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Stream 8: The role of welfare attitudes in welfare state change

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The dynamics of individual attitudes in times of welfare state retrenchment

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Public opinion is seen as a major obstacle to changing the status quo of welfare state policies. Nevertheless some far reaching reforms have taken place, and welfare states in Europe changed at least gradually. Thus we can also ask the reverse question: have increased reform pressures and continued restructuring efforts led to changes in welfare attitudes? More fundamentally we need to ask how public opinion is formed in respect to welfare state reform? The Power Resource Theory claims that welfare state support is guided by long-term class interests and that organized labor will defend the acquired social rights. Individual attitudes should thus be in line with trade union membership or, more generally, class position. In contrast, the 'new politics of the welfare state' thesis assumes attitudes to depend more on the interests of groups benefitting from certain social policy programmes.

Empirical research shows that both social class and individual interests are co-determinants of welfare state support. However, research thus far has either focused on cross-country comparisons at one point in time or on changes over time in single country studies. Systematic research comparing the relative importance of both concepts over time and across different institutional settings is scarce. In order to answer the question whether and to what degree welfare state reforms can influence citizens' attitudes, we need to move beyond static comparisons across countries and to explore trends over time.

This study examines attitudes towards the government's responsibility to provide everyone with essential health care services. The following questions will be answered: (1) Is the relative importance of class compared to individual interests declining? (2) Can particular attitude patterns be linked to institutional characteristics and the reform experiences in the respective countries? Accounting for the nested structure of the data (individuals nested within countries) I apply a multilevel model, combining macro- and individual-level data. By analyzing Eurobarometer data at three points in time between 1996 and 2002 I focus on changing cleavages in the attitude structure and shed light on the dynamics of individual attitudes.

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1. Introduction

Charity begins at home - at least in hard times. An analogous argument is put forward in the New Politics of the Welfare State literature. In times of welfare state retrenchment people are assumed to defend their acquired social rights. Self-interest is seen as the main motivation to support the welfare state. But is the importance of other factors like group solidarity or political values really declining? This article analyzes the question whether increased reform pressures and continued restructuring efforts have led to changes in individual welfare attitudes.

This process - usually dubbed policy feedback - explains how policy might affect opinion. It is part of a bigger research field trying to link public opinion with social policy. Early studies examining this core question of democracy assumed public opinion to be independent and focused on the question if social policy is in line with public opinion (for reviews of the public opinion literature see Burstein 2003, Weakliem 2003). Only recently have researchers begun to focus on the feedback processes of policy as well (for a review see Beland 2010).

The relevance of feedback processes for social scientists, but also for policy makers, stems from their possible effects on the subsequent reform process. First, given that public opinion is usually seen as a possible veto player blocking reforms, changes in welfare attitudes affect the environment for reform in the short run. If conflicts between groups over the extensity of the welfare state increase in magnitude or if conflict lines are changing their direction over time, politics take place under quite different circumstances. Second, in line with the idea of path dependence even small changes in the attitude structure might add up over time and alter reform opportunities in the long run.

As this very short outline shows, an important characteristic of the interplay of policies and individual attitudes as well as of the reform process is change over time. Empirical research exploring the role of individual attitudes and public opinion in the reform process, however, so far often uses cross-sectional analysis at one point in time (see Gevers et al. 2000, Kikuzawa et al. 2008, Wendt et al. 2010 for studies on health care attitudes) or focuses on the development in one country (Svallfors 2008, Soroka and Wlezien 2009). The few exceptions taking into account time trends across different countries (Blekesaune 2007, Taylor-Gooby 2011) are examining attitudes towards the welfare state in general and not in a specific social policy field. So what is missing in order to test the competing theoretical predictions concerning the development of individual attitudes in times of welfare state retrenchment is a systematic comparison of attitude structures across countries and over time.

In this study I examine the preference for an extensive role of the state in the provision of health care. Do people want the state to provide a universal health care system (as the one extreme) or do they prefer the state to only provide basic services (as the other extreme)? Two reasons are motivating this choice. First, general statements “such as ‘guaranteeing that basic needs are met for all’ will usually elicit approval by the majority of the public” (Arts and

Gelissen 2001:297), whereas more specific statements like the one used in this study are assumed to be more disputed. As my aim is mainly to question the increasing importance of self interest in the explanation of welfare state attitudes the more specific the attitudes are, the stronger the differences between self-interest groups should be. Thus if the hypothesis of the increasing importance of self-interest motives has to be rejected in such an easy case my findings can possibly be generalized and extended to more difficult cases, where self-interest is assumed only to play a minor role. Second, when it comes to choosing one specific social policy field, it seems to be reasonable to start with one of the most relevant areas², where the assumption of rising reform pressures due to an ageing society and technological change is justified. The theoretical accounts mentioned above link the changes they describe to a combination of economic (e.g. pressures due to rising costs), political and social factors.³ Whereas it might be difficult to disentangle the impact of every single development empirically, taken together the overall development provides a convincing and clear backdrop against which it is possible to examine the impact of the presumed changes on people's attitudes (Taylor-Gooby 2011:148).

The main contribution of this article is to provide a dynamic approach with comparable dependent and independent variables. A meta-analysis of existing studies as an alternative approach would have been difficult, as the research suffers from a dependent as well as independent variable problem (Svallfors 2010). This article starts with an outline of the main theoretical accounts explaining how welfare state attitudes change over time. In the second section I briefly discuss previous empirical findings on the change of attitudes over time as well as findings on attitudes towards the involvement of the welfare state in the field of healthcare more specifically. The next section presents data, methods and the specification of the multilevel model. After presenting the main results their implications for future research and welfare state reforms are discussed.

2. Theoretical Background

The main question of this article is whether conflicts between different groups of society have changed. More specifically I ask if cleavages between self-interest groups have increased while class cleavages have decreased. This question can be split up into two related hypotheses. First, proponents of the new politics of the welfare state hypothesis claim, that in times of welfare state retrenchment attitudes depend on the interests of groups benefitting from certain social policy programmes (Pierson 2001). New cleavages in the attitude structure between groups of conflicting interests (e.g. between the young and the old, the healthy and the sick) arise and become stronger over time. The second hypothesis focuses its attention on the development of class cleavages and basically claims class cleavages to be weakening (Clark and Lipset 2001, for critics see Evans 1999). Several general trends in the development of

² In the countries I examine total expenditure on health care was on average 8,6% of the total GDP in 2001.

³ For a more detailed description of the developments of health care systems in times of welfare state retrenchment see Hacker (2004), Huber and Orosz (2003), Jordan (2011) and Moran (2000).

modern societies are supposed to contribute to declining class cleavages: the most prominent ones being the development towards risk society (Beck 1992), individualization trends and transition to a postmaterialist, postmodern or postindustrial society. In the following I will first shortly summarize the 'traditional', class based explanation of welfare state development, which is the idea of power resources. Having provided this starting point I will then map out the theoretical arguments claiming that a class based explanation is no longer warranted.

The emergence and expansion of the welfare state is usually understood as a struggle or negotiation between groups of differing interests. This struggle takes place in and is thus shaped by the inequality and opportunity structure of the respective society (Esping-Andersen 1990). One of the most prominent theories in welfare state research building on this idea is the Power Resource Theory. Two main types of power resources are distinguished: the control over capital and the control over labour. "In Western societies variations in the difference in power resources between labour and business interests can be expected to have a variety of consequences. This difference can influence [amongst others] the level and patterns of conflicts in the society" (Korpi 1983:80). The Power Resource Theory (Korpi 1983, Korpi and Palme 1998) thus claims that welfare state support is guided by class interests. Attitudes should be structured with respect to social class and the traditional Left and Right in politics.

The 'new politics of the welfare state' literature (Pierson 2001) analyses welfare state change against a backdrop of increasing pressures and austerity and assumes attitudes to depend on the interests of groups benefitting from certain social policy programmes. It is claimed that interest formation in times of welfare state retrenchment follows a quite different logic when compared with times of welfare state expansion. As long as the welfare state was expanding reform was basically concerned with redistributing additional benefits. Even if benefits are not distributed equally and interest might be conflicting, this conflict is assumed to be less pronounced as people usually agree with a reform if they at least benefit to a certain degree. In contrast in times of austerity reform is about retrenchment, about cutting back benefits or at least recalibrating the welfare state. Opposition to such reforms is assumed to be much stronger. Conflict lines should be running between groups who benefit from the welfare state and who will defend 'their' programmes and the net payers who are more inclined to accept reforms and cut backs. Conflict (and opposition to reform) might be even more severe if additional benefits for some groups or social policy programs (e.g. families) are only possible at the cost of other groups or social policy programs. This kind of reasoning is implicitly based on and thus supported by findings from economics and social psychology. Reforms in time of welfare state expansion can be understood as moving from one pareto optimum⁴ to the next – which is no longer possible in times of welfare state retrenchment, when the basic aim of reform is to cut back benefits. Social psychological studies and studies in behavioral economics show that people perceive gains and losses quite differently (loss aversion) and claim that losses affect the utility much stronger than gains (Kahneman and Tversky 1979, Kahneman et

⁴ A pareto optimum is defined as a situation where at least one member of the group /society is benefitting from a reform and no one is worse off. It is claimed that there will always be majority in favor for this reform.

al. 1991). Both findings support the basic claim of the new politics proponents that the basic logic has changed in times of welfare state retrenchment and that conflict should thus be structured according to narrow self-interest.

Some recent theories about societal change reach a similar conclusion. First risk society (Beck 1992) and individualization-hypothesis claim that traditional social forms of industrial society like class have a decreasing importance and are replaced with completely individual biographies. One outcome is that the issues social policies addresses like unemployment, lack of health care or poverty in old age, are understood as individual risks, and protection against them is a matter of individual responsibility, not the responsibility of social groups or nations. These changes are likely to create a society where class loses its impact as a base for identities and interests.⁵ Second, the basic claim put forward by post-materialism (Inglehart 1990) is that the traditional motivations of material and social security lose their effect on behavior and attitudes. Traditional hierarchies are declining and the stratification based on classes becomes fragmented. Basically this leads to the same conclusion reached by risk society, which is that of a declining importance of class cleavages.

Based on these theoretical arguments I propose two hypotheses, which in combination are in line with the basic claim of this paper.

H 1. Over time the association between class and attitudes will be declining. Levels of explained variance due to class will be lower and regression coefficients smaller.

H 2. New attitude cleavages based on narrow self-interest will emerge or (if already there) increase. Levels of explained variance due to these variables will be higher and their regression coefficients will increase.

The main question of this paper is if the relative importance of class compared to individual interests is declining. This can be the result of either one of the two hypotheses but will definitely more pronounced if both of them can be upheld.

3. Previous findings

The question of whether we can observe a growing importance of 'new cleavages' and a decreasing impact of class has attracted most interest in the literature on voting behavior (Müller 1999, Evans 1999). Only recently have scholars in the field of social policy begun to explicitly examine this question with regard to attitudes. These studies (Svallfors 1995, 2004, 2008 for Sweden; Roller 2002 for Germany; Jaeger 2006 for Canada) examine trends over time in single country studies and therefore face the problem of generalizability. Examining support for family and pension policies in the period from 1986 to 2002, Svallfors (2004, 2008) finds both class and new cleavages⁶ to persist. With regard to family policy class and age differences

⁵ Beck (1983) dubbed this society to be 'beyond status and class' ('Jenseits von Stand und Klasse').

⁶ He focuses on cleavages between age groups.

seem to rise and recede in tandem, while in the case of pension policy they seem to be substitutes with class differences superseding age differences over time. Svallfors' concern that "the Swedish polity and politics is particularly structured by class [...] and that it could be ventured that other polities less dominated by class issues might develop even stronger age differences in attitudes toward public policies" (2008:390) is not warranted at least if we look at the available evidence from other countries. Jaeger (2006) examining attitudes towards redistribution in Canada from 2000 to 2002 and Roller (2000) who looks at the changes in the attitude structure of Germany between 1985 and 1996 find similar results. Both ascertain the enduring importance of class and political ideology but find new cleavages like gender, age or employment status to be equally relevant.

In order to examine the question of generalizability as well as to link different attitude structures to the institutional setting of the countries, I now turn to studies examining attitudes across several countries and over time (Blekesaune 2007, Jakobsen 2010, Soroka and Wlezien 2009, Taylor-Gooby 2011). Unfortunately these studies are not explicitly interested in class cleavages – none of these studies included class as an independent variable. Apart from a different research interest one reason might be data availability as some of the data sets like the International Social Survey Programme (ISSP) do not allow for a comparable classification of class over time (Svallfors 2004). Nevertheless these studies will give us a first idea of the general trend of attitudes and provide some hints on how the 'new cleavages' have developed over time.

Jakobsen (2010) provides the most clear-cut results. Analyzing the preference for a responsibility of the state to ensure that everyone is provided for in 25 OECD countries between 1990 and 2000, he finds increasing differences between age and income groups and between men and women. The two other studies are examining far fewer countries and generally do not find pronounced cleavages. Soroka and Wlezien (2009:150ff.) provide an extensive account of the development of individual attitudes (preferences for spending in different policy areas) in the US, Canada and the UK from the early 1980s to the early 2000s. They report a limited heterogeneity in attitudes, as differences between income and education groups are rather small and support what other studies have found, which is that here is a considerable parallel movement of the preferences of subgroups (Svallfors 2008, Page and Shapiro 1992). The only considerable difference is found between income groups. Taylor-Gooby (2011) examines preferences for governmental spending in five countries (Australia, Germany, Italy, UK and US) between 1985 and 2006. Much like Soroka and Wlezien (2009), he cannot find any marked division between subgroups of the society – neither between groups associated with old cleavages nor associated with new cleavages. He arrives at the conclusion that "attitudes appear to be more complex and are associated with shared concerns and coalitions across different social groups [...]. Any transition towards a more individualist 'risk society' that may taking place is a slow and diffuse process and one that may recreate solidarities as well as dismantle them." (Taylor-Gooby 2011: 159).

With regard to my specific interest in welfare attitudes in the field of health care all these studies only provide a first clue, as they usually analyze more general, encompassing attitudes towards the welfare state (e.g. the preference for redistribution, the preference for different welfare state models or the preference for an extensive welfare state understood as a combination of preferences in different areas of the welfare state). But preferences in specific policy fields are not necessarily linked to those general attitudes in a straightforward way (Kangas 1997, Arts and Gelissen 2001, Edlund 2006). “Moral commitment to the common good seems to outweigh self-interest on a general level” (Gelissen 2000: 298), whereas self-interest or class based cleavages may only come to the fore when it comes to attitudes on a more specific level. That is why the existing literature on health attitudes would have been the first place to look for existing evidence to answer my research question. Unfortunately all those studies on health attitudes are purely cross-sectional examining attitudes at one point in time – exactly the shortcoming this study aims to address. Once again a review of these studies (Gevers 2000, Gelissen 2002, Kikuzawa et al. 2008, Wendt et al. 2010, Blekesaune and Quadagno 2007) will only provide a first clue on the changing importance of old and new cleavages because results of different studies are not comparable across studies and over time due to the dependent and independent variable problem in the attitude research (Svallfors 2010). In order to get a rough idea of possible trends I will start with the earliest results. Three of the studies (Gevers 2000, Kikuzawa et al. 2008 and Blekesaune and Quadagno 2007) are analyzing data from 1996. With regard to the old class cleavages none of the three studies have included social class. If income is taken as proxy for old cleavages findings are inconclusive. Kikuzawa et al. (2008) and Blekesaune and Quadagno (2007) find high income groups to be less inclined to support the welfare state, whereas Gevers et al. (2000) find the reverse effect. Comparing findings related to new cleavages all three studies find women to be more in favor of the welfare state than men and unemployed more in favor than the employed. None of the studies found differences between age groups. Wendt et al. (2010) provide the most recent results on health care attitudes analyzing Eurobarometer data from 2001. They report small but significant differences between social classes and between income groups. High classes and high income groups are found to prefer less involvement of the state to provide health care. These old cleavages seem to be dependent on the health care system as they are more pronounced in Social health insurance systems. With regard to new cleavages they find differences between age groups but not between groups with a different health status. Gender was not included as an explanatory variable.

4. Data and methods

Data for this study is taken from the Eurobarometer survey series conducted on behalf of the European Commission. The Eurobarometer is a biannual survey based on face-to-face interviews carried out in the homes of the people interviewed in the national language of the country. An identical set of questions is asked of representative samples of the population aged 15 years and over residing in each of the member states. Apart from some standard trend variables repeated in every survey only a few items are repeated regularly. On the basis of the availability of the dependent variable I chose Eurobarometer surveys 44.3, 49 and 57.2,

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which were fielded between February and April 1996, April and May 1998 and April and June 2002 respectively. The analysis is restricted to the 14 countries which are part of all three surveys⁷: Austria, Belgium, Denmark, Finland, France, Germany, Great Britain, Greece, Ireland, Italy, the Netherlands, Portugal, Spain and Sweden. Each sample was weighted according to a national weighting procedure for sex, age, region, and size of locality.

The data for the institutional characteristics are mainly drawn from OECD Health Data 2010. Missing data are filled in either from former versions of the OECD Health Data or from the WHO Health Observatory data set. The institutional data are for the year preceding the year of the interview. This one-year time-lag is commonly used under the assumption that it takes some time until changes in institutional characteristics affect the respondents' lives and their evaluations.

Dependent variable

The dependent variable in this study – the preference for extensive public responsibility for providing healthcare - was measured with the following item. *The government should provide everyone with only essential services such as care for serious diseases, and it should encourage people to provide themselves in other respects.* Answering categories ranged from 'strongly agree' (1) to 'strongly disagree' (5). Agreement with this item was interpreted as low support for the welfare state whereas disagreement indicates support for the public responsibility to provide health care.

The research on welfare state attitudes suffers from a dependent variable problem: some studies use single items as dependent variables while others rely on indices. This problem makes a comparison of results (over time) difficult (Svallfors 2011). In this study I use a single item as the dependent variable – mainly due to data availability. But in comparison to an index this single question seems to be equally well suited to measure basic attitudes, as most of the studies on health care attitudes find high correlations between the different items included in the indices (Gevers et al. 2000).

Independent variables on the individual level

Old cleavages

To operationalize social class I used the European Socio-Economic Classification (ESeC) and classified respondents according to their occupation (see Rose and Harrison 2007). ESeC1 includes 'higher and lower salariat' (e.g. lawyers, scientists, professional engineers, teachers), ESeC2 'higher grade white and blue collar workers' (e.g. office clerks, government officials, precision instrument makers), ESeC 3 'petty bourgeoisie or independents' (e.g. small

⁷ Although Luxembourg is part of all three surveys as well, it was excluded from the analysis as 30 per cent of respondents are foreigners and may not be subject to social security institutions in this country.

employers, farmers), ESeC 4 'lower grade white collar workers' (e.g. shop workers, care workers) and ESeC 5 'skilled, semi- and non-skilled workers' (e.g. tool makers, locomotive drivers, cleaners, porters and messengers). The unemployed, pensioners or disabled people and people who are currently not active in the labor market were given the class score that referred to their last occupation – respondents who have never worked are added as an additional category. The working classes (ESeC4 and ESeC5) are taken together as the reference category.

People's social political orientation was operationalized by their self-placement on a ten point left-right scale. For a better interpretation the answers ranging from 1 (left) to 10 (right) were then centered around the grand mean across all countries.

New cleavages

Transfer classes are usually understood as one of the most relevant new categories structuring attitudes. Those receiving benefits from certain policy programs are assumed to defend their 'acquired rights' when it comes to retrenchment. Therefore, three dummies were created based on the employment status: people not in the labor force, the unemployed, and pensioners are distinguished and are assumed to be in favor of extensive governmental provision of health care. People with paid jobs, the net-payers, are taken as the reference category.

Usually with reference to an ageing society the hypothesis of emerging conflicts between generations gained attention not only in the press but also among scholars. Findings are inconclusive, as some studies find significant age differences (e.g. Busemeyer et al. 2009, Svallfors 2008, Blekesaune and Quadagno 2003, Linos and West 2003), whereas others (Andreß and Heien 2001, Art and Gelissen 2001, Jaeger 2006) find no consistent impact of age on welfare state attitudes. To capture this conflict line I include age measured in years and centred around the grand mean across all countries

Regularly found in almost all studies on welfare state attitudes (e.g. Svallfors 1997, Edlund 1999, Blekesaune and Quadagno 2003), gender is another new cleavage. Women are found to support the welfare state more than men. One explanation refers to their self-interest, as women are more likely to rely on the welfare state as widows or single parents and more likely to be employed by the welfare state (Sainsbury 1996). The other explanation put forward for example by Arts and Gelissen (2001) is that women hold different values than men, favoring equality and need over the equity or merit principle.

In the field of health care the health status would have been another very important new cleavage under the assumption that those with a bad health status already use or at least expect to use the health care system more often than healthy people. Unfortunately health status is only asked for in two of the three surveys. For reasons of comparability health status is not included in the analysis.

Control variables

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Some studies find education and income to have an impact on attitudes as well, as both determine the social location of the individual within society. When including social class and the employment status the major part of the social location should have been already captured. Therefore, they are only taken as controls, as their explanatory power turns out to be rather limited and their impact is not significant.

Independent variables on the country level

Most comparative research on public attitudes towards welfare states has used only one nation-level characteristic as an explanatory variable: the type of welfare state (e.g. Svallfors 1997; Arts and Gelissen 2001). Similarly, research on attitudes towards healthcare systems usually distinguishes two types: National Health Care Systems (NHS) and Social Health Insurance (SHI) systems. Roughly speaking, tax financed NHS systems provide universal healthcare for all citizens. In contrast, SHI systems are financed through contributions and provide services only to the insured and their dependents. However, neither the real welfare states nor the healthcare systems conform perfectly to these ideal-types. Furthermore we do not observe abrupt changes of the welfare regime type or the health care system type over time. In order to capture the existing gradual institutional change I use specific indicators of the health care systems. The main advantage of this approach is that single countries are not 'forced' to perfectly match a predefined type (Jaeger 2006).

Following the production process of healthcare services (Kohl and Wendt 2004: 326) two input factors have to be distinguished: *monetary input* and *real input*. To capture monetary input two variables are used: the level of public health expenditure (in Euro (2000 PPP) per capita) and private out-of-pocket payments as a share of total health expenditures. The number of General practitioners (GPs) in relation to the population (per 1000 inhabitants) serves as an indicator for the real input.

5. Results

First I introduce the multilevel models I have estimated. As first evidence to test my hypotheses I look at the explanatory power of new and old cleavages. Then the extent of new cleavages is compared to that of the old cleavages.

Explanatory Power

As all mature welfare states face similar pressures it might be conceivable that the attitude structure converges on a European level, and that country differences are no longer or at least less important. From a methodological point of view this would also put into question the use of multilevel-modeling. In order to obtain a better sense of the importance of the two levels of analysis and to justify the application of multilevel modeling I first estimated so called empty or variance component models for each year separately (Table 1). These models show how much of the variance in the dependent variable is located within countries (i.e. individual variance around the national mean) and how much between countries (i.e. the variance of country means around the grand mean of all countries).

Table 1: Multilevel model - Empty model

	1996 (N=11957)	1998 (N=12385)	2002 (N=11786)
Constant	3,565*	3,790*	3,628*
Country-Level Variance	0,0573	0,0480	0,0534
Individual-Level Variance	1,691	1,8278	1,604
Intra-Class correlation	0,033*	0,026*	0,032*

* $p < .05$

For 1996 the intra-class correlation is 0,033 (computed as the ratio of the variance on the country level to the total variance: $0,0537/(0,0537+1,696)$). 3,3% of the variance is due to differences between countries, whereas the major part of the variance, 96,9% is due to characteristics on the individual level. The high ratio of variance due to the individual level comes as no surprise with data measured on the individual level and is usually observed in cross-country opinion surveys. For the years 1998 and 2002 2,6% and 3,2% of the variance are observed on the country level. Thus small but significant differences between countries in the attitude towards the welfare state are observed in all three years. Thus the application of multilevel models is justified

Wendt et al. (2011) claim health care to be 'our greatest good'. A first look at the overall level of support for an extensive responsibility of the state to provide health care (Constants in Table 1) supports this finding. And I can add that this perception is stable over time. But even when the overall level of support does not change and one observes a stable support for the welfare state over time what might nevertheless have changed is the structure of attitudes. Have some groups in society withdrawn their support whereas others are in favor of even more state involvement? Where can we find the conflict lines within societies? These are the questions I turn to in the next section.

Full multilevel models (with all covariates) are estimated for each year separately. The results are presented in Table 2. Covariates are grouped with respect to their assumed link to old and new cleavages. At the bottom of the table the variance components of the full models are provided. A comparison of the variance components of the full model with the empty model shows how much variance the covariates can explain. The explanatory power of the country level variables is quite high. They are capable of explaining 38,6% of the variance in 1996, 24,6% in 1998 and 26,1% in 2002, whereas the explanatory power of the included individual characteristics is quite low. They can only account for 1,7% of the variance in 1996, 0,9% in

1998 and 1,3% 2002. In sum, the results suggest that the explanation of the preference for an extensive responsibility of the state for providing health care is only partially successful. Country differences can be explained quite well, whereas the individual level variables are not able to explain much of the variance.

Table 2: Determinants of the preference for an extensive responsibility of the state for providing health care

Results from a Multilevel Linear Regression Analysis

	1996	1998	2002
	Full model with macro variables	Full model with macro variables	Full model with macro variables
Individual-level variables:	22,4%	26,7%	18,7%
New cleavages (explanatory power)			
Employment status (reference: working)			
Not working	-0.008 [0.045]	-0.086+ [0.045]	0.007 [0.044]
unemployed	0.177* [0.050]	0.077 [0.053]	0.120* [0.057]
retired	0.032 [0.044]	-0.055 [0.044]	0.098* [0.042]
Age (centered around the grand mean)	-0.003* [0.001]	0.002+ [0.001]	-0.003* [0.001]
Female	0.111* [0.025]	0.131* [0.026]	0.094* [0.025]
Individual-level variables:	66%	51,1%	73,6%
Old cleavages (explanatory power)			
Social class (reference: ESeC 4 and 5 – lower grade, skilled, semi- and non-skilled workers)			
ESeC 1 (Higher and lower salariat)	-0.116* [0.037]	-0.074* [0.037]	-0.072* [0.035]
ESeC 2 (Higher grade workers)	-0.054 [0.033]	-0.034 [0.034]	0.007 [0.033]
ESeC3 (Petty bourgeoisie/indeps.)	-0.107* [0.045]	-0.175* [0.046]	-0.078+ [0.045]
Students	-0.098 [0.062]	-0.003 [0.063]	-0.197* [0.062]
Political Ideology:			
Left-right self-placement (centered)	-0.066* [0.006]	-0.039* [0.006]	-0.057* [0.006]
Country-level variables:			
Public health expenditures per capita (in 1000 Euro)	0.038 [0.000]	-0.086 [0.000]	0.306+ [0.000]
Out-of-pocket payments (as % of total health expenditure)	-0.004 [0.008]	0.010 [0.008]	0.017* [0.009]
General practitioners (per 1000 inhabitants)	-0.304* [0.115]	-0.072 [0.114]	-0.073 [0.120]
Constant	3.561* [0.061]	3.814* [0.063]	3.598* [0.064]
Variance components:			
Variance on level 2 (countries)	0,0352	0,0362	0,0395
Variance on level 1 (individuals)	1,6621	1,8108	1,5833
Explained variance by covariates...			
...on level 2	38,4%	24,6%	26,1%
... on level 1	1,7%	0,9%	1,3%
<i>N</i>	11957	12385	11786

+ $p < .1$, * $p < .05$; In all models income and education are included as additional controls.

The low levels of explained variance on the individual level is a common problem in attitude research, but should not be a problem for the findings of this study, as its main interest is the trend over time. On both levels we can observe a decline in the explanatory power. The very pronounced decline on the individual level is a first hint for individualization trends. In the following I will examine the trends over time in more detail in order to answer the main

question of this article, and see if the relative importance of variables associated with new cleavages is increasing compared to variables measuring the old cleavages.

In order to determine their explanatory power these variables are excluded separately from the full model. By comparing the explained variance on the individual level of the full model with the explained variance of the full model without the covariates of interest, I can determine its explanatory power (Figure 1).⁸ In 1996, 22,4% of the overall explained variance is attributed to new cleavage variables, whereas 66% are due to old cleavages. Over time the importance of new cleavage variables is first slightly increasing to 26,7% in 1998 and then declining to 18,7% in 2002. In contrast old cleavages are losing some importance accounting for 51,1% of the explained variance in 1998, but then gaining their impact on structuring the attitude structure accounting for 73,6% of the explained variance in 2002. Thus the hypothesis that the relative importance of new cleavages is growing has to be rejected. On the contrary, old cleavages preserve their influence in structuring the attitudes and have even become more important in recent times.

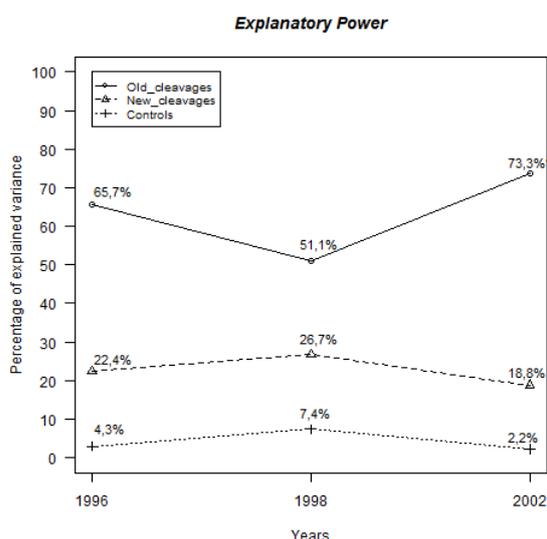


Figure 1: The impact of old and new cleavages

Extent of old and new cleavages

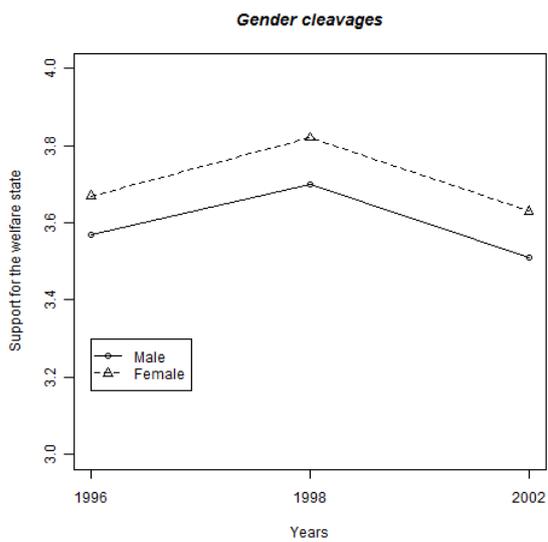
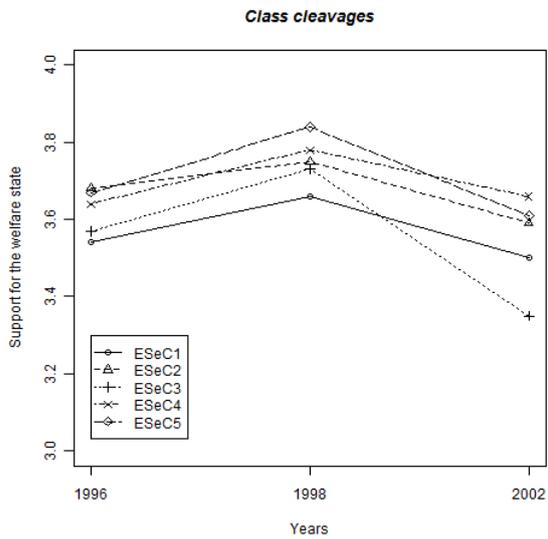
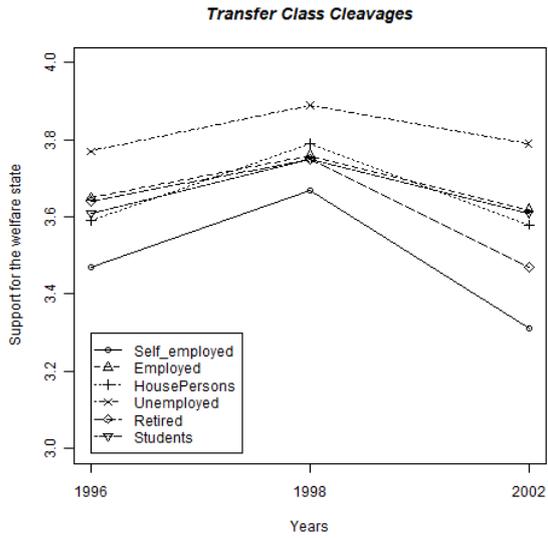
In order to get a first idea if there are cleavages within the attitude structure and how these cleavages change over time, I estimated means for the different subgroups. Figures 2-6 show the preference for each of the groups related to old (social classes and the classical left and

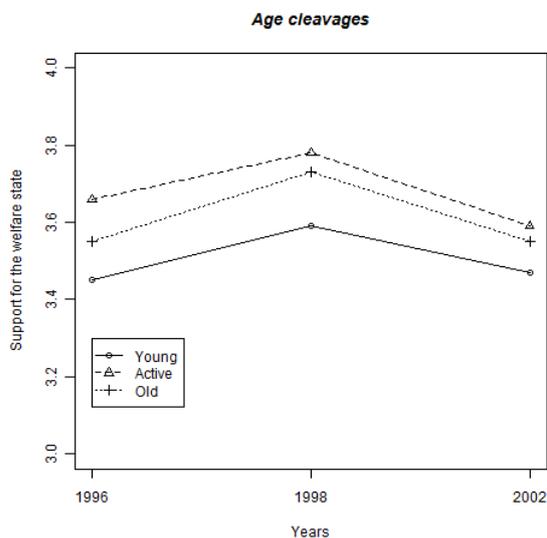
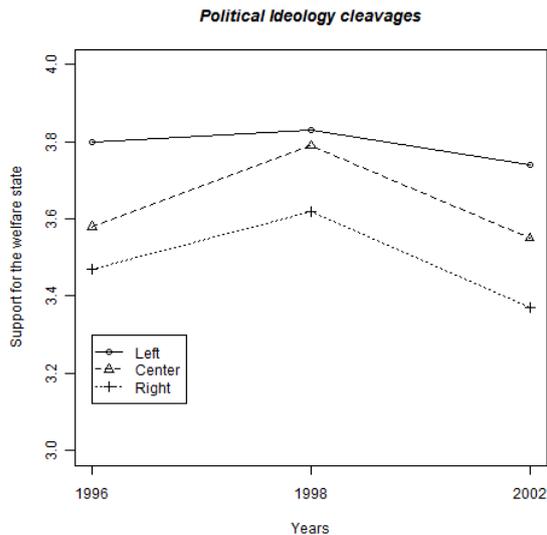
⁸ Take the 2002 model as an example: the variance on the individual level when estimating a full model without the new cleavages covariates employment status, age and gender is increasing from 1,5833 for the full model to 1,5871. The new cleavages covariates account for 18,75% of the total explained variance $((1,5871-1,5833)/(1,6043-1,5833))$. These reduced models (and their variance components) are not shown in the article.

right) and new cleavages (employment status, age and gender) separately.⁹ These average positions of the subgroups are estimates that are not controlling for other covariates. Therefore I will postpone the comparison of exact group differences to later analysis and use these estimates only to illustrate the general trends over time. Similar to the findings of Page and Shapiro (1992), Svallfors (2004) and Soroka and Wlezien (2009:148 ff.) subgroups of society seem to move in tandem over time (Figures 2-6). They all follow the overall trend and slightly increase their average preference for the responsibility of the state to provide health care from 1996 to 1998. By 2002 almost all groups have returned to their preference held in 1996. The order of groups is more or less unchanged over time, except for the social classes. As one would assume the highest social class (higher and lower salariat, ESeC 1) is the group with the lowest preference in 1996 and 1998, the working classes (ESeC 4 and 5) have the highest preference for the responsibility of the state to provide health care. This order changed in 2002, when the petty bourgeoisie and independents (ESeC3) are the group the less supportive of an extensive state responsibility.

For a valid comparison of the extent of old and new cleavages it is necessary to control for the other covariates. What is the preference of a member of the higher and lower salariat, when controlling for the impact of political ideology, age, gender and employment status? The coefficients of the regression analysis (Table 2) provide such estimates. As all covariates are either dummies or centred around the mean, the interpretation is straightforward. In 1996 a working male, 43 years old (the average age of respondents), belonging to the working class (ESeC 4 or 5), holding average political views (slightly to the right of the central position), with primary education, average income and living in a country with average public health expenditure per capita, average out-of-pocket payments and average number of general practitioners, has a preference score of 3,561 on the 5-point scale of the dependent variable. This score signifies support for the public responsibility to provide health care. If this 'standard' respondent would belong to the 'Higher and lower salariat' his support decreases by 0,116 points to a preference score of 3,445. Thus the net difference, which is the difference when controlling for all other covariates, between the higher and lower salariat (ESeC 1) and the working classes (ESeC 4 and ESeC 5) is 0,116. Figure 7 provides the net differences between the most important subgroups related to old and new cleavages over time.

⁹ Table 1 in the appendix provides the exact numbers, their standard errors and the 95% confidence intervals.





Figures 2-6, New cleavages (on the left) and old cleavages (on the right) compared

With regard to social class this choice should be obvious, as I just compare the highest and the lowest social classes, where the most pronounced conflicts could be expected. With regard to the new cleavages I choose to compare transfer classes. Transfer classes in the field of health care can be distinguished from the demand and the supply side. People with a high demand for health care who use the health care system more often, should be more in favor of a public provision of health care. Unfortunately information on the health status of respondents is not available in all three surveys. That's why I distinguish transfer classes on the basis of their contribution to the health care system (supply side). The employment status provides one determinant to distinguish transfer classes. As there are not just two categories of employment status, once again I calculated the differences between groups with the most opposed positions. In the case of the employment status the most pronounced differences are found between those working and the unemployed.

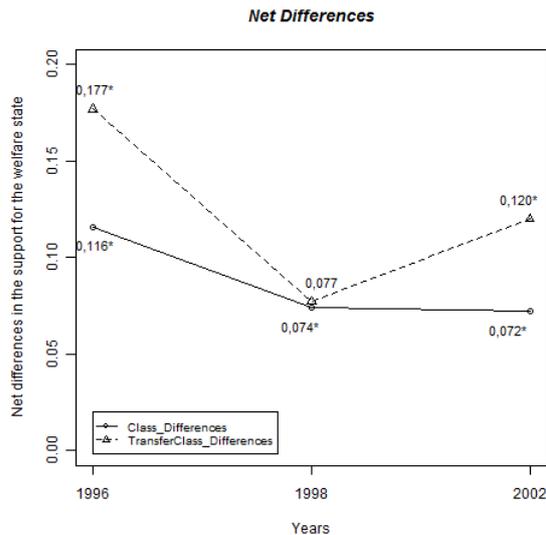


Figure 7: Net differences: Old (Class Differences) and new cleavages (Transfer Classes) compared
 * significant different from zero with $p < .05$

The net class differences (Figure 7) are significant at all three points in time and decrease from 0,116 in 1996 to 0,072 in 2002. Thus views on the responsibility of the welfare state to provide health care differ between classes but the extent of this conflict is decreasing with the positions of the highest and the lowest class converging. In contrast conflicts between transfer classes are far more pronounced. The cleavage between the working and the unemployed population is always greater than the class cleavage, although this difference is not significant in 1998. Over time a convergence of the positions held by the unemployed and those working can be observed as well.

Overall my findings provide some evidence that old and new cleavages are substitutes in the sense, that when the importance of old cleavages is declining we find the importance of new cleavages increasing – and vice versa. But this trend clearly doesn't allow the conclusion that new cleavages are superseding old cleavages. On the contrary I find old cleavages to be the most influential determinant of attitudes at all three points in time even regaining influence in recent years. If we look at the extent of these cleavages conflict between social classes is rather moderate slightly declining over time. In contrast attitudes of new cleavage groups (between those working and the unemployed) are found to be more opposed.

6. Conclusion and Discussion

The aim of this article was to investigate if changing economic and social conditions result in changing patterns of attitudes towards the welfare state. Most prominent in the field of welfare state research proponents of the 'New politics of the welfare state' argue that in times of welfare state retrenchment attitudes will depend more on the narrow self-interest of individuals. New cleavages in the attitude structure and new conflict lines within society should emerge. In contrast Power resource theory assumes social class to be the main determinant structuring attitudes. However, empirical research thus far has either focused on cross-country comparisons at one point in time or on changes over time in single country studies. A test of the theoretical predictions over time and across different institutional settings has been scarce. In order to answer the question whether and to what degree welfare state reforms influence citizens' attitudes this article moved beyond static comparisons across countries and explored trends over time.

Despite the mixed evidence, which is a common observation in the attitude research (Taylor-Gooby 2011), two findings can be identified. First I find patterns in the attitude structure supporting both the assumption of old (e.g. between social classes and between groups with differing political ideology) and of new cleavages (e.g. between transfer classes or gender). Second there is clearly no evidence that new cleavages are gaining importance or growing in their extent. Thus my empirical analysis doesn't support the theoretical claim of change. It is not change but rather stability that I observe. The high overall level of support as well as the patterns of attitudes are found to be widely unaffected by the background economic and political trends – at least in the period I examined and of course restricted to health care attitudes.

The first limitation of my findings is thus the relative short time period of 6 years. Welfare state retrenchment in contrast began in the late 70s and early 80s. It could be argued that the assumed changes in the attitude structure already took place before the time I studied. Then it would not come as a surprise that I have found no changes. Svallfors' (1995) study somewhat lessens this concern, as he reports similar results for the period from the early 80s to the mid90s. So with regard to the generalizability of results over time especially the most recent period, that is the last 10 years, should be the focus of future research.

As a second limitation, my findings are of course restricted to the area of health care. Another direction for future research is obviously the examination of other policy areas. Health care is found to be the area of the welfare state with the highest support, and individuals in all societies are considering health as the most valuable commodity (Wendt 2011). As all of the five deservingness-criteria (van Oorschot 2006) are met the variance is also very low. When examining other policy areas like pensions, unemployment benefits or family policies the solidarity in these fields might be more affected by reform pressures and cleavages might be more pronounced if interests can be assumed to be more opposed. The survey methodological challenge to follow this direction of research is to find policy proposals which are as specific as possible without losing their meaning in some countries. For example questions asking about the role of GPs as gate keepers are possibly almost meaningless to respondents living in health

care systems where this idea has not been implemented or even discussed to some extent. Studies examining preferences for the reform of the pension system would be more promising in this respect, as the choice between rising the retirement age, contributing more while working or receiving less when retired has meaning for everyone irrespective of the pension system.

Returning to the main finding of this paper - that we witness stability rather than change of attitudes - one important implication has to be discussed. The observation of stability might hide conflicting effects (Svallfors 2004: 133). In this respect the old and new cleavages literature might gain valuable insights paying more attention to the basic mechanisms of attitude formation. Albrekt Larsen (2006) for example proposes a model which explains the formation of individual attitudes delineating self-interest, values and class. In Sociology usually self-interest (*homo oeconomicus*) and values or socialization (*homo sociologicus*) are the two main motivational factors to explain behavior and attitudes. This basic distinction is reflected in most attitudinal studies which categorize their dependent variables according to these two types of calculus (Blekesaune 2007, Blekesaune and Quadagno 2003, Jaeger 2006, Kangas 1997, Kikuzawa et al. 2008). Social class has definitely been a self-interest variable – as people in the same social and economic situation were assumed to share the same interests. But over time class has possibly developed a formative character as well, socializing its members to hold class-specific values; even if these attitudes might not be in the individual interest any more. This (increasing) socializing effect of class might have been outweighed the decreasing self-interest effect resulting in the observation of stability. A promising direction for future research on the importance of old and new cleavages would be to improve the theoretical explanation on the individual level paying more attention to the specific mechanisms of interest formation. One challenge for empirical studies in this vein will be to disentangle the self-interest related from the values-related part of social class.

Appendix

	1996			1998			2002			
	Mean	SE	95 %- CI	Mean	SE	95 %- CI	Mean	SE	95 %- CI	
Old cleavages										
Social Class										
Esec 1	3,54	0,09	[3,32 3,75]	3,66	,10	[3,45 3,88]	3,50	,09	[3,29 3,71]	
Esec 2	3,68	,07	[3,52 3,82]	3,75	,05	[3,63 3,86]	3,59	,06	[3,45 3,74]	
Esec 3	3,57	,079	[3,40 3,74]	3,73	,15	[3,41 4,06]	3,35	,09	[3,15 3,56]	
Esec 4	3,64	,097	[3,43 3,85]	3,78	,08	[3,59 3,97]	3,66	,08	[3,49 3,85]	
Esec 5	3,67	,053	[3,55 3,78]	3,84	,06	[3,70 3,98]	3,61	,07	[3,46 3,77]	
Left-Right-Self Placement										
Left	3,80	,084	[3,62 3,98]	3,83	,08	[3,65 4,01]	3,74	0,08	[3,56 3,91]	
Center	3,58	,064	[3,44 3,72]	3,79	,06	[3,66 3,92]	3,55	0,07	[3,40 3,70]	
Right	3,47	,074	[3,31 3,63]	3,62	,09	[3,42 3,82]	3,37	0,07	[3,21 3,53]	
New cleavages										
Gender										
Male	3,57	,071	[3,42 3,73]	3,70	,06	[3,55 3,85]	3,51	0,07	[3,34 3,66]	
Female	3,67	,069	[3,52 3,83]	3,82	,06	[3,68 3,97]	3,63	0,07	[3,48 3,78]	
Age										
Young	3,45	,108	[3,21 3,68]	3,59	,08	[3,42 3,77]	3,47	0,08	[3,29 3,64]	

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Active	3,66	,075	[3,49	3,82]	3,78	,06	[3,63	3,92]	3,59	0,08	[3,43	3,75]
Old	3,55	,051	[3,44	3,66]	3,73	,08	[3,54	3,91]	3,55	0,09	[3,36	3,73]
Employment status												
Self-employed	3,47	,085	[3,28	3,65]	3,67	,14	[3,35	3,98]	3,31	0,11	[3,06	3,56]
Employed	3,65	,082	[3,47	3,83]	3,76	,06	[3,62	3,90]	3,62	0,08	[3,46	3,78]
House persons	3,59	,074	[3,43	3,75]	3,79	,08	[3,61	3,97]	3,58	0,07	[3,42	3,74]
Unemployed	3,77	,085	[3,58	3,95]	3,89	,05	[3,77	4,0]	3,79	0,09	[3,61	3,98]
Retired	3,64	,057	[3,51	3,76]	3,75	,08	[3,57	3,93]	3,47	0,09	[3,28	3,66]
Students	3,61	,103	[3,38	3,83]	3,75	,08	[3,57	3,92]	3,61	0,09	[3,42	3,80]

Table A 1: Means for subgroups of the population

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