

# Americans with Disabilities and the Identity-to-Politics Link<sup>\*</sup>

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## Abstract

How do social identities become politically salient? People with disabilities (PWD) are a diverse social minority with clear links to politics. However, little is known about how disability might shape political psychology. Conventional wisdom suggests that political cohesion in diverse social groups is a consequence of (1) elite mobilization, and/or (2) intragroup contact. I argue that this conventional wisdom is largely inapplicable to disabled Americans. However, disability may become politically salient via other social processes, including experiences of stigma and discrimination, and processes of policy feedback that link disability to redistributive benefits. I test this theory using data from two original national surveys and the 2024 ANES Pilot Study. I develop an original survey measure for identification with disability - the Disability ID scale - and examine the implications of this identity for political attitudes. I find that Disability ID is strongest among those with more severe and visible impairments, and among those who receive disability welfare and accommodations. Disability ID has important implications for politics, with those higher in Disability ID reporting more ideological liberalism, Democratic partisanship, and support for a range of redistributive policies. Finally, Disability ID is cross-cutting, with the redistributive preferences of conservatives and Republicans converging with those of liberals and Democrats at high levels of Disability ID.

**Keywords:** Disability, identity, public opinion, policy feedback

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# 1. Introduction

How do social identities become politically meaningful? The power of strong social identities in shaping political attitudes and behavior has been described as a "truism" in American politics research (Sides et al. 2019, 1). Yet, relatively few social identities are intrinsically politically salient and only a handful of explicitly political identities (e.g. partisanship, ideological self-placement) are *chronically* salient (Huddy 2013). Consequently, understanding the processes by which social identities acquire political salience - often referred to as the "identity-to-politics" link - has been a major preoccupation of political behavior research for decades (Berelson et al. 1954; Campbell et al. 1980; Green et al. 2004; Lee 2008). This paper offers new perspectives on this foundational theoretical problem by examining the identity-to-politics link in a new empirical context: people with disabilities. Disability is both an embodied characteristic and a complex social category with far-reaching implications for the structure of American civil rights law (Bagenstos 2000) and social policy (Duggan et al. 2015; Erkulwater 2006; Pettinicchio 2019). Yet, researchers have dedicated relatively little attention to understanding the implications of disability for political *identity*. Recent work in social psychology finds disability is an important dimension of social identification for many people with disabling conditions (Bogart 2014; Dirth and Branscombe 2019; Nario-Redmond et al. 2013). However, we do not know whether or to what extent such identities might shape *political* attitudes and behavior, or what kinds of social or political processes might link identification with disability to politics.

Conventional wisdom holds that group identities acquire political salience via processes of political mobilization (Campbell et al. 1980; Egan 2012; Huddy 2013; Lee 2008). Broadly speaking, political mobilization takes two forms: (1) top-down mobilization of social groups by political elites, and/or (2) grassroots processes of intragroup contact and acculturation that facilitate the development of group consciousness and shared political interests (Egan 2012). I argue that neither of these processes provides an accurate description of the identity-to-politics link for disabled Americans. Unlike many other social minority groups, there is very little evidence that disabled Americans have been subject to systematic top-down mobilization by political elites (Johnson and Powell 2023), and people with disabilities tend to lack the kinds of dense social networks that facilitate the development of political cohesion from the grassroots (Hahn 1988; Scotch 1988, 2009). This raises an important question. In the absence of systematic elite mobilization or dense social networks, is there any reason to expect to observe a link between identification with disability ("Disability ID") and political attitudes or behavior?

Drawing on literature in political psychology, public policy, and disability studies, I develop a novel theoretical framework linking identification with disability - what I term "Disability ID" - to key political attitudes and identities, namely: partisanship, ideological self-placement and redistributive policy preferences. I argue that even in the absence of top-down mobilization or dense social networks, Disability ID may become politicized via two sets of social processes: (1) exposure to disability-related stigma and disadvantage (Nario-Redmond 2019; Dirth and Branscombe 2019), and (2) processes of policy feedback that link disability to various redistributive benefits and accommodations (Campbell 2012; Mettler and Soss 2004; Soss 1999). Consequently, I argue, we should expect public opinion among disabled Americans to vary systematically according to their level of Disability ID.

I test this theory using data from two original national surveys of American adults with disabilities fielded by Forthright Panels (total N=1,728), and nationally representative data from the 2024 ANES Pilot Study. I make four empirical contributions. First, I develop and validate an original measure of subjective identification with disability - the Disability ID scale - using items common to existing work in political

identity (Davenport et al. 2020; Huddy et al. 2015; Jardina 2019). Second, I show that Disability ID is strongest among with respondents with the most severe, visible, and long-standing impairments, and among those who report receiving disability welfare or accommodations. Third, I demonstrate the far-reaching implications of Disability ID for political attitudes. I find that respondents higher in Disability ID are more likely to identify as ideologically liberal and have stronger attachments to the Democratic party. Likewise, Disability ID is strongly positively correlated with support for a wide array of redistributive policies, including those not explicitly targeted at people with disabilities. By contrast, Disability ID is only modestly related to policies that are less directly relevant to PWD, such as crime control and border security. Finally, I find that Disability ID is an important cross-cutting political identity, with the redistributive policy preferences of conservatives and Republicans converging with those of liberals and Democrats at high levels of Disability ID. These results suggest Disability ID is not merely a proxy for ideological liberalism or a preference for big government. Rather, it is a distinctive dimension of political identification grounded in the everyday social experience of disabled individuals, and which systematically predicts attitudes toward issues that are theoretically most salient for disabled Americans.

These findings make several contributions to research in public opinion, political psychology, and public policy. First, while a number of studies have considered the role of functional limitation ("functional disability") in shaping political participation, existing research has entirely overlooked the role of *identification* with disability in shaping political outcomes. This is an important oversight given the wealth of theoretical literature framing people with disabilities as a minority group with shared political interests (Bagenstos 2000; Hahn 1988; Scotch 1989; Shakespeare et al. 2006), the prominence of disability in American social policy (Erkulwater 2006; Pettinicchio 2019), and the growing body of psychological evidence suggesting disability is an important dimension of social identification for large shares of people with functional impairments (Bogart 2014; Bogart et al. 2018; Dirth and Branscombe 2018, 2019; Nario-Redmond et al. 2013; Nario-Redmond and Oleson 2016). Bridging these disparate literatures, I show that disability is a social identity with far-reaching implications for *political* attitudes and identities. Second, I contribute to research in political mobilization by theorizing new links between social identity and political attitudes. I argue that in the absence of elite mobilization or dense social networks, individualized processes of social learning and interactions with targeted public policies can shape how individuals interpret the political implications of their social identities, leading to expressions of mutual political attitudes among members of even highly diverse and fragmented social categories. Finally, these results underscore the need for research examining the identity-to-politics link to differentiate - both theoretically and empirically - between group membership and group *identity* when examining the impact of diverse social categories on political outcomes (Huddy 2013; Lee 2008). Prior research finds that mere membership in the social category of people with disabilities - typically measured as self-reported functional limitation - tends to be only modestly and inconsistently related to political attitudes and identities. By contrast, these results show that that political attitudes and identities vary systematically among PWD based on their level of subjective identification with disability.

## 2. Disability and Political Cohesion

### 2.1. What is Disability?

Disability is both an embodied characteristic and a complex social characteristic. At its core, disability refers to substantial limitations or impairments that differentiate an individual from the prevailing societal norm

in some domain of everyday human functioning (e.g. seeing, hearing, walking) (Ginsburg and Rapp 2013). While such limitations in functioning typically correspond to specific physiological conditions, disability is not a natural or biological category, and is not synonymous with any discrete form of impairment or clinical condition (e.g. learning disability, spinal cord injury, Down syndrome). Rather, it is a more general social category that denotes the underlying human experience common to all disabling conditions and impairments - namely, substantial functional limitation. Importantly, such limitations in functioning are not solely the result of an individual's impairment, but rather proceed from the interaction between an individual with an impairment and various barriers (e.g. physical impediments, prejudicial attitudes) in the social environment (Krahn et al. 2015; Oliver 1996; Shakespeare et al. 2006).

This understanding of disability as functional limitation is reflected in prevailing empirical measures of disability. Most notably, the US census measures disability using a series of binary items tapping functional limitation in six domains of daily life activity (Amilon et al. 2021; Krahn et al. 2015). Political behavior research using these and similar measures finds that disabled people, while no less interested in politics, are substantially less likely to turn out to vote and report less political efficacy than their non-disabled peers (Matsubayashi and Ueda 2014; Reher 2018; Schur et al. 2003, 2013). However, these measures have important limitations. Most notably, they do not differentiate respondents by severity of impairment, they do not require respondents to self-categorize as disabled, and they entirely overlook the psychological implications of disability. Recent psychological studies find that disability is an important feature of *social* identification for many disabled individuals. However, existing research has yet to examine a possible link between identification with disability and *political* attitudes or behavior.

## 2.2. Disability and the Identity-to-Politics Link

Conventional wisdom in public opinion research suggests social identities become politically salient via processes of *mobilization*. Broadly speaking, political mobilization takes two forms: (1) top-down mobilization of social groups by political elites, and/or (2) grassroots processes of intragroup contact and acculturation that facilitate the development of group consciousness and shared political interests (Cramer 2016; Egan 2012; Jones 2023; Lee 2008). In the United States, the first of these processes is epitomized in the efforts of partisan elites to bring social minority groups into their party coalitions. Thus, a vast literature documents the gradual sorting of various social groups (e.g. African-Americans, LGBT people, Evangelicals) into the coalitions of the two major parties (Egan 2020; Green et al. 2004; Mason 2015, 2018); and a convergence in the political attitudes and preferences of co-partisans (Dias and Lelkes 2022; Mason and Wronski 2018). However, there is little evidence that such processes have played out among disabled Americans. Political campaigns rarely target disabled Americans, and there has been no systematic effort by either of the major parties to mobilize voters based on their shared disability status (Johnson and Powell 2023). Prominent politicians with disabilities serve on both sides of the political aisle, and the most significant piece of federal disability rights legislation - the Americans with Disabilities Act (ADA) - was passed with overwhelming bipartisan support (Bagenstos 2009; Colker 2005). Consequently, there is virtually no evidence that Americans with functional disabilities have sorted into either of the major parties. Indeed, existing empirical work finds that voters with functional disabilities are virtually indistinguishable from their non-disabled peers in their partisan or ideological leanings (Igielnik 2016; Johnson and Powell 2023; Schur et al. 2013).

Secondly, there are several reasons to doubt the possibility of political mobilization from the grassroots among disabled Americans. In particular, the demographic diversity of disabled Americans and their disparate experiences of impairment may serve as impediments to the development of mutual political

interests grounded in shared social experience (Scotch 1988). People with disabilities vary dramatically - both between and within impairment groups - in the nature and intensity of their impairments and the implications of these impairments for their everyday social experience (Krahn et al. 2015; Nario-Redmond 2019). Intuitively, there may be little reason for a person with a spinal cord injury to feel an intrinsic sense of belonging or commonality with a person who is deaf, or a person with a learning disability. As Richard Scotch (1988, 161) writes, "even when circumstances lead to interaction with other individuals with disabilities, the physical or mental impairments involved may be so disparate as to discourage mutual recognition of a shared social status". Such conditions impact different domains of functioning, present different kinds of social and developmental challenges, and have different implications for long-run socioeconomic outcomes (Krahn et al. 2015). Differences in impairment may also lead to disparate political interests. For example, a person whose impairment prevents them from working may be more personally invested in welfare programs targeted at PWD than a person whose impairment does not undermine their economic independence. Thus, agreement on shared political interests may be thwarted by the disparate needs of individuals with different functional impairments (Hahn 1988; Scotch 1988; Shakespeare et al. 2006).

Finally, disability differs in important respects from other social characteristics known to shape political identity. For example, unlike religious groups, membership in the disability community is not typically thought to confer a shared worldview or set of moral values, nor is it tied to a set of group-specific rituals or customs. Unlike ethnic groups, people with disabilities (with the important exception of deaf people) do not share a myth of common ancestry or a common language (Chandra 2006; Horowitz 2000), and are typically born into families in which they are the only disabled member (Roots 1999; Scotch 1988, 1989). These realities have led some scholars argue that while there are various social and cultural symbols associated with disability, there is no unified "disability culture" shared by people with various impairments (?). Moreover, disability is a human universal and is found in virtually every social and demographic group (Ginsburg and Rapp 2013; Scheer and Groce 1988). Thus, differences in social experience among individuals with different forms of impairment are likely to be compounded by fragmentation along other dimensions of social identification relevant to politics, such as religion, sexuality, or ethnicity. Taken together, these findings suggest that disabled people may struggle to form the dense social networks typically thought to facilitate the development of political consciousness from the grassroots (Lee 2008).

### **2.3. Sources of Political Cohesion among People with Disabilities**

However, despite the heterogeneity of disabling conditions and the fragmented structure of the disability community, there are good reasons to believe that disability may still shape the political identities of disabled Americans. First, while disabled people vary in their discrete impairments, they face many common challenges to equal social participation and inclusion (Nario-Redmond 2019). Disability is a stigmatized social characteristic that is empirically associated with various forms of socioeconomic disadvantage. Disabled Americans are roughly twice as likely as their non-disabled peers to be unemployed and living in poverty (Brault et al. 2012; Lauer and Houtenville 2018), experience higher rates of discrimination in the labor market (Ameri et al. 2018; Bjørnshagen and Ugreninov 2021), report higher rates of loneliness and social isolation (Emerson et al. 2021; Schur et al. 2013), are more likely to have their vehicles searched by police during a traffic stop (Shoub 2024), and are roughly four times as likely to be victims of violent crime (Harrell 2021). Moreover, discriminatory attitudes and stereotypes are culturally widespread (Nario-Redmond 2010). Research in social and cognitive psychology finds that while PWD are generally perceived as warm and friendly, they are stigmatized as dependent, incompetent, asexual, and low in social status (Fiske et al. 2002,



2007; Nario-Redmond 2010). Such stereotypes have been shown to elicit a range of hostile and prejudicial behaviors, ranging from infantilization and paternalism, to aversion and disgust (Cuddy et al. 2007; Goetz et al. 2010; Park et al. 2003). Furthermore, several studies find that disabled people are aware of ableist stigma and stereotypes (Dirth and Branscombe 2019; Nario-Redmond 2019), and endorse collective action to address group-level disadvantage (Nario-Redmond and Oleson 2016).

Secondly, disability is a central feature social and redistributive policy. The US public policy landscape is replete with programs aimed at improving socioeconomic outcomes for disabled Americans in a range of domains. For example, the Individuals with Disabilities Education Act (IDEA) of 1975 guarantees a free and equal public education to children with disabilities in the most integrated possible classroom environment (Katsiyannis et al. 2001). Supplemental income programs - such as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) - provide cash benefits and medicare coverage to tens of millions of disabled Americans and their dependent family members and are some of the most costly features of the US social safety net (David and Duggan 2006; Duggan et al. 2015; Erkulwater 2014). Most notably, the civil and economic rights of disabled Americans are protected by federal anti-discrimination legislation (Bagenstos 2000). The Americans with Disabilities Act 1990 (ADA) prohibits discrimination against people with disabilities across all levels of government, private firms and service providers, and in all public accommodations (Bagenstos 2000, 2006). While these policies vary in their administrative structure and substantive goals (e.g. income security, employment opportunities, physical accessibility), they all formally enshrine the view that disabled people - despite the diversity of their discrete impairments - face common barriers to equal inclusion and participation in social life, and that the state should be an active participant in dismantling and mitigating the effects of such barriers (Bagenstos 2000, 2006). Research in policy feedback suggests redistributive policies targeted at members of specific social groups can play an important role in shaping the political interests and attitudes of group members (Campbell 2012; Mettler and Soss 2004). Despite the prevalence of policies targeted at PWD, existing work has not examined the impact of disability policy in shaping the political identities and attitudes of disabled Americans.

Finally, disabled people have historically exhibited a willingness to engage in costly collective action on the basis of their *shared* disability status (Hahn 1988; Scotch 1989). Throughout the 20th century, disabled Americans engaged in street protests, sit-ins, and other forms of contentious direct action in pursuit of legal guarantees of equal civil and economic rights (Bagenstos 2009; Patterson 2018; Scotch 1989). In a content analysis of major newspapers, Barnartt (2010); Barnartt and Scotch (2001) documents over 1200 discrete disability rights protests in the US alone between 1977 and 2005, with the majority of these events occurring *after* the passage of the ADA in 1990. Importantly, the majority of these events were undertaken by coalitions of people with diverse impairments, who framed their actions as advancing the interests of *all* disabled people (Barnartt and Scotch 2001; Scotch 1989). However, while these forms of political solidarity are found among a minority of highly engaged activists, it is unclear whether such attitudes extend to disabled Americans in the broader mass public.

### 3. Theory and Argument

The literature outlined above presents conflicting perspectives on the possibility of political cohesion among people with disabilities. While disability is widely recognized as a politically salient social characteristic, structural characteristics of the disability community and an absence of elite mobilization make political cohesion among disabled Americans theoretically unlikely. Addressing this puzzle, I ask: in the absence

of elite mobilization or dense social networks, why might we expect identification with disability to shape political attitudes? Here, I develop a theoretical model connecting Disability ID to political attitudes via two mechanisms: (1) the development of disability consciousness via exposure to disability-related stigma and discrimination, and (2) processes of policy feedback that link disability to redistributive rights and entitlements.

### 3.1. Stigma, Discrimination, and Disability Consciousness

First, I argue that even in the absence of group mobilization, individuals may develop a sense of disability consciousness through exposure to disability-related stigma and discrimination. According to Social Identity Theory (SIT), the stigmatized status of disabled people in American social life should theoretically shape both the decision to identify as disabled, and the political implications of Disability ID. A key theoretical contention of SIT is that human beings are motivated to organize their social identities in ways that enable them to promote a positive self-image (Brewer 1991; Tajfel et al. 1979; Tajfel 1982). Individuals emphasize their membership in high-status groups and de-emphasize their memberships in low-status groups in an effort to positively distinguish themselves from others. Given the societal stigma attached to disability, SIT predicts that individuals who are able to make plausible claims of non-membership may seek to “pass” as non-disabled in order to avoid being stigmatized (Tajfel 1982). As Richard Scotch (1988, 161) writes:

“...to be perceived as disabled is typically to be seen as helpless and incompetent...the unattractiveness of the role of disabled person can serve to discourage both self-identification as a member of an excluded group and the likelihood of political action flowing from that identification”

Thus, according to SIT, we should expect to see lower levels of Disability ID among those for whom disability is theoretically more permeable - such as those with less severe and/or less visible impairments. On the other hand, when the boundaries of a group are rigid and impermeable - and passing as a non-member is therefore infeasible - members of stigmatized groups may turn to other psychological and behavioral strategies to manage stigma and enhance group status (Branscombe et al. 1999; Ellemers et al. 1999; Tajfel 1981, 1982). The Rejection Identification Model (RIM) (Branscombe et al. 1999; Dirth and Branscombe 2019) - an offshoot of SIT - predicts that in an effort to maintain a positive self-image, members of stigmatized groups will be motivated to contest and redefine the social image of the group in order to improve its status and maintain a positive self-image (Branscombe et al. 1999; Ellemers et al. 1999). Specifically, group members may enhance group esteem by attributing marginalization to the illegitimate prejudice of outsiders and by re-appraising stigmatized traits as positive symbols of belonging. Several psychological studies find evidence of these processes among PWD. Strongly identified PWD report higher levels of self-esteem and disability pride (Bogart et al. 2018; Nario-Redmond and Oleson 2016), express a greater willingness to be involved in disability rights organizations (Nario-Redmond et al. 2013), and are more likely to attribute ableist discrimination to the illegitimate prejudice of non-disabled people (Dirth and Branscombe 2019). In short, these studies find that disabled individuals who embrace some form of Disability ID also tend to exhibit a sense of disability *consciousness*; they are aware of and reject the stigmatized status of PWD, and endorse group-level strategies to overcome disability-related disadvantage (Nario-Redmond and Oleson 2016; Nario-Redmond 2019).

I argue that these psychological processes may also have flow-on effects for more explicitly political attitudes. In particular, research in racial and ethnic politics finds that group consciousness is associated with an embrace of political identities stereotypically aligned with minority rights, such as ideological

liberalism and support for the Democratic party (Green et al. 2004; Huddy et al. 2015). In a lab experiment, Kuo et al. (2017) found that experiences of ethnic discrimination were causally linked to stronger support for the Democratic party among Asian-Americans. More recently, Jones-Kerwin and Peterson (2023) find that feelings of group consciousness among Native Americans are associated with ideological liberalism, support for the Democratic party, and a greater likelihood of voting for co-ethnic political candidates. In view of the aforementioned empirical work demonstrating an association between Disability ID and various indicators of group consciousness, I expect Disability ID to be associated with other political identities that reflect a concern for minority rights, such as ideological liberalism and support for the Democratic party. This discussion yields the following hypothesis:

- H1: Disability ID will be positively associated with ideological liberalism and support for the Democratic party.

### 3.2. Policy Feedback

Disability ID may also become politicized via processes of policy feedback which link disability to redistributive benefits and accommodations. Research in policy feedback suggests that, in addition to redistributing material resources, public policies shape political identities by establishing new relationships between groups of citizens and the state (Mettler and Soss 2004; Pierson 1993). Policies convey information to citizens about the social and material rewards available for membership in target groups, imbuing social categories with new political meanings and creating new incentives for political engagement (Campbell 2012; Pierson 1993; Schneider and Ingram 1993). Building on these insights, I argue that the broad swathe of redistributive and social policies targeted at PWD are likely to be an important component of the identity-to-politics link for disabled Americans. Policy feedback studies identify several channels through which these kinds of public policies might shape public opinion among disabled Americans. On the one hand, policies shape political attitudes via *resource* effects; the provision of tangible material resources that shape recipients' perceived political interests and their capacity for political engagement (Pierson 1993). I argue that the resource effects of disability policy should shape (1) how disabled individuals perceive their material interests, and (2) the strength of their subjective identification with disability (Campbell 2002; Mettler 2002). In the most direct sense, recipients of disability welfare benefits and accommodations should express relatively elevated support for such policies out of material self-interest. Intuitively, individuals who personally receive disability benefits are more likely to see their material security as bound up with the survival or expansion of public policies for PWD, and should therefore report higher levels of support for such policies. Thus, the resource effects of disability policy may lead to stronger support for redistribution even in the absence of a strong Disability ID. This discussion yields the following hypothesis:

- H2: Receipt of disability welfare and accommodations should be positively associated with support for redistributive policies targeted at people with disabilities.

Secondly, I expect receipt of disability benefits and accommodations to be positively associated with strength of Disability ID for two reasons. First, while disability is a stigmatized social characteristic (Nario-Redmond 2010), disability benefits and accommodations are among the least stigmatized forms of government assistance (Carpenter 2012; Jensen and Petersen 2017; Thorp and Lerner 2024). People with disabilities are widely perceived as in need through no fault of their own, and thus highly deserving of government assistance. However, the perceived deservingness of disability welfare recipients is conditional on the perceived



legitimacy of their disability status (Thorp and Lerner 2024). Thus, recipients of disability welfare may be incentivized to emphasize their identification with disability in order to protect their integrity as legitimate recipients of government assistance. Second, the administrative structure of disability welfare programs is itself likely to entrench a sense of identification with disability among program participants. Unlike other forms of government assistance, recipients of disability welfare undergo a lengthy Disability Determination Process (DDP) in which claimants are required to provide clinical proof of a functional impairment that precludes substantial gainful activity<sup>1</sup> (Dorfman 2017). This claim is then assessed by street-level bureaucrats who provide formal confirmation (or not) of the claimant's disability status (Erkulwater 2006). While existing work has not yet considered how receipt of disability benefits impacts the social identities of disabled individuals, it seems plausible that the experience of building an evidence-based case for one's membership in a social category, and having that membership affirmed by medical professionals and state authorities, may heighten the subjective salience of disability for individuals. Thus, I expect Disability ID to be stronger among those who report receiving disability welfare or accommodations.

- H3: Disability ID should be stronger among those who report receiving disability welfare and/or accommodations.

Finally, disability policy may shape the political attitudes of PWD via symbolic or *interpretive* effects (Mettler and Soss 2004; Pierson 1993). The interpretive effects of public policies may extend well beyond program participants (Pierson 1993; Mettler and Soss 2004; Soss and Schram 2007). As Soss and Schram (2007) note, individuals may feel "proximate" to a given policy when they perceive they may benefit from the policy in the future, or feel a strong sense of identification or solidarity with current beneficiaries (see also Campbell (2012)). Thus, disabled individuals who do not personally receive disability welfare may nevertheless express relatively strong support for disability policies out of an expectation of future personal benefit or a sense of solidarity with current program recipients (Soss and Schram 2007). This sense of proximity to disability policy should be stronger among those with a strong Disability ID, who are theoretically most invested in the symbolic and material status of PWD (Huddy 2001, 2013).

- H4: Disability ID should be positively associated with support for redistributive policies targeted at people with disabilities.

## 4. Data and Measures

I test my theoretical expectations using data from three national surveys. First, I draw on data from two original national surveys of American adults with disabilities, fielded by Forthright Panels in October 2022 (FS1, N=712) and July 2023 (FS2, N=1016). To recruit these samples, I screened participants using the same measure of functional disability found in the American Community Survey. After consenting to participate in the study, respondents immediately answered a series of binary items assessing substantial functional limitations in the six domains of daily life activity included in the ACS (mobility, hearing, vision, cognition, independent living, self-care), plus an additional seventh item assessing functional limitation in interpersonal communication<sup>2</sup> (Krahn et al. 2015). Second, I draw on nationally representative data from the 2024

<sup>1</sup>A person is considered eligible for benefits if they are "unable to engage in any Substantial Gainful Activity (SGA) by a reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months" (Social Security Act 2000, cited in Dorfman (2017, 203))

<sup>2</sup>The measure used by the ACS includes six categories of functional limitation and is derived from the Washington Group Short Set (WG-SS) on functioning (for an in-depth description of the WGSS see (Amilon et al. 2021)). In keeping with the WG-SS, I include a

ANES pilot study, fielded by YouGov<sup>3</sup> (N=593). The 2024 pilot included a single-item measure of identification with disability: "How important is being a person with a disability to your sense of personal identity?" (Not at all important - extremely important, 5pt). This item is adapted from existing measures of expressive partisanship (Huddy et al. 2015), white racial identity (Jardina 2019), and multiracial identity (Davenport et al. 2020), and is included in FS1 and FS2. The 2024 pilot was fielded to a sample of 1500 American adults, 593 of whom reported some form of functional disability. While all three studies include identical measures of partisanship and ideological self-placement, the ANES 2024 pilot did not include items measuring attitudes toward redistributive policies. Thus, my analysis of the relationship between Disability ID and redistributive preferences draws only on FS1 and FS2. These data sources are summarized in Table 1.

TABLE 1. Data Summary

	Forthright Study 1 (Oct 2022)	Forthright Study 2 (Jul 2023)	ANES 2024 Pilot Study
<b>Provider</b>	Forthright Panels	Forthright Panels	YouGov
<b>N (Disability)</b>	716	1,016	593
<b>Disability ID</b>	8-Item Scale ( $\alpha = 0.89$ , $\omega = 0.92$ )	10-Item Scale ( $\alpha = 0.89$ , $\omega = 0.93$ )	Single-Item
<b>Gender</b>	48% Male, 52% Female	47% Male, 53% Female	48% Male 51% Female 1% Non-Binary
<b>Age</b>	Mean = 46.2, SD = 15.5	Mean = 48.3, SD = 16.2	Mean = 51.2, SD = 18
<b>Party ID</b>	Democrat = 50%, Republican = 33% Independent = 17%	Democrat = 52%, Republican = 31%, Independent = 17%	Democrat = 43%, Republican = 37%, Independent = 19%

#### 4.1. Disability ID

As Tajfel (1981, 255) writes, social identity refers to “that part of an individual’s self-concept which derives from his knowledge of his membership in a social group...together with the value and emotional significance attached to that membership”. Social identities are complex phenomena. They involve both cognitive processes of self-categorization and interpretive processes of signification - the assigning of subjective meaning and importance to one’s membership in a social group or category (Huddy 2013; Loury 2009; Tajfel 1982). These are distinct processes, and identification requires both (Huddy 2013). An individual may satisfy some objective criteria for membership in a given social category without assigning subjective meaning or significance to that classification, or feeling any sense of solidarity or belonging with others who share that classification (Tajfel et al. 1979; Tajfel 1982). Thus, identities are typically conceptualized as continuous constructs which vary in strength among members of a given social category. Those with stronger group identities typically exhibit more intense affective responses to group threats, a greater likelihood of engaging in prosocial group behavior (Huddy 2013), and adherence to beliefs and attitudes that reflect the normative

category omitted from the ACS, which asks respondents whether they experience difficulty communicating when using their usual language.

<sup>3</sup>YouGov uses a sampling frame to select cases which match the demographic composition of the US, and provides poststratification weights so that model estimates can be interpreted as approximately nationally representative.

values of the group (Brewer 1999; Conover 1984). Finally, identities operate at multiple levels of the self-concept (Brewer 1991, 2007). Identities are personal, in that they satisfy individual needs for distinctiveness and differentiation from others by facilitating comparisons between the self and members of out-groups. Identities are also social; they satisfy individual needs for validation, similarity, and belonging with others (Brewer 1991, 2007).

Taking up these theoretical insights, I define Disability ID as the internalization of disability as a subjectively important feature of an individual's social identity. Importantly, Disability ID is not in of itself an explicitly political construct. Rather, it is first and foremost a social identity which may shape political attitudes and behavior in certain political contexts. Following Cameron (2004)'s influential empirical model of social identity, I aim to construct a measure of Disability ID with three correlated dimensions: (1) an individual's cognitive self-categorization as a PWD (identity centrality); (2) the subjective value placed on disability as a feature of the self (in-group affect); and (3) a sense of belonging or solidarity with other people with disabilities (in-group ties). According to self-categorization theory (SCT), individuals are more likely to subjectively identify with a given characteristic when they experience it as socially *salient*. In other words, when they experience that characteristic as a novel or distinctive feature of the self, and as something which shapes how they are perceived and treated by others (Oakes et al. 1994; Oakes 2002). In keeping with prior research, I expect Disability ID to be strongest among those for whom disability is experienced as a socially distinctive characteristic. Specifically, among individuals with more visible, severe, and long-standing impairments, and among those who report receiving disability benefits or accommodations.

#### 4.1.1. *Constructing the Disability ID scale*

With the goal of constructing a theoretically and empirically valid measure of Disability ID, I fielded 11 items in FS1 (Cronbach's  $\alpha = .90$ ). The order of the items was randomized and each question was assigned its own page in the survey. To maintain the comparability of the measure with existing work on political identity, these items were adapted from existing measures of expressive partisanship (Huddy et al. 2015), racial and ethnic identity (Jardina 2019; McClain et al. 2009), and national identity (Huddy and Khatib 2007). While the items broadly reflect Cameron (2004)'s theoretical model, several of the items could plausibly have mapped onto more than one dimension of the scale. To account for this uncertainty, I conducted an exploratory factor analysis (EFA). EFA revealed four factors with eigenvalues of  $\lambda > 0.50$ , with the majority of the variance captured by a single factor ( $\lambda = 5.07$ ). After removing items with the highest uniqueness values, 8 items loaded strongly onto three factors which broadly reflected the substantive dimensions of social identity outlined in Cameron (2004). McDonald's  $\omega$  analysis confirm that a three-factor model is a strong fit for the observed data ( $X^2 = 18.3$ ,  $p < 0.011$ , RMSEA=0.047 [0.021, 0.075], SRMR=0.02), with 67% of the total scale variance captured by a single general factor (Revelle and Condon 2019).

I aimed to replicate and increase the internal validity of the Disability ID scale in FS2. I fielded additional Disability ID measures to ensure that each dimension of the scale included at least three items as recommended by Brown (2015). I fielded 16 Disability ID items in FS2 (Cronbach's  $\alpha = .93$ ), including all measures fielded in FS1. Having established the statistical structure of Disability ID in FS1, I conducted a confirmatory factor analysis (McDonald's  $\omega$ ) specifying the existence of three correlated factors. I reduced the scale to ten items which were a good fit for the three-factor model uncovered in FS1. McDonald's  $\omega$  analysis of these ten items indicates a 3-factor model is a good fit for the observed data ( $X^2 = 44.56$ ,  $p < 0.00048$ , RMSEA=0.038 [0.024, 0.052], SRMR=0.02) with 63% of the total scale variance captured by a single general factor (Bentler 1990; Brown 2015; Revelle and Condon 2019). Complete wording for the scale is available in B.3.2. These

results provide strong empirical support for the theoretical model of Disability ID detailed above. Both the 8-item ( $M_{DisID} = 0.487$ ,  $SD_{DisID} = 0.222$ ) and the 10-item ( $M_{DisID} = 0.421$ ,  $SD_{DisID} = 0.241$ ) Disability ID scales comprise three distinct but related dimensions - self-categorization (cognitive centrality), the importance of disability as a dimension of the self (in-group affect), and a sense of belonging with PWD as a group or community (in-group ties). The distribution of Disability ID scale in FS1 and FS2 is shown in Figure 1.

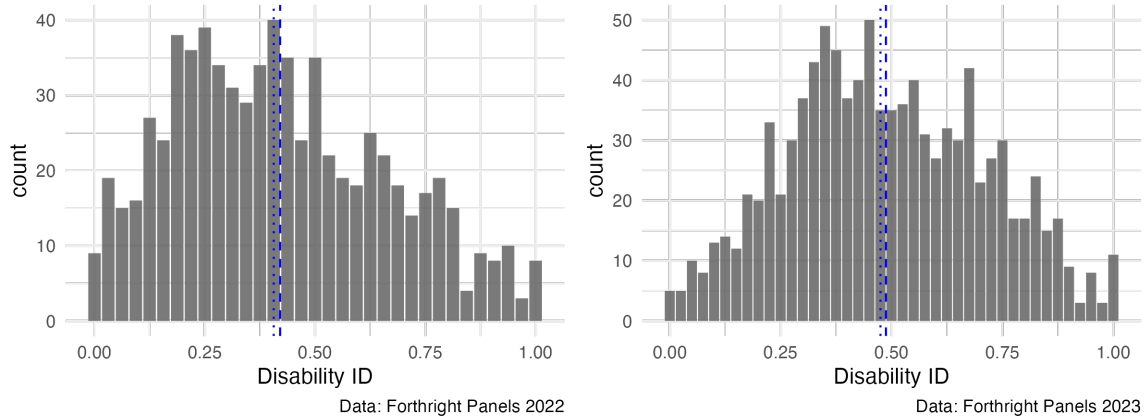


FIGURE 1. Distribution of the Disability ID scale in FS1 and FS2. Mean plotted in dashed line and median in dotted line. Data are unweighted.

#### 4.1.2. Impairment characteristics

I construct several original measures of impairment characteristics. First, I measure severity of impairment using an original 3-item scale in FS1 ( $\alpha=.88$ ,  $M=.45$ ,  $SD=.26$ ) and a 4-item scale in FS2 ( $\alpha=.89$ ,  $M=.51$ ,  $SD=.24$ ). These scales include the following items: (1) "How much difficulty do you have completing everyday tasks as a result of your disability or health condition?" (no difficulty - a great deal of difficulty); (2) "How often does your disability prevent you from doing things you want to do?" (never-always); (3) "How disruptive would you say your disability or health condition is to your daily activities?" (not at all disruptive - extremely disruptive); (4) How would you rate the severity of functional limitation you experience in your daily life as a result of your disability or health condition? (not at all severe - extremely severe)<sup>4</sup>. In both studies, I measure visibility of impairment with the following single-item: "How visible is your disability or health condition, or how easily can it be observed by others? Would you say it is extremely visible, very visible, moderately visible, a little visible, or not visible at all?". Finally, I measure proportion of life with impairment by dividing the duration of a respondent's impairment (years with disability) by their age. Complete wording for all measures is available in A.2.

#### 4.1.3. Receipt of disability benefits and accommodations

To examine the role of institutional engagement and policy feedback in shaping Disability ID, I include original measures for receipt of disability welfare and accommodations. I measure receipt of disability welfare with a binary item: "Do you currently or have you ever received Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)". I measure receipt of disability accommodations at school and

<sup>4</sup>Severity of impairment is measured using items 1-3 in FS1.

at work with the following items: "How often did you get extra help or support at school because of your disability or health condition, or did you not receive anything like that?" (Never - frequently), and; "How often do you get extra help or accommodations at work because of your disability or health condition, or do you not get anything like that?" (Never - frequently). I combine these items into additive indices ( $\alpha=.80$  in FS1 and  $\alpha=.73$  in FS2).

## 4.2. Who embraces Disability ID?

Having established the empirical validity of the Disability ID scale, I now turn to examining the individual-level characteristics associated with Disability ID. If the Disability ID scale is indeed a valid measure of subjective identification with disability, then we should expect it to vary systematically with impairment characteristics that heighten the social salience of disability for individuals, and with experiences of socialization through disability-related social institutions. Specifically, we should expect Disability ID to be strongest among respondents with more severe, visible, and long-standing impairments, and among those who report receiving disability welfare and/or accommodations. To test these expectations, I estimate two identical OLS models using data from FS1 and FS2, where Disability ID is the dependent variable. These models differ only in the measurement of impairment severity, as outlined above. The results of these models are illustrated in Figure 2. Consistent with both theoretical expectations and prior research, I find that individual-level impairment characteristics are strong predictors of Disability ID (Bogart 2014; Bogart et al. 2017). In particular, respondents with more severe and more visible impairments are significantly more likely to embrace a strong Disability ID after controlling for other factors. Furthermore, I find that receipt of SSI/SSDI and disability accommodations at work or at school are both robust predictors of Disability ID. Indeed, no characteristic besides impairment severity is as strong a predictor of Disability ID as receipt of disability accommodations.

These models yield several other noteworthy results. First, I find that neither proportion of life with impairment (duration of impairment) nor congenital onset of impairment are significant predictors of Disability ID after controlling for other factors (see appendix [REF]). This finding is somewhat surprising given prior work which finds congenital impairments are perceived as more prototypical and are more stigmatized than acquired impairments (Bogart et al. 2019). Similarly, given that disability is less common and thus more socially distinctive among younger people, we may expect to find that Disability ID is stronger among young PWD. However, I observe no substantively or statistically significant relationship between age and Disability ID after controlling for other factors. Second, Disability ID is roughly 10 percentage points higher on average among African-American respondents. Speculatively, it is possible that given their membership in a stigmatized racial category, Black respondents may feel a stronger baseline sense of subjective solidarity with other stigmatized minority groups than white respondents, and may therefore be more inclined to identify as disabled (Jefferson 2023). Finally, I find that explicitly political identities such as partisanship and ideological self-placement are either relatively weak or inconsistent predictors of Disability ID after controlling for other relevant characteristics. These data are observational and I am therefore unable to make strong causal claims about the relationship between these characteristics and Disability ID. Nevertheless, these results provide strong support for the construct validity of the Disability ID scale. Disability ID varies systematically with precisely the kinds of individual-level impairment characteristics and experiences of socialization into disability-related social institutions which should theoretically contribute to a strong Disability ID. Taken together, these results provide strong support for my theoretical model of Disability ID as an identity grounded in the everyday embodied and social experience of disabled people.



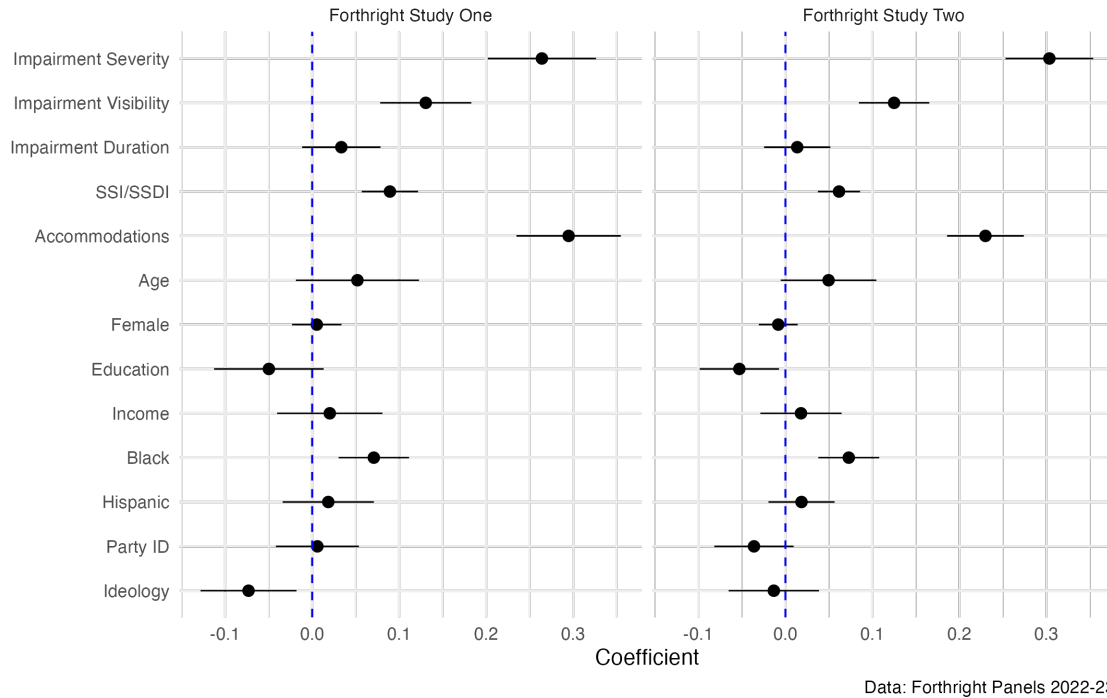


FIGURE 2. OLS coefficient plot for individual-level predictors of Disability ID in FS1 and FS2. Coefficients include 95% confidence intervals. All variables re-scaled to range between 0-1. Data are unweighted. Refer Table A2

## 5. The Political Implications of Disability ID

### 5.1. Partisanship and Ideological Identification

Having established the empirical validity of the Disability ID scale, I now turn to examining the relationship between Disability ID and two key political identities: party ID and ideological self-placement. Earlier, I argued that given the stigmatized status of disabled people in American society, we may expect identification with disability to be associated with political identities stereotypically associated with support for minority rights, such as ideological liberalism and support for the Democratic party (Egan 2020; Kuo et al. 2017). To test this expectation, I estimate the bivariate relationship between Disability ID and political identities, followed by a second model with controls for demographics and receipt of SSI/SSDI<sup>5</sup>. Both models are estimated using ordinary least squares (OLS) regression. Data are unweighted in FS1 and FS2, and weighted in the 2024 ANES pilot study. I find robust support for my theoretical expectations. As illustrated in Table 2, moving from the low to the high end of the Disability ID the is associated with a move toward the Democratic party of between 18-23 percentage points across datasets. Across all models, the magnitude of the coefficient on Disability ID is comparable to other demographic characteristics known to shape partisanship, such as race and religiosity.

<sup>5</sup>The 2024 ANES did not include measures for receipt of SSDI

I observe similar results for ideological self-placement. As illustrated in Table 3, moving from the low to the high end of the Disability ID scale is associated with a move toward the liberal end of the ideological spectrum of 25 points in FS1, 23 points in FS2, and 14 points in the 2024 ANES pilot study. Importantly, these data are cross-sectional and do not allow me to draw clean inferences about the causal direction of the relationship between Disability ID and political identities. Nevertheless, these results provide initial evidence of the political implications of subjective identification with disability. Whereas existing studies find that functional disability is not a significant predictor of political partisanship, these results suggest a sense of identification with disability is consistently associated with ideological liberalism and a lean toward the Democratic party. These findings provide some initial evidence of *within*-group heterogeneity in political identity among disabled Americans.

TABLE 2. Disability ID and Political Partisanship

	Forthright Study 1		Forthright Study 2		ANES 2024 Pilot	
	Bivariate	Controls	Bivariate	Controls	Bivariate	Controls
Disability ID	-0.189*** (0.057)	-0.182*** (0.064)	-0.110** (0.050)	-0.226*** (0.051)	-0.199*** (0.040)	-0.199*** (0.039)
Age		-0.076 (0.065)		0.063 (0.047)		0.083 (0.056)
Income		0.086 (0.061)		0.052 (0.044)		0.002 (0.004)
Female		-0.031 (0.028)		0.013 (0.021)		-0.024 (0.026)
Education		-0.188*** (0.061)		-0.156*** (0.043)		-0.244*** (0.046)
Black		-0.253*** (0.040)		-0.227*** (0.033)		-0.303*** (0.041)
Hispanic		-0.031 (0.053)		-0.116*** (0.036)		0.146*** (0.039)
Religiosity		0.199*** (0.038)		0.276*** (0.028)		0.232*** (0.033)
SSDI		-0.003 (0.033)		0.072*** (0.023)		
Constant	0.513*** (0.028)	0.536*** (0.050)	0.474*** (0.027)	0.438*** (0.043)	0.552*** (0.020)	0.253*** (0.086)
N	688	637	1,005	1,004	580	580
R <sup>2</sup>	0.016	0.119	0.005	0.170	0.041	0.234
Adjusted R <sup>2</sup>	0.014	0.107	0.004	0.162	0.040	0.223

\*p < .1; \*\*p < .05; \*\*\*p < .01

## 5.2. Policy Preferences

I now turn to examining the implications of Disability ID for redistributive policy preferences. Earlier, I argued that processes of policy feedback are likely to constitute an important component of the identity-to-politics link for disabled Americans. Specifically, I suggested that given the prevalence of redistributive

TABLE 3. Disability ID and Ideological Self-Placement

	Forthright Study 1		Forthright Study 2		ANES 2024 Pilot	
	Bivariate	Controls	Bivariate	Controls	Bivariate	Controls
Disability ID	-0.180*** (0.047)	-0.248*** (0.051)	-0.082* (0.044)	-0.231*** (0.044)	-0.111*** (0.035)	-0.137*** (0.032)
Age		0.103* (0.052)		0.180*** (0.041)		0.249*** (0.047)
Income		0.039 (0.049)		0.046 (0.038)		-0.002 (0.004)
Female		-0.024 (0.023)		-0.014 (0.018)		0.001 (0.022)
Education		-0.214*** (0.049)		-0.205*** (0.037)		-0.210*** (0.038)
Black		-0.082*** (0.032)		-0.097*** (0.028)		-0.175*** (0.034)
Hispanic		0.041 (0.042)		-0.036 (0.031)		0.033 (0.033)
Religiosity		0.251*** (0.030)		0.268*** (0.025)		0.296*** (0.028)
SSDI		0.052** (0.026)		0.062*** (0.020)		
Constant	0.522*** (0.023)	0.452*** (0.040)	0.475*** (0.024)	0.431*** (0.037)	0.529*** (0.018)	0.323*** (0.072)
N	716	663	1,005	1,004	590	590
R <sup>2</sup>	0.020	0.165	0.003	0.194	0.017	0.290
Adjusted R <sup>2</sup>	0.019	0.154	0.002	0.186	0.016	0.280

\* p < .1; \*\* p < .05; \*\*\* p < .01

policies targeted explicitly at PWD, we should expect Disability ID to be associated with support for redistributive policies that theoretically stand to benefit disabled Americans, such as supplemental income programs and government-subsidized healthcare. Furthermore, I predicted this relationship would be strongest for policies explicitly targeted at people with disabilities. By contrast, Disability ID should not be a strong predictor of attitudes toward policies that are theoretically unrelated to disability. To test these expectations, I estimate a series of OLS regression models of the following form.

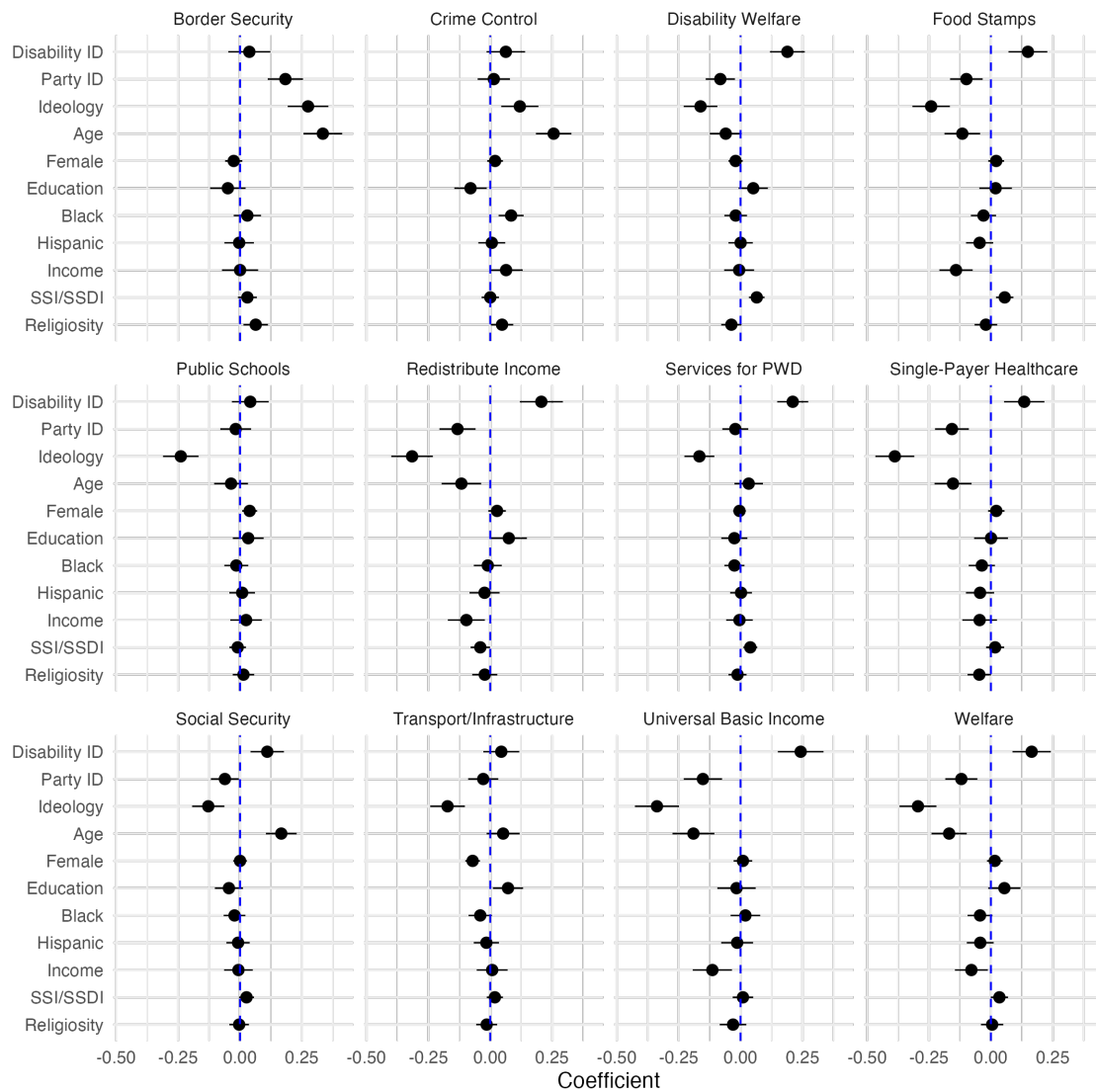
$$(1) \quad Y_i = \alpha + \beta_1 \text{DisabilityID}_i + \beta_2 Z_i + \epsilon$$

Where  $Y_i$  is respondent  $i$ 's preference on a given policy issue, and  $Z_i$  is a matrix of individual-level covariates including demographics, household income, partisanship, ideological self-placement, receipt of SSI/SSDI, and religiosity. In this section, I report results FS2, which includes measures of both general redistributive policies, and policies explicitly targeted at people with disabilities. Results from these models are summarized in Figure 3. I find strong support for my theoretical expectations. On the one hand, Disability ID is a robust predictor of support for policies targeted specifically at disabled Americans, such as increasing the level of cash transfers for Americans who are unable to work due to disability ( $\beta = .188, p < .001$ ), and increasing spending on services for PWD ( $\beta = .211, p < .001$ ). However, Disability ID is a similarly strong predictor of support for more general forms of redistribution, such as single-payer healthcare ( $\beta = .133, p < .001$ ), food stamps ( $\beta = .146, p < .001$ ), universal basic income ( $\beta = .240, p < .001$ ), and laws that aim to reduce income differences between the rich and the poor ( $\beta = .206, p < .001$ ). In each case, the magnitude of the coefficient on Disability ID is substantively large and comparable to explicitly political identities, such as ideological self-placement and partisanship. By contrast, Disability ID is not associated with preferences toward policies that are less directly relevant to disability, such as public schools, crime control, border security and infrastructure. I observe substantively similar results in FS1, which includes a somewhat narrower range of redistributive policy items. Full results from these models are available in Appendix A5.

Several features of these results are noteworthy. First, the relationship between Disability ID and support for redistribution is not substantially moderated by the material circumstances of respondents. I observe no statistically significant interactions between Disability ID and household income or educational attainment on attitudes toward redistributive programs. Second, I find that receipt of SSI/SSDI is a strong predictor of attitudes toward a number of redistributive programs after controlling for Disability ID, providing support for H2. However, unlike Disability ID, receipt of SSI/SSDI is only a significant predictor of support for programs explicitly targeted at PWD. By contrast, receipt of accommodations is not a statistically significant predictor of support for disability policy after controlling for other factors. Finally, these results speak to the discriminant validity of the Disability ID scale. As I have shown, Disability ID is not simply a proxy for ideological liberalism or support for redistribution in general. Rather, Disability ID is most strongly associated with support for policies most relevant to disabled Americans - such as welfare, disability services, and subsidized healthcare.

### 5.3. Is Disability ID Cross-Cutting?

The results thus far demonstrate that identification with disability is strongly and consistently associated with support for redistributive policies that theoretically stand to benefit PWD. However, given the close association between ideological conservatism, Republican partisanship, and opposition to redistribution,



Data: Forthright Panels July 2023

FIGURE 3. OLS coefficient plot for the effect of Disability ID on policy preferences in Forthright Study 2. Coefficients include 95% confidence intervals. All variables re-scaled to range between 0-1. Refer Table A4



these findings raise the possibility that Republicans and conservatives who also report high levels Disability ID may be cross-pressured in their redistributive policy preferences. To examine this possibility, I estimate the effect of the interaction between: (1) Disability ID and political partisanship, and (2) Disability ID and ideological self-placement on redistributive policy preferences using OLS. For brevity, I estimate these interactions on six of the policy areas included in Figure 3: (1) passing laws to reduce income inequality, (2) introducing universal basic income, (3) increasing the level of cash transfers to PWD, (4) increase spending on food stamps, (5) single-payer healthcare, and (6) increasing welfare spending. However, results are substantively similar for other policies where Disability ID was a strong predictor of attitudes in section 5.2. All models include controls for demographics, income, receipt of SSI/SSDI, and religiosity. Finally, I interact Disability ID with all control variables to avoid omitted interaction bias (Blackwell and Olson 2022).

### 5.3.1. *Disability ID and political partisanship*

Figure 4 plots the marginal association of the interaction between Disability ID and political partisanship on each policy outcome. A clear pattern of results emerges. Across a range of issues, the policy preferences of Republicans and Democrats converge - and are in some cases indistinguishable - at high levels of Disability ID. In each of the models, the magnitude of the interaction between Disability ID and Party ID is both statistically significant and substantively large. For example, among self-identified strong Republicans, a move from the bottom to the top of the Disability ID scale is associated with a roughly 45 percentage point increase in support for laws that aim to reduce income differences between the rich and the poor, and a 25 percentage point increase in support for single-payer government healthcare. Importantly, the results are not identical across policies. For example, whereas I observe complete convergence among Republicans and Democrats in their support for disability welfare at high levels of Disability ID, there is still a substantial gap of roughly 25 points between strong Republicans and strong Democrats in their support for single-payer healthcare at high levels of Disability ID. Nevertheless, this gap is roughly half as large as it is among strong Republicans and strong Democrats at the low end of the Disability ID scale. These results are striking given that many of the policies examined in these models are considered prototypical objects of partisan and ideological conflict in contemporary American politics (Dias and Lelkes 2022; Layman et al. 2006).

### 5.3.2. *Disability ID and ideological self-placement*

I observe substantively similar results when interacting Disability ID and ideological self-placement. Figure 5 plots the marginal association of the interaction between Disability ID and ideology for each policy outcome. Across a range of issues, the redistributive policy preferences of liberals and conservatives converge, and are in some cases virtually indistinguishable, at the highest levels of Disability ID. Again, the magnitude of this interaction is strongest among self-identified conservatives. For example, among self-identified strong conservatives, moving from the lowest to the highest point on the disability ID scale is associated with around a 35 point increase in support for increased disability welfare spending, a 50 point increase in support for Universal Basic Income, and a nearly 40 percentage point increase in support for single-payer healthcare. By contrast, the policy preferences of strong liberals are relatively consistent across the range of Disability ID scale.

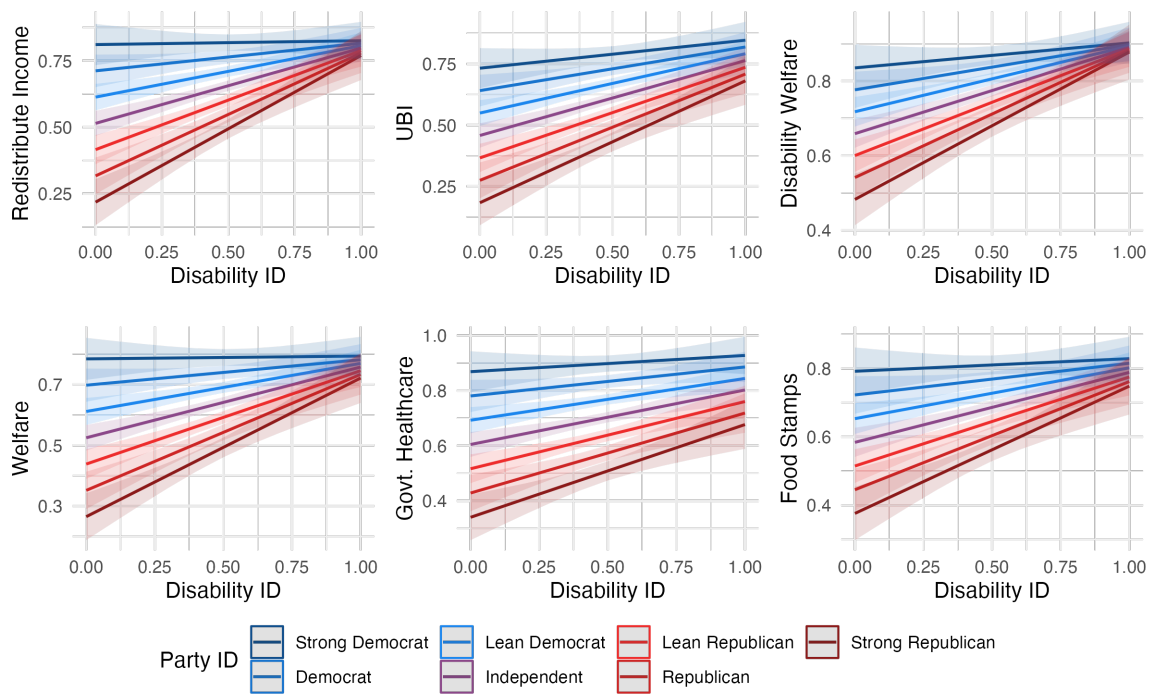


FIGURE 4. Marginal effect of the interaction between Disability ID and political partisanship on support for redistributive policies in Forthright Study 2. Refer Table A7.

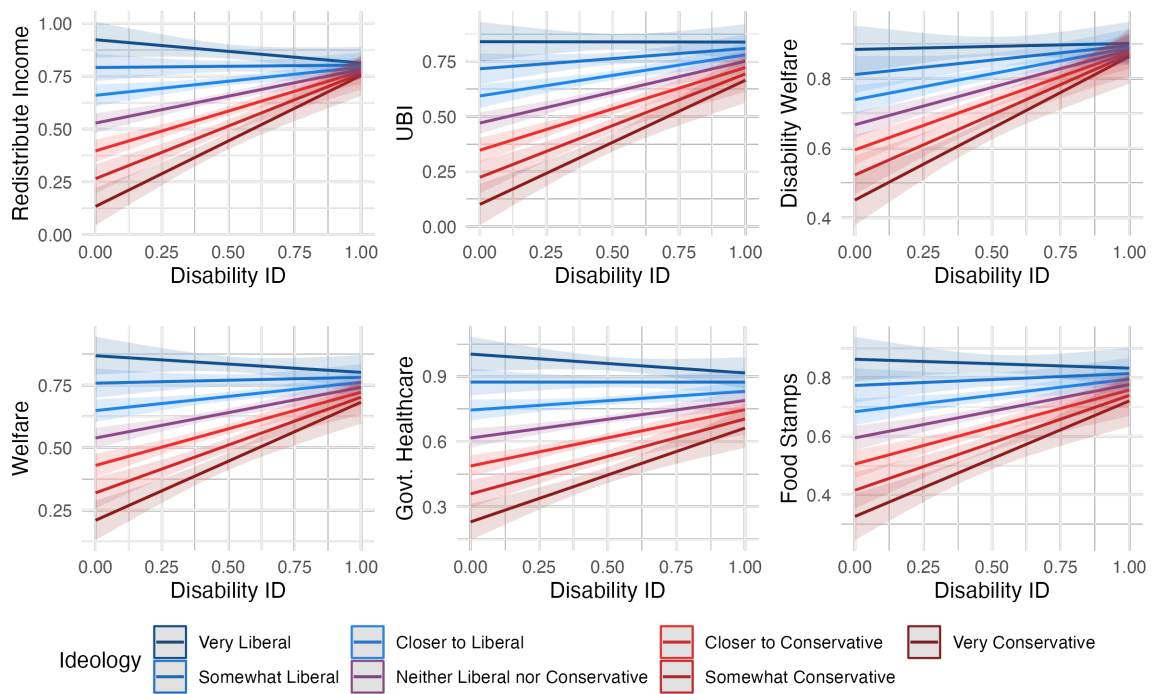


FIGURE 5. Marginal effect of the interaction between Disability ID and ideological self-placement on support for redistributive policies in Forthright Study 2. Refer Table A6.

### 5.3.3. Redistributive policy index

To check the robustness of these findings, I replicate the analysis above using data from both FS1 and FS2. Here, the dependent variables are two additive indices of redistributive policy preferences using the policy items available in each study. In FS1, this index is made up of 7 items ( $\alpha = .84$ ,  $\omega = .90$ ) with 62% of the total variance captured by a single latent factor. In FS2, this index is made up of 15 items ( $\alpha = .92$ ,  $\omega = .94$ ), with 63% of the total variance captured by a single latent factor. Complete wording and factor analysis for both indices is available in A.5. Figure 6 plots the marginal association of the interaction between Disability ID and political partisanship on redistributive preferences in FS1 and FS2. In both studies, the preferences of Republicans and Democrats converge substantially across the distribution of the Disability ID scale, with the largest effects observed for strong Republicans. The results differ somewhat across studies in that while the redistributive preferences of Republicans and Democrats appear to converge completely at the upper end of the Disability ID scale in FS1, I observe a gap of around 10 percentage points between strong Republicans and strong Democrats in FS2. However, this gap is roughly one third the size of the gap in redistributive policy preferences between strong Democrats and strong Republicans at the low end of the Disability ID scale. Furthermore, while support for redistribution increases among *both* Democrats and Republicans in FS2, this increase is strongest among self-reported conservatives. I observe substantively similar results for ideological self-placement. As illustrated in Figure 7, liberals and conservatives report similar attitudes toward redistributive policies at high levels of Disability ID. The gap between strong liberals and strong conservatives in support for redistribution is non-existent at the upper end of the Disability ID scale in FS1, and is reduced from 60 to around 20 points in FS2. These results corroborate the findings detailed above. Again, Disability ID is associated with strong support for a range of redistributive policies - including those not explicitly targeted at disabled Americans - with the largest increases in support found among strongly identified conservatives and Republicans.

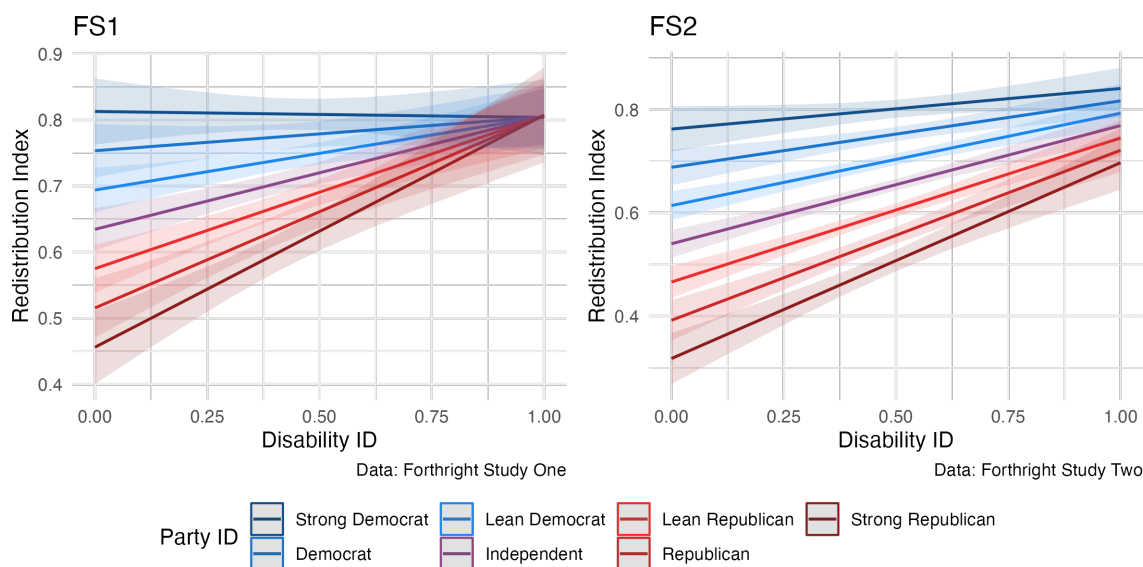


FIGURE 6. Marginal effect of the interaction between Disability ID and Party ID on support for redistributive policies (index) in FS1 and FS2. Refer Table A8.

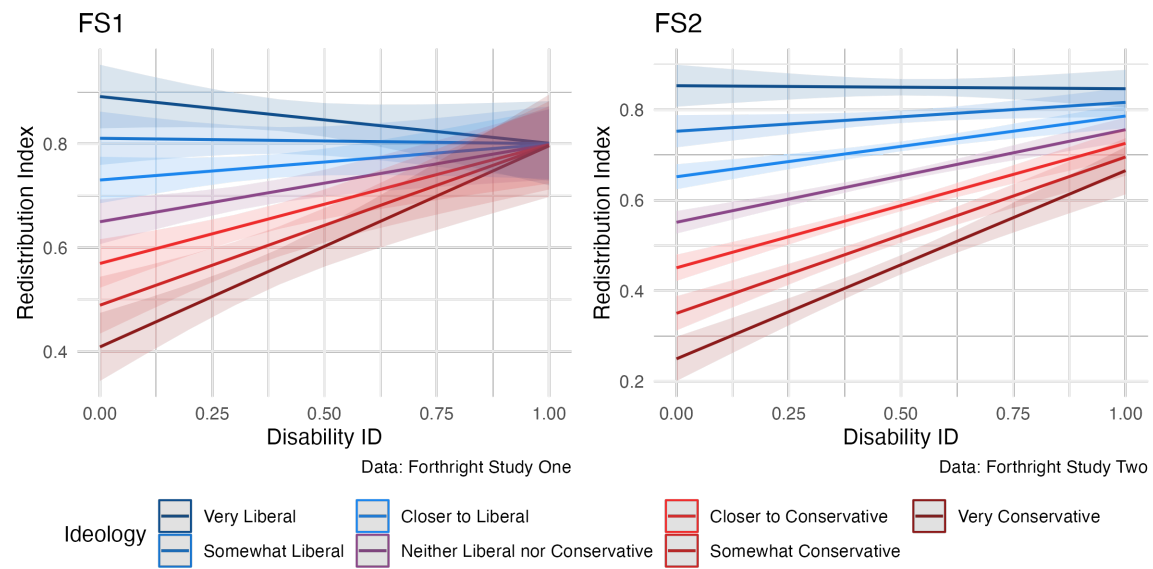


FIGURE 7. Marginal effect of the interaction between Disability ID and ideological self-placement on support for redistributive policies (index) in FS1 and FS2. Refer Table A8.

## 6. Discussion and Conclusion

Disability is both an embodied characteristic and a complex social category with far-reaching implications for the structure of American governing institutions, and the socioeconomic outcomes of individuals. However, research in political behavior and psychology has largely overlooked disability as a potential dimension of political identity. Earlier in this paper, I argued this is due in part to the complexity of theorizing the identity-to-politics link for people with disabilities. Unlike many other social minority groups, Americans with disabilities have not been systematically mobilized by partisan elites, and most disabled people have very few opportunities to build dense social networks of people with similar lived experience (Scotch 1988, 1989). On the other hand, recent evidence suggests disability is an important dimension of subjective identification for many people with functional impairments, and disability has historically served as an important axis of political mobilization, albeit for a minority of activists. Addressing this tension, I developed a theoretical model linking Disability ID to political outcomes via two mechanisms: (1) the development of group consciousness via exposure to disability-related stigma and prejudice, and (2) processes of policy feedback which encourage identification with disability and link Disability ID to support for redistribution.

Using data from two original national surveys of American adults with disabilities, and nationally representative data from the 2024 ANES pilot study, I find robust evidence that disability comprises an important dimension of political identity. On the one hand, these findings provide strong support for my theoretical model of Disability ID. Like other social identities, Disability ID is a complex psychological construct that reflects the substantial heterogeneity in the everyday lived experience of disabled individuals. Impairment characteristics that heighten the social salience of disability for individuals are strong predictors of disability ID, as are experiences of socialization through disability-related social and political institutions. These results both affirm the construct validity of the Disability ID scale and point to the importance of disability *policy* in shaping patterns of Disability ID. As previously discussed, the data presented here do not allow me to make conclusive claims about the causal direction of this relationship. Plausibly, only those who already strongly identify as disabled self-select into disability welfare programs or seek disability accommodations. Nevertheless, these data show conclusively that interactions with disability-related social policies feature prominently in the social experience of those who report a strong Disability ID. In view of these findings, it is perhaps less surprising that we observe such a strong and consistent relationship between Disability ID and support for redistributive policies.

Furthermore, I find that Disability ID is associated with a range of political identities and attitudes of interest to political scientists. On the one hand, Disability ID is associated with identities that reflect a concern for minority rights, such as Democratic partisanship and ideological liberalism (Kuo et al. 2017). These results hold across datasets and are robust to different measures of Disability ID. Disability ID is also associated with strong and consistent support for redistributive policies that theoretically stand to benefit PWD, such as single-payer healthcare, supplemental income programs, and food stamps. By contrast, Disability ID has little impact on policy issues less directly related to disability, such as border security, public schools, and crime control. Finally, I find that Disability ID is a cross-cutting political identity, with the redistributive policy preferences of conservatives and Republicans converging with those of liberals and Democrats at high levels of Disability ID. Importantly, these results suggest Disability ID is not merely a proxy for ideological liberalism or a global preference for government redistribution, but rather reflects a concern for the political interests of disabled people in particular.

I argue these findings should encourage political scientists to think differently about the role of dis-



ability in shaping political attitudes. While data are scarce, existing work has focused almost exclusively on examining potential differences in political attitudes and identities between those with and without functional disabilities. By contrast, I find that political attitudes vary substantially and systematically *within* the disability community in ways which reflect the prominence of disability in the social experience of individuals. These results should motivate further research which more deliberately accounts for and measures disability not merely as an embodied condition, but as a social identity laden with rich political meanings. More broadly, these findings suggest that scholars look more broadly at the social forces that link social identities to political outcomes. In particular, these findings suggest scholars should give greater attention to the role of public policy in shaping the political meaning attached to social categories, which I have shown may occur even in the absence of elite mobilization.

These contributions notwithstanding, the data presented here have important limitations which hint at a number of avenues for future research. Firstly, whereas I have presented robust observational evidence of a strong association between Disability ID and a range of political attitudes, more work is needed to interrogate the causal mechanisms behind these relationships. For example, if disability policy is indeed an important conduit linking Disability ID to political attitudes, then we may expect those high in Disability ID to be relatively more responsive to policy threats than those low in Disability ID. Similarly, if Disability ID is associated with a concern for the symbolic status of PWD, then we should expect those higher in Disability ID to be more reactive to disability-related prejudice and discrimination. While it is highly likely that both material and symbolic threats are likely to shape the political attitudes of those high in Disability ID, more work is needed to demonstrate this empirically.

Secondly, these findings cannot speak to the political experience of the many disabled Americans who, by virtue of their impairments or other personal circumstances, are unable to participate in an online survey. This is an important limitation of the present research given that those with the most severe impairments are arguably the most prototypical members of disability as a social category, and are likely to have the greatest personal stake in public policies targeted at disabled citizens. Insofar as it is possible to safely and ethically sample this segment of the disability community, more work is needed to ensure their views are represented in empirical studies of disability in American political life. Relatedly, people with profound and pervasive impairments are often able to engage meaningfully in the political process with the help of friends, family and carers who advocate for their political interests. In considering the role of disability in shaping attitudes and behavior, future work should consider how relational proximity to people with disabilities shapes the political identities of family members, carers, and other advocates for PWD.

Finally, conceptualizing disability as a collective or group identity raises important questions about how Disability ID might shape *intergroup* attitudes and behavior. For example, do people with disabilities view non-disabled people in general as a salient out-group? If so, to what extent is this social posture elicit the kinds of intergroup antagonisms or prejudice observed in other intergroup contexts? Similarly, given that disability is found in every racial and ethnic group, should we expect disability to act as an axis of political solidarity or coalition-building across racial and ethnic divides? Understanding the intergroup implications of Disability ID is particularly important in multiethnic democracies like the United States, where political solidarity among PWD may be undermined by political fragmentation along ethnic or other group identities.

Advancing inclusion and equality for people with disabilities is a challenge facing every human community. Despite legislative guarantees of equal civil and economic rights, disabled Americans face persistent material disadvantage and social marginalization (Bagenstos 2000; Lauer and Houtenville 2018; Nario-Redmond 2019). Addressing these entrenched inequalities is likely to require ongoing political mobilization

and activism by people with disabilities and their allies. While such activism has historically been confined to a minority of highly engaged activists ([Bagenstos 2009](#)), these findings suggest disabled Americans in the broader mass public view their disabilities as an important source of political identity.

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# Appendices

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## **Appendix A. Item Wording**

### **A.1. Disability (Screeners): Question Wording**

After consenting to participate, respondents read the following introduction:

[Disability Intro] The Centers for Disease Control (CDC) estimates roughly 1 in 4 Americans is hampered in their daily life activities by some kind of long-standing disability, chronic illness, or mental health condition. The following section includes a number of questions about these kinds of health conditions. Please tell us if any of the following apply to you.

#### *A.1.1. Functional limitation binaries*

- dis\_deaf Are you deaf, or do you have serious difficulty hearing?
- dis\_blind Are you blind, or do you have seriously difficulty seeing?
- dis\_cog Due to a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- dis\_walk Due to a physical, mental, or emotional condition, do you have serious difficulty walking or climbing stairs?
- dis\_selfcare Due to a physical, mental, or emotional condition, do you have difficulty with self-care, such as dressing or bathing?
- dis\_errands Due to a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?
- dis\_comm Due to a physical, mental, or emotional condition, do you have difficulty communicating or being understood by others when using your usual language?

### **A.2. Disability ID: Question Wording**

All items scored on five-point likert scales. Respondents saw one item per page, and all questions were randomized within-block. Before answering the identification questions, respondents read the following introduction:

[id\_intro] Having a disability or long-term health condition is an experience that can mean different things to different people. In the next section, we would like to ask you about your attitudes and feelings toward your disability or health condition. There are no right or wrong answers, we are just interested in hearing what you think about these things.

#### *A.2.1. Disability ID (Individual)*

- id\_imp How important is being a person with a disability to your sense of personal identity? (Not at all important, somewhat important, moderately important, very important, extremely important)
- id\_think How often do you think about the fact that you have a disability? (Never, sometimes, about half the time, most of the time, always)
- id\_describe How well does the term "person with a disability" describe you? (Not at all well - extremely well)
- id\_big How important is your disability to how you see yourself? (Not at all important - extremely important)
- id\_know How important is it that other people know you are a person with a disability? (Not all important - extremely important)

- **id\_insult** To what extent do you agree with the following statement? When people criticize people with disabilities, it feels like a personal insult (Strongly disagree - strongly agree)
- **id\_identify** To what extent do you agree with the following statement? I identify as a person with a disability
- **id\_common** To what extent do you agree with the following statement? I have a lot in common with other people with disabilities

#### *A.2.2. Disability ID (Collective)*

- **id\_close** How close do you feel toward other people with disabilities? (Not at all close, somewhat close, moderately close, very close, extremely close)
- **id\_connected** To what extent do you agree with the following statement? I am a member of the disability community (Strongly disagree - strongly agree)
- **id\_pride** How often do you feel proud when you see other people with disabilities getting recognition for their achievements? (Never - always)
- **id\_we** When talking about people with disabilities how often do you use “we” instead of “they”? (Never - always)
- **id\_community** How important is it for you to be a part of the disability community? (Not at all important - extremely important)
- **disid\_member** To what extent do you agree with the following statement? I am a member of the disability community
- **disid\_connected** To what extent do you agree with the following statement? When I meet other people with disabilities, I feel connected to them
- **disid\_belonging** To what extent do you agree with the following statement? I feel a strong sense of belonging to the disability community

### **A.3. Impairment Characteristics: Question Wording**

#### *A.3.1. Age Impairment Acquired*

I measure age of impairment acquisition with a single open-ended item. Answer options were restricted so respondents were only able to enter a number from 0-80.

- How old were you when you first acquired your disability or health condition? If you acquired your disability or health condition from birth, enter 0.

#### *A.3.2. Visibility of Impairment*

Visibility of impairment is measured with a single item scored on a five-point likert scale:

- How visible is your disability or health condition, or how easily can it be observed by others? Would you say that it is extremely visible, very visible, moderately visible, a little visible, or not visible at all?

#### A.3.3. *Severity of Impairment (Functional Limitations)*

To measure severity of impairment, I fielded a battery of nine items measuring respondents' self-reported degree of functional limitation across a range of domains of daily life activity. All items appeared in random order and were scored on a five-point likert scale. Respondents first read the following introductory statement: "In this section, we would like to know a little more about how your disability or health condition impacts your everyday life"

- dis\_difficulty How much difficulty do you have completing everyday tasks as a result of your disability or health condition? (No difficulty - a great deal of difficulty)
- dis\_work How much difficulty do you have finding work as a result of your disability or health condition (No difficulty - a great deal of difficulty)
- dis\_employed How much difficulty do you have remaining employed as a result of your disability or health condition? (No difficulty - a great deal of difficulty)
- dis\_fit How often do you feel like your disability or health condition makes it difficult for you to fit in with others?
- dis\_friends How often do you feel like your disability or health condition makes it difficult for you to make friends (Never - Always)
- dis\_prevent How often does your disability prevent you from doing things you want to do? (Never - Always)
- dis\_access How often do you have trouble accessing buildings or other spaces in the built environment as a result of your disability or health condition? (Never - Always)
- dis\_tech Many people with disabilities or long-standing health conditions use assistive devices and technologies to help them in their daily activities. For example, a person with a mobility impairment may use a wheelchair or walking frame, and a person who is blind may use a cane. How often do you use assistive devices or technologies to help you in your daily activities? (Never - Always)
- dis\_disruptive How disruptive would you say your disability or health condition is to your daily activities? (Not at all disruptive - extremely disruptive)
- dis\_funclim How would you rate the severity of functional limitation you experience in your daily life as a result of your disability or health condition? (Not at all severe - extremely severe)

#### A.4. **Disability Consciousness: Question Wording**

- dis\_linkfate To what extent do you agree with the following statement? If things get better for people with disabilities in general, things will get better for me (strongly agree - strongly disagree)
- dis\_consc1 How important is it that people with disabilities work together to fight prejudice against people with disabilities? (extremely important - not at all important)
- dis\_pride How often do you feel proud to be a person with a disability? (never - always) item dis\_consc2 How important is it that people with disabilities work together to change laws that are unfair to people with disabilities? (extremely important - not at all important)
- dis\_discrim\_self How much discrimination would you say you experience as a result of your disability or health condition? (a great deal - none at all)
- dis\_pride How often do you feel proud to be a person with a disability? (never - always)

## A.5. Redistributive Policy Items

### A.5.1. Redistributive Policy Items: FS1

- `redist_income` Do you favor, oppose, or neither favor nor oppose elected officials passing laws and regulations that reduce the income differences between rich people and poor people? (strongly oppose - strongly favor, 7pt)
- `ubi` Do you favor, oppose, or neither favor nor oppose establishing a federal program that gives all citizens \$12,000 per year? The estimated \$3 trillion a year cost would be paid for with higher taxes.
- `govt_health` Do you favor, oppose, or neither favor nor oppose a health care system in which the national government is responsible for paying for the health care of all Americans?
- `fedspend` [GRID] Now we are going to show you a list of government programs. For each one, please say whether you would like to see government spending increased, decreased, or kept the same. An increase in government spending on any of these programs would be paid for with higher taxes. **Items:** *social security, public schools, tightening border security, dealing with crime, welfare programs, aid to the poor* (spend a lot less - spend a lot more, 5pt)

### A.5.2. Redistributive Policy Items: FS2

- `redist_income` Do you favor, oppose, or neither favor nor oppose elected officials passing laws and regulations that reduce the income differences between rich people and poor people? (strongly oppose - strongly favor, 7pt)
- `ubi` Do you favor, oppose, or neither favor nor oppose establishing a federal program that gives all citizens \$12,000 per year? The estimated \$3 trillion a year cost would be paid for with higher taxes.
- `disabilitywelfare` Do you favor, oppose, or neither favor nor oppose increasing the level of cash assistance going to people who are unable to work due to disability? The increased cost would be paid for with higher taxes.
- `govt_health` Do you favor, oppose, or neither favor nor oppose a health care system in which the national government is responsible for paying for the health care of all Americans?
- `ssi_immigrants` Do you favor, oppose, or neither favor nor oppose extending eligibility for disability welfare programs to refugees, asylum seekers, and other immigrants with disabilities?
- `prek` Do you favor, oppose, or neither favor nor oppose expanding funding for pre-kindergarten programs so that they are available for all children nationwide? The \$24 billion a year cost would be paid for with higher taxes.
- `studentloans` Do you favor, oppose, or neither favor nor oppose cancelling all of the nearly \$1.6 trillion of existing student loan debt, and paying for it with higher taxes?
- `fedspend` [GRID] Now we are going to show you a list of government programs. For each one, please say whether you would like to see government spending increased, decreased, or kept the same. An increase in government spending on any of these programs would be paid for with higher taxes. **Items:** *social security, public Schools, tightening border security, dealing with crime, welfare programs, transport and infrastructure, services for people with disabilities, food stamps* (spend a lot less - spend a lot more, 5pt)
- `jobstdliving` Some people feel that the government in Washington should see to it that every person has a job and a good standard of living. Others think the government should just let each person get ahead on his/her own. Where would you place yourself on the scale below? (Government should see to job and good standard of living - govt. should let each person get ahead on his own, 7pt)

- servicespend Some people think the government should provide fewer services, even in areas such as health and education in order to reduce spending. Other people feel it is important for the government to provide many more services even if it means an increase in spending. Where would you place yourself on the scale below? (Govt should provide many more services; increase spending a lot - government should provide many fewer services; reduce spending a lot, 7pt)
- aidblacks Some people feel the government in Washington should make every possible effort to improve the social and economic position of African-Americans and other minority groups. Others feel that the government should not make any special effort to help African-Americans and other minorities because they should help themselves. Where would you place yourself on the scale below? (Government should help minorities - minorities should help themselves, 7pt)

## Appendix B. Measuring Disability ID

### B.1. Sample Statistics - Forthright Study Two

TABLE A1. Summary Statistics

Variable	N	Mean	Std. Dev.
male	1018	0.474	0.5
female	1018	0.506	0.5
age1829	1018	0.163	0.37
age3039	1018	0.154	0.361
age4049	1018	0.204	0.403
age5059	1018	0.189	0.391
age6069	1018	0.175	0.38
age70plus	1018	0.115	0.319
nohs	1018	0.042	0.201
highschool	1018	0.22	0.414
somecollege	1018	0.291	0.454
technical_degree	1018	0.072	0.258
associate_degree	1018	0.138	0.345
somecollege	1018	0.291	0.454
bachelors	1018	0.166	0.372
postgrad	1018	0.072	0.258
white	1018	0.723	0.448
black	1018	0.121	0.326
hispanic	1018	0.094	0.292
asian	1018	0.017	0.128
nativeam	1018	0.011	0.103
republican	1018	0.31	0.463
democrat	1018	0.525	0.5
independent	1018	0.165	0.371
ssdi	1018	0.549	0.498



## B.2. Frequency Distributions and Correlations

FIGURE A1. Disability ID - Histograms

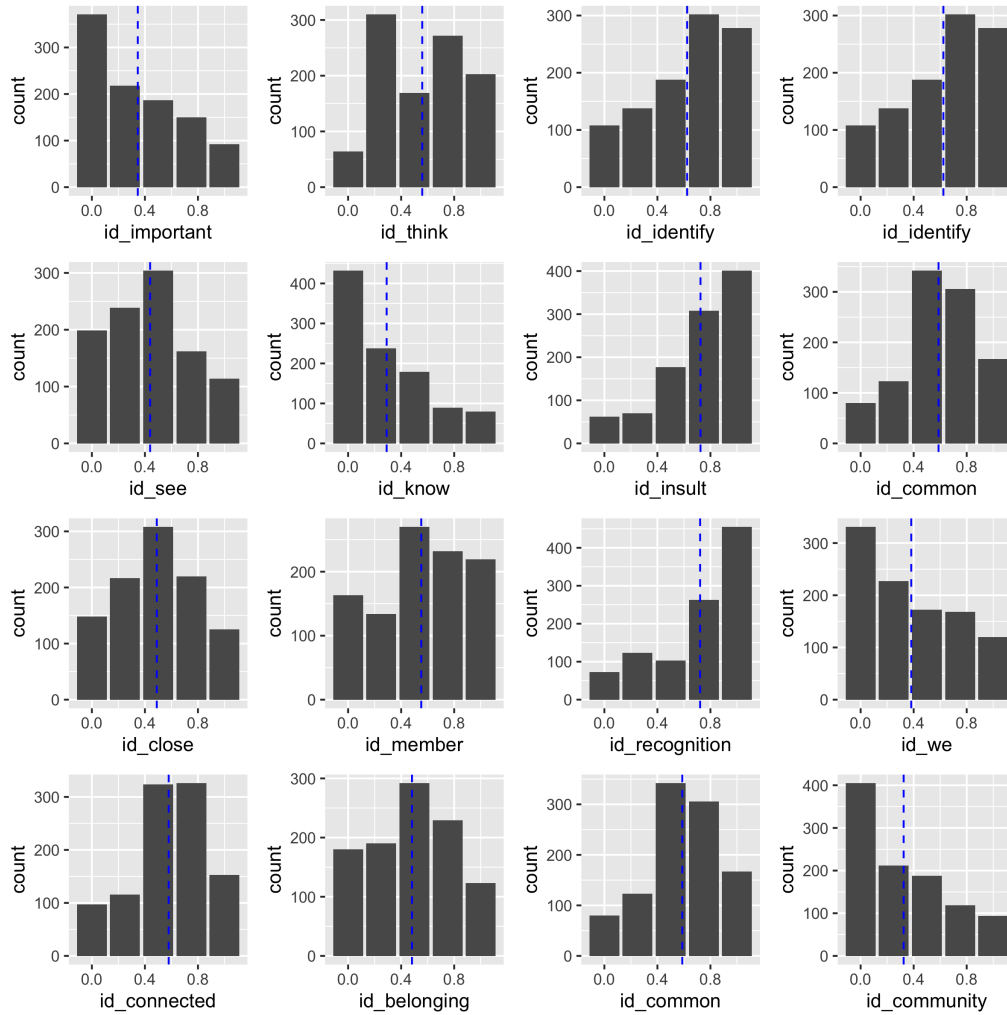
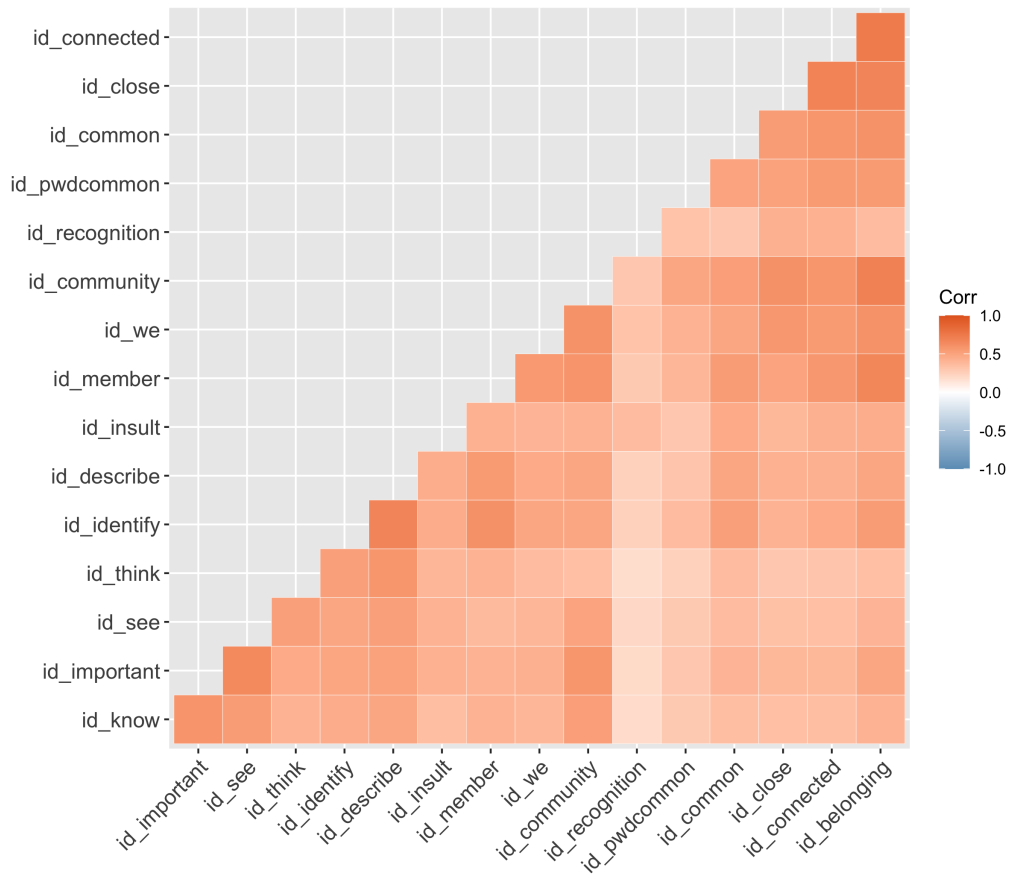


FIGURE A2. Disability ID - Correlation Plot



### B.3. Final Disability ID Scales

#### B.3.1. 8-item Disability ID scale (FS1)

1. How close do you feel toward other people with disabilities?
2. To what extent do you agree with the following statement? I am a member of the disability community.
3. When talking about people with disabilities how often do you use “we” instead of “they”?
4. How important is it for you to be a part of the disability community?
5. How important is being a person with a disability to your sense of personal identity?
6. How important is your disability to how you see yourself?
7. How often do you think about the fact that you have a disability?
8. How well does the term "person with a disability" describe you?

#### B.3.2. 10-Item Disability ID Scale (FS2)

1. How close do you feel toward other people with disabilities?

2. I feel a strong sense of belonging to the disability community.
3. When I meet other people with disabilities, I feel connected to them.
4. People with disabilities have a lot in common with one another.
5. How important is being a person with a disability to your sense of personal identity?
6. How important is your disability to how you see yourself?
7. How important is it for other people to know that you have a disability?
8. How often do you think about the fact that you have a disability?
9. To what extent do you agree with the following statement? I identify as a person with a disability.
10. How well does the term "person with a disability" describe you?

## Appendix C. Regression Tables

### C.1. Disability ID

TABLE A2. Individual-level Predictors of Disability ID in FS1 and FS2

	Disability ID	
	Forthright Study 1	Forthright Study 2
Impairment Severity	0.264*** (0.032)	0.303*** (0.026)
Impairment Visibility	0.131*** (0.027)	0.125*** (0.021)
Impairment Duration	0.034 (0.023)	0.014 (0.019)
SSDI	0.089*** (0.016)	0.062*** (0.012)
Accommodations	0.295*** (0.031)	0.230*** (0.022)
Age	0.052 (0.036)	0.050 (0.028)
Female	0.005 (0.014)	-0.008 (0.011)
Education	-0.050 (0.032)	-0.053* (0.023)
Income	0.020 (0.031)	0.018 (0.024)
Black	0.071*** (0.021)	0.073*** (0.018)
Hispanic	0.019 (0.027)	0.019 (0.019)
Party ID	0.006 (0.024)	-0.036 (0.023)
Ideology	-0.073** (0.028)	-0.013 (0.026)
Constant	0.145*** (0.032)	0.210*** (0.028)
N	648	995
R <sup>2</sup>	0.492	0.410
Adjusted R <sup>2</sup>	0.482	0.402
Residual Std. Error	0.175 (df = 634)	0.172 (df = 981)
F Statistic	47.317*** (df = 13; 634)	52.434*** (df = 13; 981)

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

## C.2. Disability Consciousness

TABLE A3. Predictors of Disability Consciousness

	fightprej	changelaws	linkedfate	dispride	pwdprejudice	pwdinterests
	(1)	(2)	(3)	(4)	(5)	(6)
disid	0.521*** (0.036)	0.423*** (0.034)	0.571*** (0.037)	0.780*** (0.045)	0.377*** (0.037)	0.453*** (0.037)
ideology	-0.161*** (0.036)	-0.150*** (0.034)	-0.110** (0.036)	0.003 (0.044)	-0.217*** (0.037)	-0.118** (0.037)
pid_7	0.010 (0.031)	-0.033 (0.030)	0.021 (0.032)	0.017 (0.039)	-0.036 (0.032)	-0.024 (0.032)
age_std	0.045 (0.034)	0.083** (0.032)	-0.099** (0.034)	-0.216*** (0.042)	-0.142*** (0.035)	0.038 (0.035)
female	0.034* (0.015)	0.025 (0.014)	-0.018 (0.015)	-0.024 (0.019)	0.030* (0.016)	-0.030 (0.016)
edu	0.004 (0.031)	0.004 (0.030)	0.060 (0.032)	0.003 (0.039)	0.025 (0.032)	0.008 (0.032)
income	-0.037 (0.032)	-0.008 (0.030)	-0.048 (0.033)	-0.016 (0.040)	0.016 (0.033)	-0.071* (0.033)
black	0.023 (0.024)	-0.010 (0.023)	0.025 (0.025)	0.063* (0.030)	-0.014 (0.025)	0.039 (0.025)
hispanic	-0.002 (0.026)	0.012 (0.025)	0.042 (0.027)	-0.012 (0.033)	-0.012 (0.027)	-0.030 (0.027)
ssdi	-0.034* (0.017)	-0.004 (0.016)	0.014 (0.017)	-0.046* (0.021)	0.004 (0.017)	-0.049** (0.017)
Constant	0.571*** (0.033)	0.616*** (0.031)	0.442*** (0.034)	0.021 (0.041)	0.662*** (0.034)	0.394*** (0.034)
N	1,007	1,007	1,006	1,007	1,004	1,006
R <sup>2</sup>	0.228	0.202	0.263	0.281	0.219	0.184
Adjusted R <sup>2</sup>	0.220	0.194	0.256	0.273	0.211	0.175

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

TABLE A4. Disability ID and Redistributive Policy Attitudes - FS2

	dis_welfare	services_pwd	foodstamps	govt_health	redist_income	ubi	welfare	borders	crimecontrol	pubschools	socialsec	infrastructure
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
disid	0.189*** (0.036)	0.211*** (0.032)	0.150*** (0.040)	0.135** (0.041)	0.206*** (0.044)	0.243** (0.047)	0.165*** (0.039)	0.038 (0.043)	0.063 (0.040)	0.042 (0.038)	0.110** (0.034)	0.045 (0.037)
ideology	-0.162*** (0.035)	-0.166*** (0.031)	-0.241*** (0.039)	-0.388*** (0.040)	-0.316*** (0.043)	-0.338*** (0.045)	-0.295*** (0.038)	0.275*** (0.042)	0.119** (0.038)	-0.239*** (0.037)	-0.128*** (0.033)	-0.173*** (0.036)
pid_7	-0.082*** (0.030)	-0.021 (0.027)	-0.099** (0.034)	-0.157*** (0.035)	-0.132*** (0.037)	-0.152*** (0.039)	-0.119*** (0.033)	0.183*** (0.036)	0.014 (0.033)	-0.017 (0.032)	-0.061* (0.029)	-0.029 (0.031)
age	-0.060 (0.033)	0.033 (0.029)	-0.115** (0.037)	-0.153*** (0.038)	-0.117** (0.041)	-0.190*** (0.043)	-0.169*** (0.036)	0.335*** (0.040)	0.256*** (0.036)	-0.036 (0.035)	0.167*** (0.032)	0.052 (0.034)
female	-0.020 (0.015)	-0.004 (0.013)	0.021 (0.016)	0.022 (0.017)	0.027 (0.018)	0.009 (0.019)	0.016 (0.016)	-0.025 (0.018)	0.019 (0.016)	0.039* (0.015)	0.0002 (0.014)	-0.071*** (0.015)
edu	0.051 (0.030)	-0.025 (0.027)	0.019 (0.034)	0.001 (0.035)	0.075* (0.037)	-0.016 (0.039)	0.055 (0.033)	-0.049 (0.037)	-0.080* (0.033)	0.033 (0.032)	-0.045 (0.029)	0.072* (0.031)
income	-0.006 (0.031)	-0.005 (0.027)	-0.141*** (0.034)	-0.045 (0.036)	-0.097* (0.038)	-0.114** (0.040)	-0.079* (0.034)	0.0003 (0.037)	0.064 (0.034)	0.025 (0.033)	-0.006 (0.030)	0.008 (0.032)
black	-0.020 (0.023)	-0.025 (0.021)	-0.030 (0.026)	-0.036 (0.027)	-0.010 (0.029)	0.020 (0.031)	-0.044 (0.028)	0.030 (0.030)	0.084** (0.026)	-0.015 (0.025)	-0.022 (0.022)	-0.041 (0.024)
hispanic	0.0002 (0.025)	0.002 (0.022)	-0.045 (0.028)	-0.044 (0.029)	-0.023 (0.031)	-0.014 (0.033)	-0.043 (0.028)	-0.003 (0.030)	0.006 (0.028)	0.009 (0.026)	-0.008 (0.024)	-0.016 (0.026)
ssdi	0.065*** (0.016)	0.039** (0.014)	0.056** (0.018)	0.017 (0.019)	-0.040* (0.020)	0.010 (0.021)	0.034 (0.018)	0.030 (0.019)	0.00004 (0.018)	-0.009 (0.017)	0.026 (0.015)	0.018 (0.017)
religiosity	-0.037 (0.021)	-0.012 (0.019)	-0.020 (0.023)	-0.047 (0.024)	-0.022 (0.026)	-0.030 (0.027)	0.005 (0.023)	0.063* (0.025)	0.047* (0.023)	0.014 (0.022)	-0.003 (0.020)	-0.015 (0.022)
Constant	0.784*** (0.032)	0.761*** (0.028)	0.834*** (0.036)	0.993*** (0.037)	0.833*** (0.040)	0.862*** (0.042)	0.812*** (0.035)	0.208*** (0.039)	0.487*** (0.035)	0.820*** (0.034)	0.771*** (0.031)	0.738*** (0.033)
N	1,004	998	997	1,004	1,004	1,004	1,000	999	1,000	998	998	1,000
R <sup>2</sup>	0.171	0.140	0.211	0.338	0.255	0.284	0.261	0.328	0.122	0.115	0.099	0.108
Adjusted R <sup>2</sup>	0.162	0.131	0.202	0.331	0.247	0.276	0.253	0.321	0.113	0.105	0.089	0.098

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

TABLE A5. Disability ID and Redistributive Policy Preferences - FSI

	redist_income	ubi_support	govt_health	social_sec	pubschools	borders	crime	welfare	aidpoor
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
disid	0.164** (0.051)	0.230*** (0.055)	0.128* (0.050)	0.060 (0.041)	0.036 (0.047)	0.088 (0.052)	0.107* (0.048)	0.178*** (0.049)	0.089* (0.044)
pid_7	-0.120** (0.038)	-0.138*** (0.041)	-0.132*** (0.038)	-0.033 (0.031)	-0.069 (0.035)	0.199*** (0.039)	0.016 (0.036)	-0.100** (0.036)	-0.072* (0.033)
ideology	-0.254*** (0.046)	-0.324*** (0.050)	-0.359*** (0.045)	-0.054 (0.037)	-0.153*** (0.043)	0.261*** (0.047)	0.153*** (0.043)	-0.234*** (0.044)	-0.157*** (0.040)
ssdi	0.040 (0.026)	0.006 (0.028)	0.026 (0.026)	0.040 (0.021)	0.019 (0.024)	0.017 (0.027)	-0.011 (0.025)	0.012 (0.025)	-0.023 (0.023)
age	-0.100 (0.052)	-0.083 (0.056)	-0.091 (0.051)	0.232*** (0.041)	0.001 (0.048)	0.306*** (0.053)	0.313*** (0.049)	-0.032 (0.049)	0.049 (0.045)
income	0.009 (0.048)	-0.079 (0.052)	-0.055 (0.047)	-0.037 (0.038)	-0.011 (0.044)	0.144** (0.049)	0.004 (0.045)	-0.104* (0.046)	-0.147*** (0.042)
female	0.026 (0.022)	0.026 (0.024)	0.039 (0.022)	0.032 (0.018)	0.063** (0.021)	0.008 (0.023)	0.002 (0.021)	0.017 (0.021)	0.027 (0.019)
edu	-0.039 (0.049)	-0.024 (0.053)	-0.027 (0.049)	0.055 (0.039)	0.035 (0.045)	0.048 (0.050)	0.008 (0.046)	-0.024 (0.047)	-0.022 (0.043)
black	-0.047 (0.032)	-0.005 (0.035)	-0.069* (0.032)	-0.004 (0.026)	0.020 (0.030)	0.061 (0.033)	0.040 (0.031)	-0.007 (0.031)	-0.007 (0.028)
hispanic	0.009 (0.042)	0.030 (0.045)	0.037 (0.041)	-0.053 (0.033)	0.032 (0.039)	-0.026 (0.043)	0.035 (0.039)	0.008 (0.040)	0.073* (0.036)
religiosity	-0.038 (0.031)	0.030 (0.034)	-0.017 (0.031)	0.020 (0.025)	-0.034 (0.029)	0.056 (0.032)	0.059* (0.030)	-0.032 (0.030)	-0.004 (0.027)
Constant	0.834*** (0.044)	0.810*** (0.047)	0.935*** (0.043)	0.661*** (0.035)	0.791*** (0.040)	0.105* (0.045)	0.399*** (0.041)	0.811*** (0.042)	0.842*** (0.038)
N	637	637	637	637	634	635	636	635	636
R <sup>2</sup>	0.193	0.231	0.263	0.112	0.096	0.275	0.137	0.186	0.121
Adjusted R <sup>2</sup>	0.179	0.218	0.250	0.096	0.080	0.263	0.122	0.171	0.106

\*p &lt; .05; \*\*p &lt; .01; \*\*\*p &lt; .001



### C.3. Party ID and Ideological Self-placement

#### C.3.1. Policy Preferences - Redistribution

#### C.3.2. Redistributive Policy Attitudes - Ideology Interactions

TABLE A6. Redistribution Interactions - Disability ID \* Ideology

	dis_welfare	foodstamps	govt_health	redist_income	ubi_support	welfare
	(1)	(2)	(3)	(4)	(5)	(6)
disid	0.029 (0.057)	-0.007 (0.064)	-0.102 (0.066)	-0.094 (0.070)	-0.032 (0.074)	-0.053 (0.063)
pid_7	-0.074* (0.030)	-0.087** (0.034)	-0.146*** (0.034)	-0.119** (0.037)	-0.140*** (0.039)	-0.108** (0.033)
ideology	-0.347*** (0.062)	-0.420*** (0.070)	-0.660*** (0.072)	-0.665*** (0.076)	-0.651*** (0.081)	-0.541*** (0.068)
age_std	-0.057 (0.033)	-0.110** (0.037)	-0.147*** (0.038)	-0.112** (0.040)	-0.183*** (0.043)	-0.161*** (0.036)
female	-0.024 (0.015)	0.019 (0.016)	0.017 (0.017)	0.021 (0.018)	0.005 (0.019)	0.013 (0.016)
edu	0.052 (0.030)	0.019 (0.034)	0.003 (0.034)	0.077* (0.037)	-0.012 (0.039)	0.056 (0.033)
income	-0.008 (0.031)	-0.145*** (0.034)	-0.048 (0.035)	-0.099** (0.037)	-0.116** (0.040)	-0.081* (0.034)
black	-0.017 (0.023)	-0.024 (0.026)	-0.032 (0.027)	-0.005 (0.028)	0.026 (0.030)	-0.038 (0.025)
hispanic	0.009 (0.025)	-0.036 (0.028)	-0.030 (0.029)	-0.007 (0.031)	0.003 (0.033)	-0.029 (0.028)
ssdi	0.068*** (0.016)	0.056** (0.018)	0.022 (0.018)	-0.034 (0.020)	0.017 (0.021)	0.038* (0.018)
religiosity	-0.031 (0.021)	-0.016 (0.023)	-0.038 (0.024)	-0.009 (0.026)	-0.020 (0.027)	0.012 (0.023)
disid:ideology	0.357*** (0.100)	0.342** (0.112)	0.526*** (0.115)	0.673*** (0.122)	0.609*** (0.130)	0.478*** (0.110)
Constant	0.860*** (0.038)	0.908*** (0.043)	1.103*** (0.044)	0.975*** (0.047)	0.986*** (0.050)	0.912*** (0.042)
N	1,006	999	1,006	1,006	1,006	1,002
R <sup>2</sup>	0.182	0.214	0.351	0.277	0.297	0.272
Adjusted R <sup>2</sup>	0.172	0.205	0.344	0.269	0.288	0.264

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

### C.3.3. Redistributive Policy Attitudes - Party ID Interactions

TABLE A7. Redistribution Interactions - Disability ID \* Party ID

	dis_welfare	foodstamps	govt_health	redist_income	ubi_support	welfare
	(1)	(2)	(3)	(4)	(5)	(6)
disid	0.061 (0.052)	0.040 (0.058)	0.024 (0.060)	0.013 (0.064)	0.069 (0.068)	0.009 (0.057)
pid_7	-0.244*** (0.056)	-0.230*** (0.063)	-0.296*** (0.065)	-0.381*** (0.069)	-0.372*** (0.074)	-0.312*** (0.062)
ideology	-0.149*** (0.035)	-0.231*** (0.039)	-0.376*** (0.040)	-0.297*** (0.043)	-0.318*** (0.045)	-0.278*** (0.038)
age_std	-0.057 (0.033)	-0.110** (0.037)	-0.149*** (0.038)	-0.112** (0.040)	-0.183*** (0.043)	-0.161*** (0.036)
female	-0.023 (0.015)	0.020 (0.016)	0.020 (0.017)	0.022 (0.018)	0.007 (0.019)	0.013 (0.016)
edu	0.049 (0.030)	0.016 (0.034)	-0.0002 (0.035)	0.072 (0.037)	-0.016 (0.039)	0.052 (0.033)
income	-0.007 (0.031)	-0.144*** (0.034)	-0.046 (0.036)	-0.098** (0.038)	-0.114** (0.040)	-0.080* (0.034)
black	-0.012 (0.023)	-0.021 (0.026)	-0.029 (0.027)	0.001 (0.029)	0.031 (0.030)	-0.033 (0.026)
hispanic	0.008 (0.025)	-0.038 (0.028)	-0.036 (0.029)	-0.011 (0.031)	-0.002 (0.033)	-0.032 (0.028)
ssdi	0.068*** (0.016)	0.056** (0.018)	0.020 (0.019)	-0.036 (0.020)	0.015 (0.021)	0.037* (0.018)
religiosity	-0.033 (0.021)	-0.019 (0.023)	-0.044 (0.024)	-0.015 (0.026)	-0.026 (0.027)	0.009 (0.023)
disid:pid_7	0.304*** (0.089)	0.253* (0.100)	0.259* (0.103)	0.462*** (0.110)	0.408*** (0.117)	0.363*** (0.098)
Constant	0.846*** (0.037)	0.887*** (0.041)	1.044*** (0.042)	0.925*** (0.045)	0.939*** (0.048)	0.883*** (0.040)
N	1,006	999	1,006	1,006	1,006	1,002
R <sup>2</sup>	0.181	0.212	0.342	0.268	0.290	0.268
Adjusted R <sup>2</sup>	0.171	0.202	0.334	0.260	0.281	0.260

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

### C.3.4. Redistribution Index - Interactions FS1 and FS2

TABLE A8. Redistribution Index - Interaction Models

	Forthright Study 1		Forthright Study 2	
	Ideology	Party ID	Ideology	Party ID
Disability ID	-0.142 (0.099)	-0.104 (0.103)	-0.009 (0.081)	0.013 (0.086)
Ideology	-0.482*** (0.048)		-0.603*** (0.041)	
Party ID		-0.357*** (0.043)		-0.445*** (0.039)
SSDI	0.057 (0.037)	0.009 (0.039)	-0.009 (0.026)	-0.021 (0.028)
Age	0.004 (0.062)	-0.069 (0.064)	-0.139** (0.052)	-0.182** (0.055)
Income	-0.058 (0.060)	-0.055 (0.064)	-0.039 (0.047)	-0.025 (0.050)
Female	0.047 (0.028)	0.050 (0.029)	0.016 (0.023)	0.020 (0.025)
Education	-0.053 (0.063)	-0.022 (0.066)	0.017 (0.049)	0.007 (0.052)
Black	0.007 (0.047)	-0.037 (0.051)	0.042 (0.039)	0.061 (0.042)
Hispanic	0.077 (0.059)	0.051 (0.062)	0.031 (0.041)	0.005 (0.044)
Religiosity	-0.042 (0.039)	-0.074 (0.041)	0.032 (0.034)	-0.035 (0.035)
Disability ID:Ideology	0.477*** (0.096)		0.422*** (0.074)	
Disability ID:Party ID		0.360*** (0.082)		0.301*** (0.069)
Constant	0.902*** (0.046)	0.879*** (0.048)	0.893*** (0.043)	0.857*** (0.045)
Disability ID:Controls	✓	✓	✓	✓
N	655	631	980	980
R <sup>2</sup>	0.297	0.248	0.495	0.422
Adjusted R <sup>2</sup>	0.276	0.225	0.485	0.411

\*p &lt; .05; \*\*p &lt; .01; \*\*\*p &lt; .001