is comprised of 800 respondents drawn randomly from a portion of the August sample.

### Variables

We operationalize attitudes about majority rule and minority rights, about the filibuster, party evaluations, and vote intention from panel survey questions. Table 1 discusses the variables and their measurement, and the Appendix A includes the full discussion about all question wordings.

## Filibuster Approval in the Cross Section

Table 2 reports the result of multivariate analyses on the predictors of filibuster support at both time periods:  $t_1$  and  $t_2$ . Abstract procedural attitudes on majority rule and minority rights, as well as party identification and ideology, are included in the  $t_1$  model. However, at  $t_2$ , we supplement the list of independent variables with the variables representing policy preferences on the health care debate, measured at  $t_2$ .<sup>10</sup>

At the time of the initial survey (Model 2A), when talk about the filibuster was relatively muted, support for the filibuster represents a mixture of abstract procedural values and party identification. The best predictor of filibuster support at  $t_1$  is a preference for majority rule and minority rights: those more strongly committed to majority rule opposed the filibuster more ( $p < .01$ ). In addition, Republicans are more likely to favor the filibuster ( $p < .05$ ), and the sign for ideology indicates that conservatives leaned in that direction, too ( $p = .05$ ).

Although the signs are in the same direction, these relationships are of a different strength at the time of the second interview (Model 2B-1). Filibuster opinion is much less closely connected to abstract procedural values at  $t_2$  than

**Table 1.** Variables and Measures.

Name	Measured	Operationalization
Filibuster approval	$t_1$ and $t_2$	5-point response: (1) <i>Strongly disapprove</i> ~ (5) <i>Strongly approve</i>
Filibuster attitude change		Filibuster approval at $t_2$ —Filibuster approval at $t_1$
Party identification	$t_1$	7-point response: (1) <i>Strong Democrat</i> ~ (7) <i>Strong Republican</i>
Ideology	$t_1$	9-point response: (1) <i>Very liberal</i> ~ (9) <i>Very conservative</i>
Favor majority rule	$t_1$ and $t_2$	Principal component for two survey questions on the balance between majority rule and minority rights
Health care support	$t_2$	A set of dummy variables that are composed of (a) Oppose the Senate bill (b) Neutral (= “don’t know”) (c) Support the Senate bill (d) Prefer more liberal bill
Health care dissatisfaction	$t_2$	11-point response: (1) <i>Extremely satisfied</i> ~ (11) <i>Extremely dissatisfied</i>
Blame Republican	$t_2$	5-point response: (1) <i>Not at all</i> ~ (5) <i>A great deal</i>
Blame Democrat	$t_2$	5-point response: (1) <i>Not at all</i> ~ (5) <i>A great deal</i>
Vote intention	$t_2$	1 = if will vote for Republican; 0 = if will vote for Democrat

Note: The response of “don’t know” is treated as a neutral position, whenever possible: “Filibuster approval,” “Favor majority rule,” “Health care support,” “Health care dissatisfaction,” “Blame Republican,” and “Blame Democrat.” However, the response of “Refuse to answer” is treated as a missing value.

they are at  $t_1$  ( $p = .22$ ). What is also remarkable is the increase in the impact of party identification on filibuster opinion: roughly speaking, the bivariate relationship of party identification and filibuster support doubles at  $t_2$  (from 0.14 to 0.30), and the multivariate coefficient also increases from 0.11 to 0.18 ( $p < .01$ ).<sup>11</sup> Thus we see evidence of significant partisan sorting of filibuster attitudes between the two interviews, relatively free from the constraint by abstract procedural values.<sup>12</sup>

Table 2 also documents the influence of health care policy preferences on filibuster support. Dissatisfaction with the bill, controlling for party identification and ideology, is significantly associated with greater support for the

**Table 2.** Ordered Logit Estimates for Filibuster Approval, Cross-Sections at  $t_1$  and  $t_2$ .

	D.V. = Filibuster approval at $t_1$		D.V. = Filibuster Approval at $t_2$	
	Model 2A	Model 2B-1	Model 2B-2	Model 2B-3
Party identification	0.11* (2.19)	0.18** (3.07)	0.15* (2.47)	0.14* (2.37)
Ideology	0.09 (1.95)	0.13* (2.30)	0.10 (1.79)	0.10 (1.81)
Favor majority rule (at $t_1$ )	-0.35*** (-4.13)			
Favor majority rule (at $t_2$ )		-0.11 (-1.23)	-0.11 (-1.30)	-0.11 (-1.24)
Health care policy: Oppose			0.53 (1.91)	
Health care policy: Prefer more liberal			0.21 (0.56)	
Health care policy: Neutral			0.19 (0.70)	
Health care policy: Dissatisfaction				0.11* (2.22)
N	744	745	742	742
F-statistic	10.08***	16.51***	8.33***	11.83***

Source: National telephone surveys, August 2009 and January 2010.

Note: All models are estimated via ordered logit. The cut points (or thresholds) from the model estimation are excluded here and available from the authors. Cases are weighted by  $t_2$  weights (CPS). Coefficients are shown and  $t$ -values are in parentheses.

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

filibuster practice (Model 2B-3). The coefficients for the subcategory of the health care policy opponents is not statistically significant ( $p = .06$ ) although the sign is as predicted (Model 2B-2).<sup>13</sup>

The survey result from the two periods strongly supports for the procedural advantage hypothesis: filibuster attitudes have strong and direct connection with partisan and policy interests *when* both the filibuster and the health care reform policy become salient to the public. At first, people form their opinion on the filibuster based on their abstract procedural value (i.e., majority rule vs. minority rights); yet, for some people, this abstract procedural value contradicts their partisan interests during the health care reform debate.<sup>14</sup> As such, people’s abstract procedural value does not guide their filibuster attitudes any more at  $t_2$ . Rather, partisan and policy interests dominate their filibuster attitudes.

## Filibuster Approval Over Time

Because we used the same filibuster support question for both  $t_1$  and  $t_2$  surveys, we can assess the degree to which filibuster attitudes changed over the course of the 6 months or so between the two interviews. Between the two interviews, 23.4% of the respondents became less supportive of the filibuster, 41.5% did not change their attitudes, and 35.1% became more supportive. In the aggregate, Republicans started more pro-filibuster than the Democrats and changed their views, in the pro-filibuster direction, the most. The percentage of Republicans supporting the filibuster at  $t_1$  was 58.5%; this number climbed to 75.3% at  $t_2$ . For Democrats, the two percentages are 45.1% and 46.9%, respectively. Thus, Republicans, whose party had been the Senate minority for 2 years by 2009, were the most pro-filibuster before the health care episode and became much more so by the time it ended.

The largest change was “disapprove” to “approve” of the filibuster practice (Table 3A). Of those approving of the filibuster in August 2009, a small portion of respondents (24.9%) changed their opinion and disapproved the filibuster in 2010. Conversely, of those who disapproved in 2009, 45.6% switched to approving in January 2010. Respondents uncertain in 2009 broke evenly in 2010.

We further examine the opinion change in filibuster support by dividing groups: first by party identification and second by health care policy position (Table 3B). Change in filibuster opinion does in fact vary with party identification: Only 19.0% of Republicans became *less* supportive of the filibuster, whereas 29.7% of the Democrats reduced their support. In contrast, 37.6% of the Republicans became *more* supportive of the procedure, compared to 25.0% of the Democrats. When we divide groups by their health care policy positions, the pattern looks very similar. Bill opponents are considerably more likely to have increased their support for the filibuster as compared to bill supporters (42.9% vs. 25.0%).<sup>15</sup>

The pattern of change in filibuster views is consistent with the procedural advantage hypothesis that Republicans and health care reform opponents became aware of the partisan advantages of the filibuster during the 6 months between the first and second interviews. Their Senate leaders actively defended their filibuster as a legitimate way to oppose the radical plans of the Democrats. However, Democrats (particularly in the Senate) were not as heavily invested in arguments about the filibuster because they had the 60 votes needed to invoke cloture. As long as the majority leader could keep 60 votes together, the Democrats did not have to draw attention to procedural matters. Plainly, we can infer that the pattern is consistent with the view that attitudes about the filibuster crystallized during the 2009 episode and that this crystallization is a systematic

**Table 3.** Change in Attitudes Toward the Filibuster.

A. Opinion change in filibuster support			
	Attitude at $t_1$		
	Disapprove	Uncertain	Approve
Attitude at $t_2$			
Disapprove	52.3	39.5	24.9
Uncertain	2.0	16.3	1.9
Approve	45.7	44.2	73.2
Total	100.0%	100.0%	100.0%
N	348	43	406

B. Opinion change in filibuster support: By different groups		
	Democrats	Republicans
Become more supportive	27.7	37.6
Stay the same	42.8	43.4
Become less supportive	29.5	19.0
Total	100.0%	100.0%
N	285	226

	Bill supporters	Bill opponents
Become more supportive	25.0	42.9
Stay the same	50.4	40.5
Become less supportive	24.6	16.6
Total	100.0%	100.0%
N	252	289

Source: National telephone surveys, August 2009 and January 2010.

Note: “Strongly disapprove” and “disapprove” responses are collapsed, as are “strongly approve” and “approve” responses. Cases are weighted by  $t_2$  weights (CPS).

response to the partisan and policy stimuli of the intervening events, but the asymmetry between Republicans and Democrats warrants further investigation.

We also conduct the multivariate analysis, in which the dependent variable is filibuster opinion change over time and the independent variables are the same as in the cross-sectional models. Tables 4 and 5 report the result of multivariate analyses on filibuster opinion change.

Party identification, ideology, and health care views are sufficiently col-linear that estimating their independent effects on change in filibuster

**Table 4.** Ordered Logit Estimates for Change in Filibuster Approval,  $t_1$  and  $t_2$ .

	D.V. = Filibuster Approval at $t_2$ —Filibuster Approval at $t_1$					
	Model 4A-1	Model 4A-2	Model 4B-1	Model 4B-2	Model 4B-3	Model 4B-4
Party identification	0.04 (0.67)	0.06 (1.07)	0.11** (2.62)			
Ideology	0.03 (0.64)	0.04 (0.77)		0.09* (2.26)		
Health care policy: Oppose	0.36 (1.28)				0.61** (2.98)	
Health care policy: Prefer more liberal	-0.00 (-0.00)				0.11 (0.34)	
Health care policy: Neutral	-0.10 (-0.31)				-0.02 (-0.08)	
Health care policy: Dissatisfaction		0.04 (0.82)				0.09* (2.12)
Favor majority rule (at $t_2$ )	0.13 (1.65)	0.13 (1.66)	0.15 (1.86)	0.13 (1.66)	0.15* (1.97)	0.16* (2.15)
N	738	738	760	761	781	782
F-statistic	2.53*	2.94*	5.79**	4.59*	3.91*	4.54*

Source: National telephone surveys, August 2009 and January 2010.

Note: All models are estimated via ordered logit. The cut points (or thresholds) from the model estimation are excluded here and available from the authors. Cases are weighted by  $t_2$  weights (CPS). Coefficients are shown and t-values are in parentheses.

\* $p < 0.05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

attitudes is difficult (Table 4A 1-2).<sup>16</sup> However, Table 4B 1-4 demonstrates that Republicans, conservatives, and anti-health care bill respondents became more pro-filibuster between  $t_1$  and  $t_2$ .

Oddly, there is a positive relationship between support for majority rule ( $t_2$ ) and becoming more supportive of the filibuster. This appears to be due to the fact that, at  $t_1$ , support for majority rule was associated with weaker support for the filibuster practice and Republicans and conservatives tended to be more supportive of majority rule. This abstract attitude did not prove very constraining. These same people demonstrate the greatest propensity to become more pro-filibuster during the episode.

The correlates of change in attitudes are clarified in Table 5, which reports multivariate estimates by party and policy views. Among Republicans, for whom we have seen the greatest change in filibuster attitudes, opposition to the bill is related to greater approval of the filibuster practice. None of our variables is related to change in filibuster attitudes among Democrats. Attitude about majority rule is not related to change in filibuster attitudes for either group of partisans, but it has a modest effect for health care bill opponents. Again, favoring majority rule produces a more strongly pro-filibuster change in attitude.

**Table 5.** Ordered Logit Estimates for Change in Filibuster Approval,  $t_1$  and  $t_2$ , by Party and Policy Preference.

	By Party		By Policy Preference	
	Democrats only	Republicans only	Health Care Bill supporters only	Health Care Bill opponents only
	Model 5A-1	Model 5A-2	Model 5B-2	Model 5B-2
Party identification			-0.11 (-1.40)	0.19 (1.68)
Ideology	-0.03 (-0.38)	0.02 (0.13)	-0.02 (-0.17)	-0.03 (-0.30)
Health care policy: Oppose	-0.26 (-0.49)	1.51** (2.71)		
Health care policy: Prefer more liberal	0.33 (0.81)	0.90 (1.15)		
Health care policy: Neutral	-0.55 (-1.14)	1.73* (2.29)		
Favor majority rule (at $t_2$ )	0.08 (0.58)	0.07 (0.57)	0.12 (0.82)	0.33* (2.26)
N	271	235	219	284
F-statistic	0.53	2.31*	0.99	2.75*

Source: National telephone surveys, August 2009 and January 2010.

Note: All models are estimated via ordered logit. The cut points (or thresholds) from the model estimation are excluded here and available from the authors. Cases are weighted by  $t_2$  weights (CPS). Coefficients are shown and t-values are in parentheses.

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

## Filibuster Approval, Party Evaluations, and Vote Intention

The effect of filibuster attitudes on party evaluations and vote intention are shown in Table 6. Controlling for the effect of party identification, support or opposition to the filibuster practice is related to blame of the Republicans, the minority party that employed the filibuster. On the other hand, only policy views, not filibuster attitudes, are related to blame of the Democrats, the majority party. Thus we observe that the filibuster attitudes have an asymmetric effect for the parties.

For now, we do not have a theoretical account for this asymmetric effect. It may be that the general public is more sympathetic to majority rule than to the right of the minority to block action, which creates an anti-filibuster attitude with the potential for influencing evaluations of the filibustering party. If so, then bill supporters may have disliked the Senate minority for both its policy stance and its procedural strategy, while bill opponents may have disliked the Senate’s majority party only for its policy.

**Table 6.** Ordered Logit and Logit Estimates of the Effect of Filibuster Approval on Party Evaluations and 2010 Vote Intention.

	D.V. = Blame toward Republican Party		D.V. = Blame toward Democratic Party		D.V. = Vote for Republican candidate	
	Model 6A-1	Model 6A-2	Model 6B-1	Model 6B-2	Model 6C-1	Model 6C-2
Blame toward Republican Party						
Blame toward Democratic Party						
Filibuster approval (at $t_2$ )	-0.26*** (-3.32)	-0.25*** (-3.24)	0.09 (1.01)	0.05 (0.48)	-0.14 (-0.71)	-0.19 (-1.08)
Party identification	-0.22*** (-3.93)	-0.22*** (-4.43)	0.15* (2.39)	0.17* (2.44)	0.45*** (3.04)	0.40*** (2.70)
Ideology	-0.05 (-0.96)	-0.05 (-1.11)	-0.02 (-0.38)	-0.00 (-0.05)	0.93*** (7.06)	0.06 (0.34)
Favor majority rule (at $t_2$ )	-0.05 (-0.67)	-0.09 (-1.11)	0.10 (1.23)	0.12 (1.39)	0.20* (2.29)	0.22* (2.46)
Health care policy: Oppose	-0.38 (-1.32)		1.81*** (5.33)		0.32* (1.99)	0.29 (1.86)
Health care policy: Prefer more liberal	0.47 (1.38)		0.72* (2.29)		1.93*** (4.24)	
Health care policy: Neutral					1.04 (1.36)	
Health care policy: Dissatisfaction	-0.44 (-1.72)		0.36 (1.22)		1.45*** (2.63)	
Constant		-0.06 (-1.61)		0.28*** (4.86)		0.38*** (4.73)
N	741	741	741	741	621	621
F-statistic	9.04***	11.49***	13.31***	14.54***	13.23***	14.58***

Source: National telephone surveys, August 2009 and January 2010.

Note: Models 6A and 6B are estimated via ordered logit, and Model 6C via binary logit. The cut points (or thresholds) from the estimation are excluded here and available from the authors. Cases are weighted by  $t_2$  weights (CPS). Coefficients are shown and t-values are in parentheses.\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .



The vote intention models (6C-1, 6C-2) show the predicted effects of party identification, ideology, policy views, and blame of the parties for the health care outcome. Filibuster attitudes, however, show no net effect. The modest and asymmetric relationship between filibuster attitudes and party blame on health care is not translated into a statistically significant effect on vote intention independent of partisan and policy considerations.

## Discussion

We have found that filibuster attitudes change in ways predicted by respondents' partisan and policy preferences. Moreover, controlling for party identification, ideology, policy views, and attitudes about majority rule and minority rights in the abstract, filibuster attitudes have modest, asymmetric effects on party evaluations but no effect on vote intention.

At the time of our initial interview, before the battle on health care moved into full speed, public opinion toward the filibuster were connected to more abstract procedural values, with those favoring majority rule more than minority rights tending to oppose the filibuster. The health care debate altered public attitudes about the filibuster. Republicans and bill opponents became more supportive of the filibuster; Democrats and bill supporters changed their views little or at least less systematically. As a result, partisan polarization on the value of the filibuster increased at the second interview. Even those favoring majority rule, who were disproportionately Republican and conservative, shifted their views about the filibuster, now expressing support rather than opposition to the filibuster.

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

The changes in and the effects of filibuster attitudes may have been stronger if the legislative outcome had been different. As it turned out, our second survey of attitudes about the legislation and filibustering occurred after the Senate passed the legislation with 60 votes, precisely the requisite number, and at a time when House-Senate negotiations were expected to be successful. If health care bill had been successfully blocked by a filibuster, attitudes about the exercise of majority rule and particularly minority rights may have intensified and become more influential, particularly for Democrats.

More needs to be learned about how citizens perceive procedural abuse and connect it to their political judgments. This initial foray into this matter

has, at a minimum, revealed that citizens have some meaningful attitudes toward procedures such as the filibuster. Specifying more precise conditions that cause procedural and policy preferences to converge and diverge should be a prime goal of future research by students of public opinion.

## Appendix A

### Survey Questions

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*Attitudes Toward the Filibuster:* The question that we used in the both interviews is

- As it turns out, a filibuster is a means by which a minority of Senators can extend debate endlessly and thereby prevent a vote on an issue in the Senate. In general, what's your opinion of allowing the minority to block a vote on a piece of legislation? (a) Disapprove strongly; (b) Disapprove; (c) Don't Know; (d) Approve; and (e) Strongly approve.

*Blame Toward the Parties:* The two questions from the second interview are

- How much do you blame the Republican minority for the specific version of the health care bill that was passed by the Senate? Would you say that you blame the minority? (a) A great deal; (b) Some; (c) Not very much; and (d) Not at all.
- How much do you blame the Democratic majority for the specific version of the health care bill that was passed by the Senate? Would you say that you blame the majority? (a) A great deal; (b) Some; (c) Not very much; and (d) Not at all.

*Vote Intention in the 2010 Elections:* The question from the second interview is

- If the 2010 election for U.S. Senate were being held today, would you vote for the Republican candidate or the Democratic candidate in your state? Would you say you are? (a) Certain I would vote for the Republican; (b) Probably would vote for the Republican; (c) Probably would vote for the Democrat; and (d) Certain I would vote for the Democrat

*Party Identification:* The three questions from the initial interview that are combined to create a single measure of party identification are

- Generally speaking, do you usually think of yourself as a Republican, Democrat, Independent, or what? (a) Democrat; (b) Republican; (c) Other (Specify); and (d) Independent
- [If response = a or b] Would you call yourself a strong Democrat/Republican or not a very strong Democrat/Republican? (a) Strong; and (b) Not very strong.
- [If response = Others] Do you think of yourself as closer to the Republican Party or to the Democratic Party? (a) Closer to Republican; (b) Neither; and (c) Closer to Democrat.

*Ideology:* The three questions from the initial interview that are combined to create a single measure of ideology are

- When it comes to policy, some people think of themselves as liberal, and others think of themselves as conservative. How would you describe yourself? Are you? (a) Liberal; and (b) Conservative
- [If response = a or b] Would you say you are? (a) Somewhat liberal/conservative; (b) Liberal/conservative; and (c) Extremely liberal/conservative
- [If response = Others] Well, would you say you are closer to being liberal or to being conservative, or that you are closer to neither? (a) Closer to liberal; (b) Closer to conservative; (c) Closer to neither

*Majority Rule and Minority Rights:* The two questions from both interviews that we used to conduct the principal component analysis for creating a single measure are

- If I had to choose between allowing the majority to get what they want or protecting the rights of the minority, I would choose protecting the rights of the minority. (a) Agree strongly; (b) Agree; (c) Are uncertain; (d) Disagree; and (e) Disagree strongly.
- Which of the following statements do you agree most with? <A> For democracy to work best, the will of the majority must be followed OR For democracy to work best, the rights of minorities must be protected? (a) First; (b) More first than second; (c) Can't say; (d) More second than first; and (e) Second.

*Health Care Policy Satisfaction:* The question from the second interview is

- At this point, the Senate has passed a health care bill after compromises were made to attract enough votes from a large majority of the Senators. How satisfied you are with the version of the bill that passed the Senate? Using a score of 1 to 10, where 1 means that you are very satisfied and 10 means you are very dissatisfied with the Senate bill, and choosing any number in between, please tell me how satisfied you are? Score: \_\_\_\_\_ 1~10.

*Health care Policy Position:* The two questions from the second interview that are combined to create a single measure of health care support are

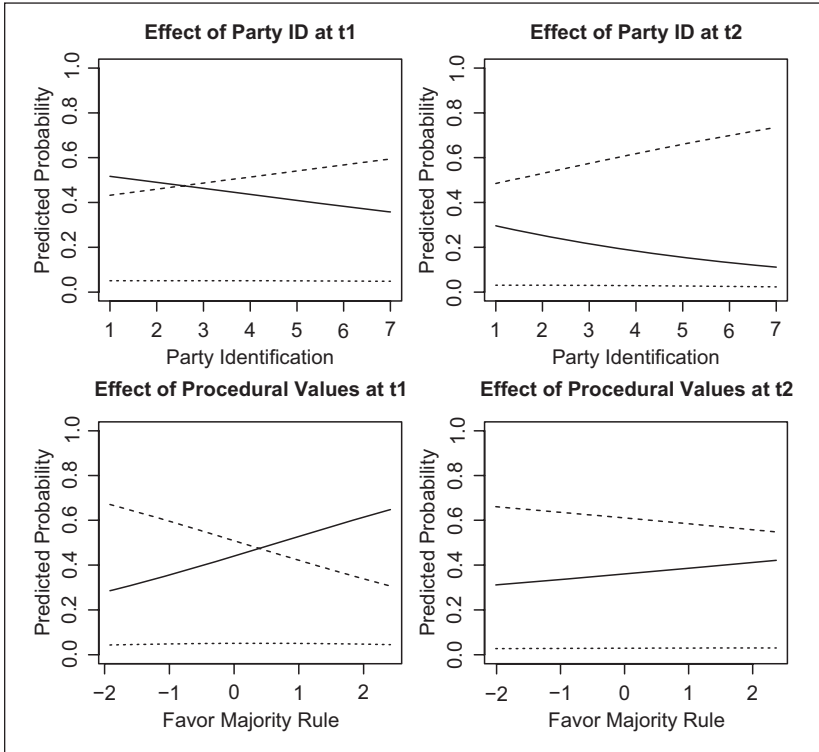
- Let me put that another way, do you support or oppose the final version of the health care bill that passed the Senate? (a) Support; and (b) Oppose.
- [Among Opponents Only] Do you oppose the Senate bill because it does not go far enough to extend health care coverage or because it goes too far in creating a new program? (a) Does not go far enough; and (b) Goes too far.

## Appendix B

### Additional Graphs

We create graphs of predicted probabilities to show the effects of our independent variables in a more vivid way. An illustration in Figure 2 below is based on the models of filibuster approval in the cross section (i.e., Table 2). Because our dependent variable is a 5-category variable, we combine the categories into three: (a) disapprove and strongly disapprove; (b) neutral; and (c) approve and strongly approve. Then, we calculate the predicted probabilities of the three “new” categories by changing one of our independent variables from its minimum to its maximum—first party identification and later procedural values—but holding other independent variables at their mean values.

The upper panels show the effect of party identification. When it changes from strong Democrats to strong Republicans (1-7 on the horizontal axis), the probability of filibuster approval increases (dashed line) and the probability of filibuster disapproval decreases (solid line) at  $t_1$  before the 2009 episode. However, the effect becomes more dramatic at  $t_2$  after the episode: the two lines become wider with no overlap, and the dashed line becomes steeper.



**Figure 2.** Predicted probabilities for different values of party ID and procedural values.

Note: Predicted probabilities calculated by the authors based on Model 2A and Model 2B-1. The solid line represents “disapprove” and “strongly disapprove” positions combined. The dashed line represents “approve” and “strongly approve” positions combined. The dotted line represents “neutral” position.

This shows a significant partisan sorting of filibuster attitudes between the two interviews.

The lower panels show the effect of abstract procedural values. When it changes from the “pro-minority rights” position to the “pro-majority rule” position (from -2 to 2.5 on the horizontal axis), the probability of filibuster approval decreases (dashed line) and the probability of filibuster disapproval increases (solid line) at  $t_1$ . However, at  $t_2$ , the two lines become significantly less steeper, showing minimal effect of abstract procedural values on filibuster attitudes after the 2009 episode.

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## Notes

1. Quoted in Sarah A. Binder, "A Primer on Self-Executing Rules." *Up Front* (Brookings). <http://www.brookings.edu/blogs/up-front/posts/2010/03/17-rules-binder>.
2. See <http://www.theatlantic.com/politics/archive/2011/10/false-equivalence-watch-with-positive-developments/247151/>.
3. The scholarship on the filibuster from an institutional viewpoint is substantial. See, for example, Binder and Smith (1997), Binder, Lawrence, and Smith (2002), Binder, Madonna, and Smith (2007), Koger (2010), and Wawro and Schickler (2006).
4. Indeed, attitudes about majority rule and minority rights are not listed explicitly among the "core beliefs" in the literature on Americans' political beliefs (Devine, 1972; Feldman, 1988; Hurwitz & Peffley, 1987; Lipset, 1979; McClosky & Zaller, 1984; Rokeach, 1973).
5. The earliest poll on the filibuster is a July 1937 AIPO poll that shows that a slightly higher percentage of respondents (34% vs. 31%, with the other third saying they did not understand the question or had no opinion) opposed than favored a filibuster of President Franklin D. Roosevelt's plan to expand the size of the Supreme Court (AIPO, 1937; Krock, 1937; Clark, 1937).
6. For accounts of the event, see Chaddock (2003), CNN "Senators Compromise," and Stolberg (2005). Several scholarly articles have examined the controversy, in addition to the historical development of the roles of the filibuster and the "nuclear option," from a political science approach—see Binder et al. (2007), Cornyn (2003), and Law and Solum (2006).
7. The House and the Senate bills were resolved when the two houses addressed their differences in a separate reconciliation bill, which was subject to a debate limit and therefore not subject to a filibuster.

8. Ecological fallacy occurs when inferences about the individuals are drawn from the aggregate characteristics of the group to which those individuals belong.
9. The survey is based on a nationally representative sample. The survey, conducted by Schulman, Ronca, and Bucuvalas Inc. (ABT-SRBI), was fielded during the summer of 2009, using Computer Assisted Telephone Interviewing. Within households, the respondents were selected randomly. The interviews averaged around 23 min in length. The AAPOR Cooperation Rate No. 3 was 44.2% and the AAPOR Response Rate No. 3 was 27.6% (see AAPOR, 2000), which is slightly below the average of telephone surveys these days. The final data set was subjected to some relatively minor poststratification and was also weighted to accommodate variability in the sizes of the respondents' households. The initial questionnaire was subjected to a formal test and, on the basis of the results of the pretest, was significantly revised. A Spanish-language version of the questionnaire was prepared and used on the request of the respondent (2.1%). The  $t_2$  survey was conducted in early 2010, with 800 interviews being completed out of a subsample from the initial survey of 1,290 eligible respondents. The sample of  $t_1$  respondents was drawn as a stratified random sample from the  $t_1$  population. The AAPOR Cooperation Rate No. 3 was 82.9% and the AAPOR Response Rate No. 3 was 66.7%. A tiny number of  $t_2$  interviews (1.0%) were completed in Spanish. The January 2010 interview was conducted before the Massachusetts senatorial special election that reduced the Democrats' Senate majority to 59 seats, one fewer than the number of votes required for cloture.
10. Ideological self-identification and party identification are measured at  $t_1$  and used for both  $t_1$  and  $t_2$  models. Our theoretical interest requires focusing on uncontaminated measures that is obtained from the initial interview: we want to avoid a scenario in which the health care reform battle in Congress switched partisan affiliations, or even ideological self-identifications.
11. We first stack  $t_1$  and  $t_2$  responses together, then create a dummy variable indicating whether the data are from  $t_1$  or  $t_2$ , and finally run a full interactive model (with time). The  $p$  value is then acquired from the interaction term between time and party identification.
12. See Appendix B for a visual illustration of the result.
13. The omitted baseline category for the health care set of dummy variables is "support for the Senate bill."
14. Republicans are more likely to support for the majority rule at the initial survey ( $r = .26$ ) even though the Republican Party is in congressional minority.
15. One interesting observation is that a substantial number of Democrats and bill supporters changed their filibuster attitudes but those changes occurred in both directions in about equal numbers (see Table 3B).

16. Another reason might be an asymmetry of filibuster attitude change: a combination of three “part-time” forces at the same time would not be enough to reveal statistical significance for each individual coefficient.

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