



FlashReport

Racial prejudice predicts opposition to Obama and his health care reform plan

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ABSTRACT

The present study examines the relationship between racial prejudice and reactions to President Barack Obama and his policies. Before the 2008 election, participants' levels of implicit and explicit anti-Black prejudice were measured. Over the following days and months, voting behavior, attitudes toward Obama, and attitudes toward Obama's health care reform plan were assessed. Controlling for explicit prejudice, implicit prejudice predicted a reluctance to vote for Obama, opposition to his health care reform plan, and endorsement of specific concerns about the plan. In an experiment, the association between implicit prejudice and opposition to health care reform replicated when the plan was attributed to Obama, but not to Bill Clinton—suggesting that individuals high in anti-Black prejudice tended to oppose Obama at least in part because they dislike him as a Black person. In sum, our data support the notion that racial prejudice is one factor driving opposition to Obama and his policies.

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Introduction

In a September 15, 2009, interview, former president Jimmy Carter expressed his belief that “an overwhelming portion” of Americans' resistance to President Obama and his policies stems from racism (Franke-Ruta, 2009). This drew a quick response from prominent Republicans, who called Carter's comments “absurd” (Carter ‘racism’ claim draws widespread criticism, 2009) and insisted that “race has nothing to do with” opposition to Obama (Isenstadt, 2009). Like politicians, laypeople disagree over the role of racial prejudice in motivating Obama's opponents (“12% say most opponents of Obama health care plan are racist, 2009). However, a recent study by the Democracy Corps organization (Greenberg, Carville, Agne, & Gerstein, 2009) now claims to have settled the issue. In their focus groups of individuals opposed to Obama, the authors found that race “did not ever become a central element, and indeed, was almost beside the point,” despite respondents' having had the “full opportunity to bring race into their discussion” (p. 1). Thus, the authors conclude, “the press and elites [who] continue to look for a racial element that drives these voters' beliefs ... need to get over it.” (p. 1).

It is our view that Greenberg and colleagues' findings provide little reason to believe that race has no role in driving opposition to Obama and his policies, and that more investigation is therefore

needed. Social psychologists have long known that people have difficulty discerning the causes of their own behavior (e.g., Nisbett & Wilson, 1977; Pronin & Kugler, 2007) and, moreover, tend to avoid reporting attitudes frowned upon by society (e.g., Block, 1965; Goldstein, 1960; Marlow & Crowne, 1961). Thus, people may fail to report the influence of race on their judgments, not because such an influence is absent, but because they are unaware of it—and might not acknowledge it even if they were aware of it.

The present study is a social-psychological examination of the relationship between racial prejudice and attitudes toward Obama and his policies. We tested the hypotheses that anti-Black prejudice predicts voting patterns in the 2008 general election, attitudes about President Obama, and opposition to the President's current health care reform plan. In designing the research, we took steps to avoid the pitfalls of self-report methodology. First, we administered an implicit measure of prejudice. Implicit measures are relatively invulnerable to social desirability concerns and do not assume that people possess reliable introspective access to their biases (Fazio, Jackson, Dunton, & Williams, 1995; Greenwald, McGhee, & Schwartz, 1998; Nosek & Banaji, 2001). Second, we measured participants' levels of anti-Black prejudice days and months prior to assessing their reactions to Obama and his policies. By separating the predictor and outcome variables in this way, we sought to prevent prejudice measures from cueing individuals' social desirability concerns when reporting their reactions to Obama and his policies. Finally, we sought to test experimentally whether individuals high in racial prejudice oppose Obama's health care at least in part because they dislike him as a Black individual—rather than because he or his policies are seen as “liberal,” “Democratic,” or possess some other nonracial feature

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that high-prejudice respondents might find politically or ideologically unappealing.

Method

Participants

A sample of 285 individuals was recruited from a database, maintained by the Stanford Graduate School of Business, of individuals interested in completing online studies (236 European Americans, 43 Asian Americans, and 6 Latino/as; 91 males and 194 females; aged from 18 to 70, $M = 34.3$, $SD = 11.3$ years). For each of the four assessments in the study, an email with a link to the project website was sent to participants just before the assessment began. An invitation to participate in any given assessment was not conditioned on completion of previous assessments. As compensation, each participant received \$15 in gift certificates to an online retailer.

Assessments and measures

First assessment (October 28–30, 2008)

The main purpose of the first assessment, completed by all of the originally-recruited participants, was to collect measures of implicit anti-Black prejudice. To enable examination of the unique predictive power of implicit prejudice, participants also completed an explicit prejudice measure—namely, McConahay's (1986) seven-item Modern Racism Scale, $\alpha = .86$. Implicit prejudice was conceptualized as the negative evaluation of Blacks as group, or the association in participants' minds between the category *Black* and the attribute *bad* (Fazio et al., 1995; Greenwald & Nosek, 2001; Hofmann, Gschwendner, Castelli, & Schmitt, 2008; McConnell & Leibold, 2001). The Go/No-go Association Task (GNAT; Nosek & Banaji, 2001) was used to measure these evaluative associations. The GNAT (Nosek & Banaji, 2001), a close relative of the Implicit Association Test (IAT; Greenwald et al., 1998),¹ is a computer-based, signal-detection framework for measuring mental associations between categories and attributes. In a GNAT, individuals must decide whether stimuli displayed in the center of the screen belong to either of two categories named in the upper left and right quadrants of the screen. If a stimulus matches one of the categories (a "go" trial), participants are to press the space bar; if the stimulus belongs to neither category (a "no-go" trial), participants are to do nothing. The task is speeded, such that individuals must render a response on a given trial within a set amount of time before the next stimulus is displayed. Two pieces of information crucial to scoring the GNAT are recorded: hit rate (i.e., the proportion of go trials in which a participant presses the space bar) and false alarm rate (i.e., the proportion of no-go trials in which the participant mistakenly presses the space bar).

For the present study, Inquisit 2.0 (2006) software was used to program a web-based GNAT gauging the association between *Black* and *bad* (relative to *Black* and *good*). The GNAT consisted of two randomly ordered, 34-trial blocks: one pairing the category *Black* with the attribute *bad* (the *Black-bad* block) and the other pairing *Black* with *good* (the *Black-good* block). Throughout each block, the label "Black" and a label specifying the current evaluative attribute ("bad" or "good") appeared in the upper left and right quadrants of the screen. On each trial, a randomly selected word representing either *Black* or an evaluation appeared in the center

of the screen.² Go ("target") stimuli were Black names and words matching the current evaluation (i.e., negative words in the *Black-bad* block and positive words in the *Black-good* block). No-go ("distractor") stimuli were evaluative words that did not match the attribute in the current block (i.e., positive words in the *Black-bad* block and negative words in the *Black-good* block).³ A response window of 750 ms was enforced on all trials.

Second assessment (November 1–3, 2008)

In the second assessment, attitudes toward then-candidate Barack Obama were measured. Participants rated Obama on four attributes assumed to carry positive connotations among our sample—*American*, *patriotic*, *presidential*, and *trustworthy*—and three attributes assumed to carry negative connotations—*elitist*, *uppity*, and *radical* (1 = *very uncharacteristic* to 5 = *very characteristic*). Positive items were reversed and all attributes aggregated to form a reliable scale, $\alpha = .91$, indexing negative attitudes toward Obama. Valid responses were received from 269 of the originally-recruited participants.

Third assessment (November 19–21, 2008)

In the third assessment, participants were asked to report their vote in the general election from the following options: *Barack Obama/Joe Biden*, *John McCain/Sarah Palin*, *Other*, and *I did not vote*. Valid responses were received from 195 of the originally-recruited participants.

Fourth assessment (October 1–3, 2009)

Participants in the fourth and final assessment, 230 of those originally recruited, were divided into two groups. The first group ($N = 100$) completed a questionnaire soliciting ratings of support for "Obama and the Democrats' approach to health care reform" (1 = *strongly oppose* to 5 = *strongly support*), as well six possible concerns about the policy—namely, that it would lead to "health care rationing," "long delays in getting needed medical treatment," "taxes being raised for average Americans," "socialism," "euthanasia" ("mercy killing") of elderly patients, and "benefits to people that do not work hard enough to deserve it." (1 = *not at all concerned* to 5 = *extremely concerned*). These items were aggregated to form an internally consistent scale, $\alpha = .91$, reflecting participants' concerns about negative implications of Obama's health care reform plan.

The second group of participants ($N = 130$) took part in an experiment designed to test whether any relationship between implicit prejudice and support for health reform policies reflects race-biased reactions to President Obama. Participants were randomly assigned to read a description of health care reform framed either as being President Obama's plan or Bill Clinton's 1993 plan. The description was identical across conditions and described elements common to both plans (e.g., ending discrimination based on preexisting medical conditions, capping out-of-pocket medical expenses). After reading the description, participants rated their attitude toward the plan (1 = *strongly negative* to 5 = *strongly positive*). If reactions to Obama's health reform plans are driven by prejudice against him as a Black person—rather than by some attendant reaction to liberal or Democratic approaches to health reform—then implicit prejudice should predict attitudes toward health reform only when framed as Obama's, and not as Clinton's, ideas.

² The category *Black* was represented by names found in previous research (Greenwald et al., 1998) to connote Black race (Aiesha, Darnell, Jamel, Latonya, Lerone, Shaniqua, Temeka, Tyrone). The attributes *bad* and *good* were represented by negative words (disaster, disgusting, evil, hate, horrible, nasty, painful, terrible) and positive words (beautiful, friendly, happy, joyful, loving, pleasure, smiling, splendid) used in research on the GNAT (Nosek & Banaji, 2001).

³ The use of mismatching attributes as distractors makes our GNAT an example of Nosek and Banaji's (2001) "attribute-only" type.

¹ Unlike the IAT, the GNAT can assess evaluations of a target category without confounding this measurement with evaluations of a contrast category. Thus, whereas a typical race IAT measures participants' evaluations of Blacks relative to their evaluations of Whites, the GNAT can gauge either attitude—toward Blacks or Whites—in isolation.

Table 1

Results of logistic regressions testing the association between presidential vote and implicit anti-black prejudice.

Model	B	SE B	Odds ratio
Without explicit	-.49	.15	.61**
With explicit	-.40	.16	.67*

* $p < .05$.

** $p < .01$.

Results

Participants' GNAT scores were computed according to procedures outlined by the test's creators (Nosek & Banaji, 2001). Each GNAT block assesses participants' ability to distinguish instances of a combined target-attribute grouping (i.e., *Black-bad* or *Black-good*) from a set of distractors (i.e., positive words in the *Black-bad* block and negative words in the *Black-good* block). High accuracy in doing so is presumed to reflect a strong association between the target and the attribute. Accuracy is indexed by d' , or the sensitivity with which individuals can differentiate signal from noise (Green & Swets, 1966; Nosek & Banaji, 2001). We computed d' for each GNAT block by calculating participants' hit and false alarm rates, computing z-scores for these values, and taking the difference, d' , between z-scored hits and z-scored false alarms. Final anti-Black prejudice scores were computed by taking the difference between d' values for the *Black-bad* and *Black-good* blocks. Implicit prejudice ($M = -0.05$, $SD = 1.09$) was found to be positively associated with explicit prejudice ($M = 2.20$, $SD = 0.80$), $r = .22$, $p < .01$ (cf. Hofmann, Gawronski, Gschwendner, Le, & Schmitt, 2005).

To test whether implicit racial prejudice predicts reactions to Barack Obama and his policies, we regressed the dependent variables on implicit anti-Black prejudice, with and without the addition of explicit prejudice as a covariate. The logistic regression results displayed in Table 1 show that increasing implicit prejudice was associated with decreasing likelihood of voting for Obama. Before controlling for explicit prejudice, individuals one standard deviation (1.09) above the mean in implicit prejudice were 42.5% less likely to vote for Obama than those with average scores; after accounting for explicit prejudice the reduction in likelihood was 36.0%. Before and after controlling for explicit prejudice, increasing implicit prejudice was associated with negative attitudes toward Obama and decreasing support for his health care policy (Table 2). Again controlling for explicit prejudice, the relationship between implicit prejudice and support for Obama's health care plan was significantly mediated by negative attitudes about Obama (Baron & Kenny, 1986) (Fig. 1). Finally, before and after controlling for explicit prejudice, increasing implicit prejudice was significantly associated with heightened concerns over the policy's implications.

Turning to the experimental results, we regressed attitudes toward health care reform plans on framing condition (Clinton vs. Obama), implicit prejudice, and their interaction (Aiken & West, 1991), while controlling for explicit prejudice and its interaction with framing condition. Neither the main effect of framing, $B = -0.17$, $SE B = .11$, $\beta = -.13$, $p = .11$, $\eta^2 = .02$, nor implicit preju-

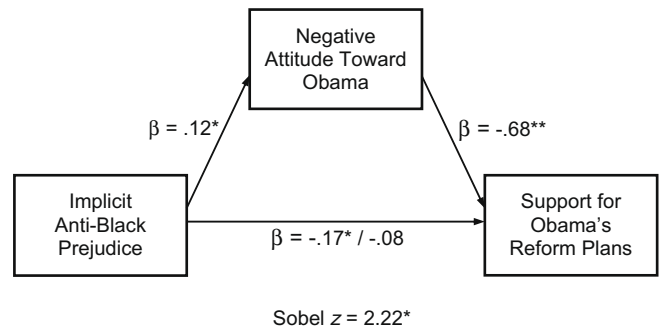


Fig. 1. The relationship between implicit bias and policy support mediated by negative views of Obama, controlling for explicit prejudice. ** $p < .01$, * $p < .05$.

dice, $B = -0.17$, $SE B = .10$, $\beta = -.15$, $p = .09$, $\eta^2 = .02$, reached significance. However, a significant Framing Condition $\times$ Implicit Prejudice interaction emerged, $B = -0.20$, $SE B = .10$, $\beta = -.18$, $p < .05$, $\eta^2 = .03$ (Fig. 2). This interaction reflects the fact that implicit prejudice was negatively associated with policy attitudes when the plan's description was attributed to President Obama, $B = -0.36$, $SE B = .13$, $\beta = -.31$, $p < .01$, $\eta^2 = .09$, but not when it was attributed to President Clinton, $B = 0.03$, $SE B = .13$, $\beta = .03$, $p = .83$, $\eta^2 = .00$.

Discussion

The present study was designed to help answer the question of whether race is a factor in driving reactions to Barack Obama and his policies. Our data support the notion that implicit prejudice

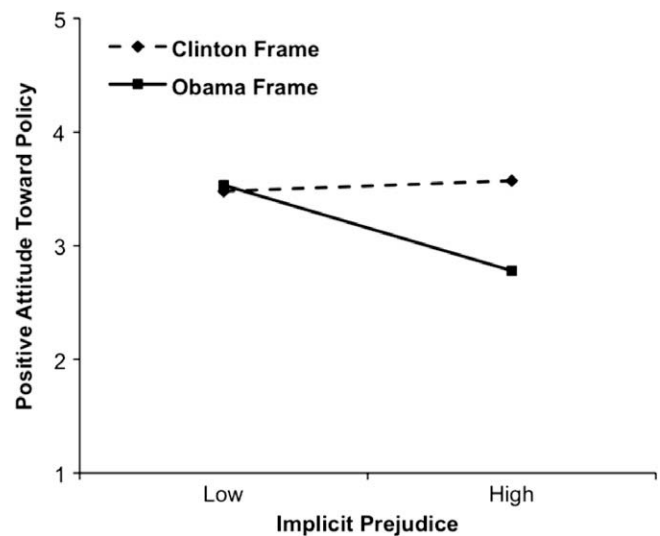


Fig. 2. Implicit bias predicts opposition to health reform ideas described as Obama's, but not as Bill Clinton's.

Table 2

Perceptions of Barack Obama and his health care policies as a function of implicit anti-black prejudice.

Outcome	Without explicit				With explicit			
	B	SE B	β	η^2	B	SE B	β	η^2
Negative attitude toward Obama	.15	.04	.22**	.05	.10	.04	.12*	.02
Support for health reform policy	-.42	.12	-.35**	.12	-.21	.10	-.17*	.04
Concerns about policy	.42	.11	.36**	.13	.20	.09	.17*	.05

* $p < .05$.

** $p < .01$.

contributes to individuals' behavior and attitudes vis-à-vis Obama. Individuals high in implicit prejudice were significantly less likely to vote for Obama than those low in prejudice. Implicit prejudice also predicted opposition to Obama's health care reform agenda, as well as a host of specific concerns about the policy. Mediation analysis suggests that the prejudice-support relationship is driven by the tendency of high-prejudice individuals' to hold negative attitudes toward Obama as a person.

The experimental results provide additional evidence that Obama's race—and not just the political or ideological character of his policies—underlies the relationship between prejudice and opposition to his health care reform plan. When a description of health care reform was attributed to Bill Clinton, implicit prejudice was unrelated to support for the policy. Yet when the same description was associated with President Obama, the negative relationship between prejudice and policy support again emerged. In sum, while our findings do not corroborate the view that opposition to the President is motivated primarily by racial prejudice, they clearly rebut those who argue that opposition to Obama and his policies has nothing to do with race—or that we should “get over” the idea that it might (Greenberg et al., 2009).

Of special interest to social psychologists, the present study provides compelling evidence for the predictive validity of implicit prejudice. Implicit prejudice predicted voting behavior days later, and opposition to Obama's health care reform plan after a lag of almost a year. This, coupled with the fact that implicit prejudice retained its predictive power after controlling for explicit prejudice, adds to a body of scholarship (Greenwald, Poehlman, Uhlmann, & Banaji, 2009; McConnell & Leibold, 2001) that, though hotly debated (Blanton & Jaccard, 2008; Blanton et al., 2009), suggests that implicit prejudices are real, can be measured, and influence consequential, real-world attitudes and behavior.

The present work is also consistent with social-psychological research highlighting the manner in which individuals maintain a positive view of self even as their sociopolitical views are shaped by prejudice. Because most people wish to appear fair-minded—both to others and to themselves—they often embrace more principled, “color blind” rationales for their race-biased views (Knowles, Lowery, Chow, & Hogan, 2009; Sears, Henry, & Kosterman, 2000; Sidanius & Pratto, 2004). High-prejudice individuals in the present study expressed a number of race-neutral objections to Obama's health care plan—including the notion that it represents a dangerous step toward socialism—that may function to obscure the racial dimension of their attitudes.

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