Double Indemnity or Double Delight? The Health Consequences of Shared Housing and “Doubling Up”

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With “doubling up” and shared housing increasing in the United States, it is time to revisit and reconsider the research literature on the physical, psychological, social, and economic health consequences of these living conditions; and to consider how specific social and physical environmental factors of shared housing may foster or deter healthy living situations for various household arrangements. In this light, this article examines the existing research in order to identify critical constructs and factors, and to craft research questions that can best guide future investigations of homesharing in a direction that points towards viable and healthy housing solutions, particularly for those in transitional life stages.

Since implementation of the U.S. government’s 1996 welfare reform act (the Personal Responsibility and Work Opportunity Reconciliation Act), and coupled with increasing scarcity of affordable housing, reports of “doubling up” (i.e., two or more households in one dwelling unit) have appeared in the press, often claiming detrimental health consequences. While at first glance identifying the number and growth of these living conditions may seem relatively straightforward, it is not. And assessing the health consequences of such housing arrangements is even more complicated. As Koebel and Murray (1999) contend,

Household extension, often labeled “doubling-up,” is automatically considered an undesirable reflection of high housing costs and inadequate incomes and a problem to be solved. However, evidence documenting this problem is scarce. To others, extension represents a more complex pattern of sharing economic and emotional resources and is complicated by race, ethnicity and culture. (p. 126)

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Interestingly, Koebel and Murray’s analysis of data from the 1989 American Housing Survey (AHS) showed that 26% of family households include persons outside the householder’s nuclear family. (The most prevalent extensions are by adult progeny and by other relatives.) “Homesharing” thus appears to be more prevalent than normally assumed. As such, it is time to revisit and reconsider the research literature on the likely physical, psychological, social, and economic health consequences of homesharing arrangements; and importantly, consider the specific physical and social environmental conditions of shared housing that foster or deter healthy living situations for various household arrangements. In the popular press and in public discussions, statements are often casually made about the deleterious effects of such living arrangements. But such opinions are sometimes founded on unsubstantiated or slanted interpretations of the research literature on crowding, extrapolated to suggest that doubling-up circumstances—reflecting increased household density—thus result in poorer health. Some of this research does suggest the deleterious health consequences of doubling up under certain conditions. But another arena of research that is often ignored in considering the health outcomes of doubling up is that one examining the benefits and detriments of living in alternative forms of housing, including shared housing. Interest in such living situations is growing among single-parent families, single adults, and the elderly (e.g., see Daniel, 1998; Fioravante, 1993; Long, 1994; McLeod, 1996; Peterson, 1989; Quiason, 1987; Stock, 1997) in both match-ups in private homes as well as shared residences run by nonprofit organizations.

Thus, instead of proclaiming that doubling up or homesharing is an unhealthy living condition—and often invoking crowding research to suggest such—this article pursues a more productive line of discussion, by examining the social and physical environmental conditions that can exacerbate or enhance healthy living conditions among homesharers. Exploring the extant research literature, this article addresses the following questions:

- How is this living situation—reflected in the commonly used terms doubling up, household extension, shared housing, or homesharing—most commonly, but also most productively, characterized?
- How pervasive is this living situation in the United States?
- Why do people homeshare?
- What do we know about the effects of shared housing arrangements on the economic, social, psychological, and physical health of residents?
- What psychosocial, cultural, and physical design factors play a role (and how) in the promotion or to the detriment of such health outcomes?

This inquiry does not lead to any definitive statements or guidelines. Rather, the goal here is to examine the existing research in order to identify critical constructs and factors, and to craft research questions that can best guide future
investigation in a direction that points towards viable and healthy housing solutions, particularly for those in transitional life stages.

**Characterizing Doubling Up and Homesharing**

That health outcomes of doubling up or homesharing are often conflated with those of crowding is problematic on two counts. First, there are few attempted efforts to establish the concurrent validity of these two constructs—assumptions are typically made, but rarely empirically examined. But while crowding is generally conceptualized as a negative, subjective perception of density, the constructs of doubling up and homesharing may represent nonevaluative living conditions. Nearly two decades ago, Baldassare (1981) demonstrated that the social composition of the household and certain role positions within it may facilitate or inhibit social adjustments to high density. Indeed, it is this factor—the nature of the social relationships of the occupants of a single housing unit—that typically characterizes doubled-up or shared households. Yet the nature of these social relationships is generally not explicitly measured when examining the effects of doubling up.

A second difficulty of conflating crowding research with expected outcomes of doubling up and homesharing is the manner in which policy standards involving crowding are currently constructed. While one may think that health, safety, and welfare concerns should be the sole or primary basis of regulatory standards of crowding or housing occupancy, this is not the case (Pader, 1998). Since the 1980s, numerous studies have been conducted examining the mental and physical effects of residential crowding (for brief reviews, see Evans, in press; Halpern, 1995; Myers, Baer, & Choi, 1996). Scientific findings about the relationships between crowding and health have been inconsistent—some demonstrating links between household density and disease or stress, others finding no such links. Innumerable research studies suggest that other physical environmental factors (e.g., confounding factors such as inadequate plumbing or roach infestation, or availability to outside areas), personal variables (e.g., perceived control, age), and social conditions (e.g., socioeconomic status, social support, ethnic background, institutional or residential context) mediate or moderate health outcomes in light of household density. Methodologies also result in different findings. Some researchers suggest that in the absence of scientific evidence that substantiates health and safety outcomes, nationally applying a singular, uniform crowding standard that reflects a particular, middle-class, culture-specific standard makes little sense (e.g., Pader, 1994; Myers et. al. 1996). As Baer (1976) expressed a quarter century ago,

This is not to argue that selection of indicators and standards is completely arbitrary. It is not. But their choice in the housing field is dictated as much by the political, economic, and social context of society as by absolute scientific findings. . . . Because there is no sufficient scientific basis for setting a PPR [person per room] standard in the way that engineers
rely upon science for setting standards for the span of a bridge, the opinion of experts traditionally has been used. . . . In only one case was expert opinion tempered by a survey of how housing occupants themselves felt about room densities, and by the context of the situation. This study concluded that many households living with more than 1 person per room do not consider themselves overcrowded. (pp. 365–366, 380–381)

As researchers have noted in pointing out the cultural bias in defining “crowded” households and establishing standards reflecting these biases (e.g., Pader, 1994, 1998; Myers et al., 1996), the terms doubling up, shared housing, co-mingling, homesharers, and the like often have hidden judgments or values embedded within them. For example, doubling up is often used in a derogatory manner; co-mingling sometimes implies a loose moral standard. Yet households representing shared living arrangements can take many forms: several single farm workers in a one-bedroom apartment; young and unrelated venture capitalists who share a Silicon Valley tract home, and whose only communication with each other is simply passing each other in the hallway on their ways to work; two recently divorced women with their children sharing a townhouse; several elderly singles sharing a flat; and many others.

Hemmens, Hoch, and Carp (1996) provide a typology of shared housing that depicts the variety of such living conditions based on what and how residents share—whether that be physical space, social life, tenure, or rent. This typology helps to situate the types of living arrangements that often fall under the term doubling up or shared housing. In this article, I consider only those instances (a) by which homesharing occurs when multiple individuals or families—related or not related—inhabit the same housing unit (i.e., house, flat, apartment), and use the same kitchen, living space, and possibly bathroom; (b) where sociality and reciprocity occurs; (c) where tenure can be absentee or resident ownership; and (d) where rent sharing can involve in-kind services or cash rent. I have chosen to include, also, those situations that are sometimes described in the literature as voluntary and involuntary (e.g., see Wright, Caspi, Moffitt, & Silva, 1998). Voluntary involves cohabiting for various social, romantic, and economic reasons of convenience, benefit, and pleasure, and each person usually considers that lodging to be his or her home. Involuntary involves moving in with another because there is no other desirable place to stay due to financial and social difficulties. In these situations, the person taken in does not consider the situation to be home (Wright et al., 1998). However, as will be discussed later, such absolute “involuntariness” is often difficult to assess since homesharing may not be the most desired living situation but it is still preferred over other types of housing conditions, such as homeless shelters or public housing. Henceforth, I will refer to people and housing conditions that reflect the above characteristics as homesharers and shared housing, respectively.

However, my inclusive definition is not consistently shared in the research and demographic literature. Counts of homesharing (e.g., Koebel & Murray, 1999; Lee,
Shared Housing and “Doubling Up”

1998; Link, Phelan, Bresnahan, Stueve, Moore, & Stuening, 1995) vary because of different definitions and classifications (e.g., some studies distinguish between voluntary and involuntary homesharing, include or exclude nonfamilies), methods of calculations and projections, and sampling procedures. Using U.S. census estimates for 1996, for example, Lee (1998) claims that of the 153 million people 18 years or older who belong to family groups, one-fifth live in housing units they do not own or rent—a percentage somewhat lower than what Koebel and Murray (1999) found but still one reflecting a sizeable proportion of the U.S. housing population. Many of the estimates of homesharers focus exclusively on the low-income or homeless population. Some researchers even consider homesharing a type of homelessness (e.g., Wright et al., 1998) since shared housing is not seen as a permanent or ideal living situation within dominant American housing norms.

Why Homeshare?

As Hemmens and Hoch (1996) point out, homesharing is conventionally seen as a reaction to an extraordinary circumstance, generally a lack of money (and the conditions that created this), such that one is unable to maintain one’s own independent home. But from their research of housing experiences of low-income families in Chicago, they identify four major reasons for homesharing. The emergency situation and need is one type whereby households take in others for temporary periods to help them cope with a variety of calamities that may have occurred. Studies that focus on precursors to homelessness generally depict homesharing as a temporary strategy prior to seeking emergency shelter or living on the streets (e.g., Dehavenon, 1996; Wasson & Hill, 1998; Wright et. al., 1998).

But other studies have noted that homesharing sometimes reflects an opportunity to live in a better quality home and/or neighborhood than one could afford without homesharing. This is what Hemmens and Hoch (1996) call subsidy but which I call residential improvement. While these situations are sometimes precipitated by emergency needs, the intent is more than a temporary respite in a downward spiral. For example, Koebel and Rives (1993) found in their statewide (Virginia) survey of welfare-assisted families living in private, unassisted housing that homesharing not only reduced the rent burden on these households, but it also improved their housing quality: Homesharing households resided in homes with fewer physical problems than did those in nonhomesharing households. In contrast though, Koebel and Murray’s (1999) assessment of the 1991 AHS data did not indicate an improved housing condition among poor homesharing households compared to those who were not poor or homesharing. But for those not receiving some form of housing assistance, homesharers did appear to live in better neighborhoods, suggesting that these poor families sought living in better quality neighborhoods or were at least free to search for housing in the wider market. In her survey of 70 homesharers in Chicago and Milwaukee (discussed in more detail
in a later section), Després (1991) found many respondents referred to the safety of their neighborhood as a benefit of homesharing. By sharing the cost of housing with others, some homesharers could then afford to live in safer neighborhoods.

A third incentive for homesharing is that such living arrangements promote what Hemmens and Hoch (1996) call growth and change but which I term social support. I include here both instrumental and emotional support. Instrumental support refers to things such as material and financial assistance, practical advice, assistance with domestic tasks and responsibilities, and child care. Emotional support refers to things such as encouragement, the opportunity to express feelings, companionship, the affirmation of self-worth, and so forth (Halpern, 1995).

Després (1991, 1994) discovered that homesharers’ experiences were quite positive and minimally frustrating. When first deciding to homeshare, her respondents claimed that the main reason was economic, with a desire for companionship second. Yet, the respondents found in shared housing the extra psychological, physical, and financial security they needed as well as the company they wanted at that point in their lives. Després claims that once experienced, shared housing for this sample (of low-to-moderate income, highly educated, and with strong values of work, friendship, and leisure travel) was more valued for its social benefits than economic ones.

A fourth incentive for homesharing is what Hemmens and Hoch (1996) call dependency but which I call caretaking. Some persons are unable to physically provide for themselves, often due to age or infirmity, and are housed and often taken care of by others. This is particularly prevalent among elderly persons. A national survey of the housing preferences of those over the age of 55 revealed that 85% would prefer to stay in their homes, but financial as well as maintenance concerns made a shared housing arrangement the next most popular alternative. Unfortunately, few suburban communities today have either land use plans or zoning ordinances that encourage the development of the shared housing arrangements that many of these elderly seek (Cooper, 1993; Weinstein, 1996–97).

These four reasons for homesharing are not mutually exclusive nor exhaustive. Yet they demonstrate that homesharing decisions are more multifaceted than the perception that such living arrangements are simply a last stand before entering a homeless shelter (e.g., Wright et al., 1998). Economic factors do play a role in households choosing such living arrangements, but so too does lifestyle, life-cycle stage, and ethnic-racial background. Various immigrant and ethnic groups in the United States would not characterize homesharing as nonnormative (see Conquergood, 1992; Pader, 1998).

In their analysis of the AHS data, Koebel and Murray (1999) found that homesharing was not an exclusively or even exceptionally low-income phenomenon, but some forms of homesharing were related to ethnic-racial composition of the household. While the relative frequency of household extension by adult progeny was approximately the same for all racial/ethnic groups (about 10%), White households were much less likely to homeshare in other ways than were other ethnic-racial
households. Outside of those instances of homesharing with adult progeny, only 14% of family households headed by Whites homeshared. But this contrasted sharply with 29% of African American households, 25% of Hispanic, and 28% of other racial groups. And with both income and race combined, White family households were less likely to homeshare than African Americans, Hispanics, and other racial groups in all income levels. This difference was more pronounced at higher incomes.

As with the cultural analyses of residential crowding, these trends suggest that such living arrangements are not the exclusive predilection of household economic factors. Myers, Baer, and Choi (1996) explain the greater propensity for higher density in Asian and Hispanic households in the United States, compared to non-Hispanic White and Black households (while controlling for income and household size), on the basis of their cultural heritage in “close-contact” societies, suggesting greater tolerance for higher density in the home. This may be the case also for the greater propensity of certain cultural-ethnic groups, regardless of income level, to homeshare. It may also be the case that certain households or ethnic groups prioritize housing choices differently than others. Some may be much more willing to homeshare if it affords them the opportunity to live in better quality homes or neighborhoods. Others may prefer a reverse trade-off. However, these remain untested hypotheses. Housing trade-offs that take into account homesharing options have not yet been researched.

While there still remains much to further ponder and investigate in terms of incentives (and the prioritizing of these) to homeshare, much less is known about the health consequences of shared housing. This is the focus of the review in the next section.

Health Effects of Shared Housing

The little research that does examine the health consequences of shared housing tends to consider deleterious effects. But while positive health outcomes may also be likely, even less research has focused on such. In this section, I will cover the research literature that has examined the health effects of shared housing, along four different dimensions of health: (a) physical, (b) psychological, (c) social, and (d) economic. While I have partitioned discussion of the literature by these four dimensions, the division is simply for heuristic purposes at this time. Clearly, these four dimensions of health intermingle.

Physical health. There is very little public health research that has explicitly focused on shared housing conditions. Nonetheless, we might consider and extrapolate from some of the research on other housing deficiencies that seems to suggest feasible connections between shared housing and physical health.

One critical line of investigation is that of childhood asthma. In a study of over 15,000 children, Weitzman, Gortmaker, and Sobel (1990) discovered that
African American and poor children had higher rates of asthma, and that social and environmental factors exert substantial influences on these rates. Race, poverty, and single-parent households were highly correlated among children in this sample. Although their crowding measure (PPR) did not predict rates of asthma, children living in families with six or more people were almost twice as likely to have asthma, whereas residence in a large home (i.e., eight or more rooms) was associated with a protective effect. A report issued by the Boston Medical Center that summarized public health research on housing effects on children’s health suggested two ways in which housing costs can indirectly increase rates of asthma attacks (Sharfstein & Sandel, 1998). First, when families move in together to share expenses, the resulting density can increase the number of respiratory infections and reduce air quality. Second, more money spent for rent can reduce available funds for asthma treatment since families of children with asthma can spend from 2% to 30% of their income on medications. While their evidence for homesharing effects was speculative, these studies do suggest that families who share rent may have more money available to spend for medical treatments, but can exacerbate respiratory problems also if the size of the home they choose to share is not sufficiently spacious and the number of household members is too large.

Malnutrition may be an indirect effect of housing conditions (e.g., houses without good heating systems and hot water supplies) and housing costs if the amount allocated to food decreases to compensate for rent. In winter months, the trade-off between rent and food, or other household expenditures, becomes even more serious. Conversely, if rent can be reduced through homesharing, it may allow that money to be spent on other household necessities, such as food. However, a study of homeless families who had previously homeshared indicated that while most (86%) of the families were able to cook in the host’s home, some reported difficulty doing so (e.g., needing to ask permission to use the kitchen; Dehavenon, 1996).

A number of gerontologists attest to the health benefits of shared living among the elderly, whether the arrangement is intergenerational or between older people close in age. A study of over 100 older Midwestern homesharers by Altus and Mathews (2000; also see Grimes, 1999) found that reported health improved for the older (age 70 and above) residents after they found a (generally younger) roommate: They felt happier and healthier, and felt their lives were better. They reported that they ate and slept better, had higher activity and energy levels, worried less about money and safety, liked their homes more, and more closely followed the news and current public events. Men reported being significantly better off than did women. (The younger homesharers, those between 50 and 69, reported more financial benefits from homesharing, likely because the primary purpose of their homesharing match was for the collection of rent.)

In sum, we know very little of how shared housing can exacerbate or ameliorate physical health conditions—by either placing increased demands on the housing systems that lead to conditions that foster asthma or other illnesses; by reducing
living costs or sharing domestic responsibilities so that money and time can be allocated to enhance nutrition, reduce parental fatigue, and the like; or by facilitating greater social interaction and subsequent physical health and competence among individuals who would otherwise socially withdraw and live isolated. There are many important questions to be answered. If shared housing resulted in improved housing-quality conditions, would such improved housing quality compensate for any detrimental effects resulting from increased density? If homesharing allows families to live in better quality neighborhoods, what might be the impact of improved schooling, safer neighbors, and more supportive neighborhood conditions and relations on children’s development? When families do homeshare, are the rent savings used in a way to ameliorate or enhance other health conditions? What quality of ventilation and heating systems is needed to reduce respiratory problems among homesharers, and are such even financially feasible for poorer households?

On a final note, one physical health outcome sorely overlooked in the research literature of housing impacts on health is domestic violence. There is popular speculation that overcrowding leads to increases in domestic violence (e.g., Martin, 1999). When other social support mechanisms are unavailable and women must face as their only alternative to violent homes the emergency shelter system—which often exposes children to health and social risks—many mothers choose to stay in violent homes (Sharfstein & Sandel, 1998). Would increased opportunities for homesharing exacerbate or hasten departure from violent homes, particularly in communities in which adequate shelters are in short supply? Might homesharing reduce domestic violence even more directly, since such violence is often abetted by social isolation?

Psychological health. Very little of the research literature considers the psychological health effects of homesharing, and most of this focuses on the effects of crowding. In 1971, Mitchell analyzed three large-scale sample surveys of Hong Kong households, examining the relationship between residential crowding and intrahousehold social relationships and emotional strain. While in most of these homes there were both related and nonrelated household members beyond the nuclear family, Mitchell considered households as doubled up only when nonrelated members were sharing the spaces. (Thirty-nine percent reported homesharing with nonrelatives.) He found that those with less square footage per person and those homesharing (with nonrelatives) were most dissatisfied with the amount of space they had. But he also found that household density (measured by square footage per person) affects emotional strain only in low-income families. But while the emotional strain of one-family households was constant regardless of the floor on which they lived, in homesharing households emotional strain increased as floor level increased (at least up to six stories). From his findings, Mitchell concludes that housing affects patterns of social relationships, and individuals respond to the system of social relationships that housing conditions have helped to
create. While his study concentrated only on the physical dimensions of floor level, density, number of rooms (no effect), and household amenities (also no effect), this study remains one of the few that have examined the relationship between specific housing design characteristics and health outcomes among homesharing families. Later we will see other studies that have proposed other physical dimensions to consider.

A few studies have examined “objective crowding,” or density, among homesharers. In their analysis of the AHS data set, Koebel and Murray (1999) found that the homesharers most likely to live in crowded (i.e., more than 1 PPR) conditions were households with subfamilies, unrelated individuals, and multiple extensions. But these crowded conditions declined as income increased. However, the effect of this density on psychological distress or other health outcomes was not assessed in the data set. It should not be presumed that psychological distress is an automatic result of these high-density situations. For example, in his review of the research on crowding and mental health, Halpern (1995) notes that the effects of high density in living arrangements of unrelated people in dormitories and other student accommodations may or may not be negative depending on the various situational factors and the individual orientations of the residents. When the residents are highly individualistic, or if there is a clash of personalities, for instance, then a lack of control over social interaction induced by higher densities can result in adverse effects and the experience of crowding. But if residents tend to be cooperative, then few negative effects are seen in dense residences.

Aside from density or crowding, another housing condition that may affect psychological health among homesharers is the connotative nature of such living arrangements. Labeling theory suggests that individuals or households can be classified by others according to some surface characteristics, including the environments in which they reside, and then these labels and their associated meanings are presumed to hold true for all such residents (see Halpern, 1995, for review of labeling theory and stigmatization in housing studies). Given the social and cultural norms of the society or community in which one resides, shared housing may carry a stigma. In the United States, the socially dominant ideal of the single-family dwelling often stigmatizes the meaning of shared accommodations. So too does the belief about the moral influence of home ownership that links possession of a single-family home with ideals of self-reliance, according to Hemmens, Hoch, and Carp (1996). They claim that the stigma of residential sharing also flows from association with other forms of group quarters such as dormitories, barracks, jails, prisons, halfway houses, group homes, nursing homes, and the like. Shared tenancy may be considered socially acceptable if it is the result of necessity or among certain age groups (e.g., college-age students). In certain contexts then, labeling and stigmatization may have an indirect effect on the self-image and mental health of residents, although the results from research studies examining this are, to date, not conclusive (Halpern, 1995).
In sum, the little research evidence that does examine psychological outcomes in shared housing suggests that high-density residences coupled with intrahousehold conflict may result in emotional strain under housing characteristics that make it difficult to physically distance oneself from undesired social interaction in the home. However, whether or not such intrahousehold conflict is more prominent among related homesharers, nonrelated homesharers, and even nonhomesharing families has not been adequately identified in these studies. Further, other than floor level, there is little examination of the effects of other physical qualities, such as the layout of rooms, existence of corridors and other nonroom spaces, the size of the unit and rooms in terms of square footage, the extent of natural and mechanical ventilation, and so forth. We will begin to see more attention to this in the next section on social health.

Social health. While the World Health Organization (1946) defines health as a “state of total mental, physical and social well being,” it is difficult to measure these, particularly the latter. However, I use the term social health here to refer to satisfying and generative social relationships, including parenting. In many instances, social health contributes to other physical and psychological health conditions (see, e.g., Stokols, 1992; The Healthcare Forum, 1994). While some may conceptualize it as an intervening variable between housing conditions and health outcomes, I suggest that it can be valued as a desirable aspect of well-being in its own right.

Once again, research on homesharing’s effect on this aspect of health is rare. In a study of elderly homesharers, Jaffe (1989) showed that companionship was the primary reason for sharing their homes with an unrelated adult, not simply among unmarried persons in the sample but also among married couples. Varady (1988) provides similar evidence that shared housing (along with accessory apartments) facilitates domestic help, companionship, and greater security for elderly. Homesharing was also an alternative to premature institutionalization of the elderly, and a means to help maintain the personal attachment to one’s home. Both of these studies involve elderly with low and moderate incomes, and those willing to have a social relationship with an unrelated adult in their home.

Comparing the social support of low-income, African American mothers with preschool children in four different housing conditions (independent housing, emergency shelters, transitional housing, and shared housing arrangements), Letiecq, Anderson, and Koblinsky (1998) found that homeless mothers in emergency shelters and in transitional housing had significantly less contact with friends and relatives, could count on fewer people in times of need, and received less help from their families over a six-month period than independently housed mothers. Mothers in shared housing fell in between these others on these support measures. However, mothers in shared housing, compared to those in emergency shelters, had more people to care for their children when needed.
The effect of homesharing arrangements on parenting behavior is little studied, but one in which social and environmental strategies may be particularly prominent in effecting good child-rearing outcomes in low-income circumstances. Indeed, one of the dilemmas of U.S. welfare reform is that given the low wages that many of these individuals (primarily mothers) earn, they lack sufficient financial resources to live in safer neighborhoods (e.g., Catholic Charities, 1999). If these mothers enter the workforce and cannot substantially increase their income, they may be left in the position of leaving their children unsupervised in unsafe neighborhoods. Oliker (1995) found that in areas with high crime, staying at home is a self-protective, child-rearing strategy among many poor mothers. In ground-level apartments or single-family homes, mothers want to occupy their homes as much as possible because of the potential of burglary. In addition they want to walk their children to the school or bus stop (or have others they trust do so). They seek ways to not leave their children alone at home in dealing with the urban ecology of crime. Networks of kin, friends, and neighbors are often sources of aid in this regard. For these parents, these situations create a difficult and stressful trade-off between their child’s supervision and wage-earning responsibilities.

While these few studies suggest homesharing’s role in social health is negligible, none examines how housing features of shared housing may also play a role in promoting positive social relationships and hence social health. But one study, although not examining homesharers, may be quite suggestive in this regard. Since one major reason for crowding’s adverse psychological effects appears to be the disruption of socially supportive relationships among residents of high-density homes, Evans, Lepore, and Schroeder (1996) suggest that architectural elements such as floor plan—believed to influence social interaction patterns within the home—may also play a role in the residential crowding–psychological distress link. Looking at architectural depth (i.e., the number of spaces one must pass through to get from one point to another), household density, distress, and social behavior of over 200 college students, the researchers found that residents of crowded homes with greater architectural depth were less likely to socially withdraw or to be psychologically distressed than residents in crowded homes with relatively low depth. Greater depth appeared to act as a buffer between residential crowding and psychological distress by reducing social withdrawal among residents of crowded homes. When environmental opportunities to regulate social interaction are available, use of cognitive coping strategies to minimize social interaction may be curtailed. The researchers speculate that other physical environmental features—room brightness, subunit size, visual access and exposure, window views, proximity to outdoor spaces—may similarly influence human responses to crowded residential conditions.

Economic health. Economic health is often not mentioned in the literature as an outcome measure, but as a mitigating or moderating factor. But given the many
psychological and physical conditions resulting from poverty, I have listed it here for a separate discussion.

As seen in the statistics calculated by Koebel and Murray (1999), homesharing is not the exclusive province of the poor, but it may be a viable economic solution for those suffering severe housing expenses. During the 1990s when the U.S. housing industry was booming, the poor, being steadily priced out of an upgraded housing stock, were unable to ride this economic tide. HUD data indicate that the number of low-rent apartments decreased by 900,000 from 1991 to 1995, while the number of very low-income families in these same years increased by 370,000 (U.S. Department of Housing and Urban Development, 1998). The number of very low-income renters with severe housing needs remains at an all-time high in the United States: 5.3 million. And the fastest growth of severe housing needs is among working families (U.S. Department of Housing and Urban Development, 1998). These are unassisted renters with incomes below 50% of the local median who pay more than half of their income for rent or live in severely substandard housing. When spending more than half of one’s budget on shelter, a middle-class family is making a lifestyle choice. But for low-income families, such expenses court health disasters. In 282 of America’s 393 largest metropolitan areas, one third of all renters cannot afford the local market rent for a modest one-bedroom apartment without forgoing other basic needs (Oxford & Barrett, 1997).

Sharing common facilities in a home can reduce the rent burden of each homesharer. For instance, an elderly homeowner receives rent from the homesharing tenant to offset mortgage and property tax expenses, while the tenant may enjoy a rent significantly below market rates for studio and one-bedroom apartments. Such arrangements may provide economic support and health not only during the homesharing arrangement but even afterwards. Using the Panel Study of Income Dynamics, a nationally representative, longitudinal data set that has followed individuals and families since 1968, Sandfort and Hill (1996) examined data on a sample of 302 young women who had their first child when they were between the ages of 16 and 22 and who were unmarried at the time of the birth. Examining how different types of economic support received soon after the first child was born contributed to later self-sufficiency (excluding enhancing economic sufficiency by marrying), they found that homesharing and child support were important factors in improving the economic prospects of young mothers by enhancing their chances of getting more education and of having fewer children.

In a study in four metropolitan U.S. cities (Chicago, San Antonio, Charleston, Boston), Edin and Lein (1997) extensively interviewed a stratified sample of unskilled, poor single mothers (and their children), including those who were primarily reliant on welfare assistance and those who relied on waged work for financial support. About 25% of their sample had homeshared with a friend or relative for financial reasons. Of both wage-reliant and welfare-reliant mothers, 25% had at least two housing-quality problems (e.g., stove or refrigerator that did not work;
leaky toilet or other plumbing problem; faulty electricity; broken heating system; rat or roach infestation), ranging from 46% in San Antonio to 13% in Chicago. But compared to those in public housing, those in shared housing had fewer of these housing-quality problems (31% to 22%, respectively).

Among the wage-reliant mothers in their study, shared housing was highest in Chicago: 43% of Chicago respondents reported sharing their residence (the lowest was in Charleston, at 15%). Interestingly, having two housing-quality problems was quite low among wage-reliant mothers in Chicago (7%) and the lowest of all four cities, although the authors did not look further into a link between this and the high percentage of homesharing among their respondents there. However, homesharing hosts often threatened to put single mothers and their children out when they had trouble getting along, and sometimes they made good on these threats. Yet despite the instability of shared housing arrangements, Edin and Lein found that welfare-reliant mothers who homeshared felt better off than those mothers who lived in public housing developments.

From a national survey conducted by the Shared Housing Resource Center (SHRC) in 1988, Myers (1989) found that those who opted for shared housing were elderly persons (36%), single-parent families, college students, and homeless persons (15%), and an unclassified number of other people (49%). Myers points out that shared housing is not only a cost-saving, affordable solution to home seekers, but a significant income and financial benefit for the home providers as well. While those home seekers who share a home can provide services in exchange for full or partial rent, the home providers may get service from those who move in and also may use additional income for maintenance and repair. Myers demonstrated that shared housing is a cost-effective housing solution. The cost of five shared housing facilities in Philadelphia ranged from $17,375 to $35,000 per household served, while under HUD Section 202 projects, the average cost per household was $53,591.

Clearly, many household factors affect economic support in different homesharing arrangements. For example, Angel and Tienda (1982) investigated the extent to which homesharing helped buffer the effects of labor market disadvantages faced by minority household heads. Using the 1976 Survey of Income and Education database, a public-use microdata file of over 150,000 households, they found that the economic contributions of nonnuclear homesharing members differed according to the race, ethnicity, and sex of the household head. For example, in contrast to minority households, the presence of homesharing members in majority group households had little to do with a household’s income generation. But in extended minority households, the earnings of homesharing members exert a stronger positive effect on total household income.

Housing affordability among homesharers may be also partially explained by the housing type itself. In a survey of 470 Spokane residents who were seeking energy assistance (i.e., these respondents had few financial means to pay their
Shared Housing and “Doubling Up”

heating bills), Vacha and Marin (1993) discovered that 17% were currently sheltering someone (friend, relative, mate, etc.) while 41% had provided shelter to someone in their home at one time or another. The persons being sheltered were often poorer than the provider, but they often provided some nonmonetary service in the form of doing household chores, providing companionship, and babysitting. The home providers, compared to the others, tended to live in slightly less crowded homes, but had higher monthly housing costs ($373 vs. $334), and were more likely to spend over 60% of their family income on housing. But the higher housing costs among the home providers might be explained by the fact that they were more likely to live in single-family dwellings (63%) than were nonproviders (43%). Houses generally have more room and greater flexibility than apartments, and are more suitable for housing more than one family. Because they were more likely to reside in houses, these shelter providers were also more likely to spend more of their household income on housing. In addition, the home providers lived in the same quality or better quality neighborhoods than nonproviders, although they were more likely to be dissatisfied with crime in their neighborhoods (37% vs. 33%).

Another dimension of economic health involves that of the community, an important consideration at a time when the affordable housing stock is dwindling in many cities. Hemmens and Hoch (1996) suggest that informal housing changes—such as shared housing—can help stabilize housing prices by providing ways to adapt the existing housing stock to meet new demands. Conversions and mergers may offer important housing improvements in different geographic areas. Conversions, for example, can help meet demand for small rentals in older neighborhoods with much prewar housing stock that is large and often more flexible for homesharing than postwar housing (see next section). But still we know very little about how such informal housing additions can assist in the economic health of a community by being a viable source of affordable housing. In their Chicago study, Hemmens and Hoch (1996) figured that if the families composing the homesharing households lived in separate dwellings, an additional 54 housing units—of the 89 households they studied—would need to be added to the housing stock. Given decreasing private market incentives for building affordable housing and a recent reduction in the number of government-subsidized housing units, conversions of existing housing stock—whether formal or informal—may be a factor in contributing to the short-range economic health of a community.

Identifying Prominent Social-Psychological, Cultural, and Physical Design Factors

The review of the research on the health outcomes of homesharing is noteworthy more for its nuance and conjecture than for any definitive conclusions. However, the review does point to some social-psychological, cultural, and physical
environmental conditions that may play an important role—perhaps mediating, perhaps interacting—in facilitating or deterring healthy outcomes for homesharers. In this section, I would like to briefly highlight some of these factors that can help direct future research.

Clearly household composition and relationships need more serious attention in our future research endeavors. Cultural-ethnic background, shared or conflicting household goals and practices, and other factors need to be explicitly measured rather than casually assumed in depicting and characterizing all or certain types of homesharers. Controlling, regulating, and managing healthy, compatible, and generative intrahousehold social relationships seem to be central to enhancing healthy environments in shared housing. As Hemmens, Hoch, and Carp (1996) conclude in their book, each shared housing situation has unique characteristics reflecting the circumstances and the setting. But the need for social interaction and the ability to share successfully cut across income, age, and ethnic and racial backgrounds. If we consider crowding as an experience of unwanted social interaction, then issues of privacy, of control over space and related resources, and of management of stimulus overload seem to be important factors in enhancing healthy intrahousehold social relationships in shared housing.

The issues of control and choice are important ones in the research of environment stress. The dichotomy of “voluntary vs. involuntary” choice in depicting homesharing that occurs in some research studies can be too simplistic to portray the complexities of housing decisions. Choices occur in a world of constraints and availabilities, and many other factors influence the extent to which one’s decision reflects the best or most desired alternative available, or simply the best of all evils. In contrast, the four-part typology presented here and in Hemmens, Hoch, and Carp (1996) reflects the diversity and complexity of what may be considered housing choice. While in this article I have often revealed many of the advantages individuals and households accrue in certain homesharing circumstances, there are also those individuals whose “choice” of homesharing reflects a more desperate act and who do equate their homesharing situation with homelessness. While the existing research literature shows that homesharing is not the exclusive domain of low-income households, poor homesharers often suffer higher rates of physical illness and possibly psychological distress than those homesharers in better economic conditions. However, whether their rates differ much from similarly poor but nonsharing households has not yet been substantiated—and unfortunately, rarely empirically examined. Research and theory is needed that more insightfully considers the impact and influence of choice of homesharing along a continuum, or even within a matrix, since housing decisions are often based on multifaceted conditions. Further, the role of future plans and expectations is likely an important moderating factor.

Seriously neglected in this research is the role of the physical environment of the home. Research examining physical health outcomes of homesharing would
be greatly aided by more attentive measurement and analysis of housing conditions, such as type and nature of heating and ventilation systems; volume of space (not just square footage); building materials; circulation systems; proximate outdoor amenities such as porches; and the like. Future research should build upon, also, the environmental concepts examined in the studies by Després (1991, 1994, 1997) and Evans, Lepore, and Schroeder (1996). In perhaps the only study examining spatial properties of dwellings occupied by homesharers, Després (1991, 1994, 1997) interviewed and documented the physical properties of the homes of 70 homesharers, over half living in dwellings built before 1950 (called “pre-war”), and the others living in housing, mostly suburban, built after 1950, with spatial qualities that often reflected the dominant ideologies about nuclear family, functionality, and hygiene. The physical properties of the “postwar” apartment buildings and detached houses in the sample were found to be more difficult to adapt to homesharing arrangements, because of their small sizes and spatial organizations. Rather, the prewar housing was more suitable for homesharing, perhaps not surprising since many such homes were originally designed for extended households, either three-generation living or for also sheltering boarders and servants. The spatial properties that appear conducive to shared housing included (a) interior spaciousness; (b) privacy of the circulation paths within the home (i.e., position of staircases and hallways); (c) multiple living spaces (dining room, living room, eat-in kitchen) and the greater degree of enclosure of these living spaces through the use of walls, doors, and transition spaces; and (d) the relative position of the bedrooms. In general, multiple, distinct, and enclosed living spaces helped maintain the autonomy of homesharers, as did adequate separation between bedrooms and living spaces, and between bedrooms themselves. Hallways, doors and turnaround spaces—physical features often eliminated in postwar, cost-cutting housing construction—helped to increase opportunities for privacy and territorial definition. Circulation patterns that allowed private paths from the entrance to bedrooms, from bedrooms to kitchen, and from bedrooms to bathroom(s) also facilitated territorial definition and privacy among homesharers. The capacity for controlling social interaction and defining territories was an important factor in enhancing the meaning of home for these homesharers.

While not focusing on shared housing per se, the previously described study of college students by Evans, Lepore, and Schroeder (1996), examining the role of architectural depth in social withdrawal and residential crowding, supports many of Després’ conclusions. Indeed, their conceptual model suggests that when environmental opportunities to regulate social interaction are available, use of cognitive coping strategies to minimize social interaction may be curtailed. Additional environmental factors to consider that have been examined in other studies of privacy and crowding include room configuration (e.g., long, rectangular rooms provide more opportunities for distancing of separate, defined areas than do square rooms of the same square footage; e.g., Mostoller, 1989); open plan housing in
comparison to semiopen and closed plan designs, all of the same square footage (e.g., Gruel, 1993, found that respondents perceived greater crowding for household-oriented social interaction in scaled house models of an open plan than of the other two types); and availability of views and natural lighting (bright spaces appear larger; also views may provide opportunities to mentally distance oneself from the present condition; e.g., Mandel, Baron, & Fisher, 1980).

Towards a More Informed Housing Policy of Shared Housing

Shared housing, not being a common or normative housing arrangement in the United States except among certain population groups (e.g., college students), is often looked upon by the press, researchers, and policymakers as an inappropriate or unacceptable housing condition. Yet homesharers reflect a range of income groups, ethnicities, ages, and household composition. And, as Hemmens, Hoch, and Carp (1996) conclude, these people’s homesharing does not simply reflect passive accommodation to necessity. Many actively seek out homes that provide not only adequate shelter, but social and economic support as well. But those who desire to live in shared housing arrangements are often at a disadvantage. As Després (1991) demonstrated, not every house can successfully accommodate shared living so that conflicts are minimized and territorial definition and privacy are enhanced. Seeking those homes most conducive to homesharing may involve a great deal of time, effort, and money—resources that many of these households have little of.

But having such housing options is important today. Shared housing can be an aid during critically changing life circumstances, such as caring for an elderly parent, losing income, having a child, coping with disability, leaving a marriage or a violent home, and the like (Hemmens, Hoch, & Carp, 1996; Després, 1991). Welfare reform, too, is a significant life-change event for many families. As people’s lives involve transition from one life circumstance to another, certain forms of housing may be more supportive than others. As Koebel and Murray (1999) conclude in their study, if public policy continues to rely on relatives and friends helping each other (as a “compassionate conservatism” approach to policy seems to suggest), then it is important to learn how to improve households’ abilities to assist each other and to ameliorate negative consequences of such help and social exchange—particularly when research demonstrates the mediating effect of social relationships in the crowding–distress link. They suggest that a progressive housing policy would seek to assist extended households in meeting their current needs, including conflict management and assistance in redesigning and appropriating space.

Increasingly, individuals and families consider homesharing as a viable housing option. A number of nonprofit programs that match residents who desire to share housing (such as SHRC in Philadelphia and Innovative Housing in California)
have witnessed increased demand in recent years, not simply among their traditional target market (elderly) but increasingly among families, particularly single-parent families. Demand outstrips supply, however; in the San Francisco–Oakland area, nearly twice as many families apply as there are vacancies (Herman, 1995). Staff of SHRC say that many of the single parents who choose this shared housing do so to share not only costs, but also child-rearing responsibilities (Peterson, 1989).

Yet communities have often responded to shared housing arrangements by incorporating more specific and restrictive “family definitions” into their zoning ordinances (Pollack, 1996). Marris (1996) points out that many kinds of sharing that are potentially desirable and convenient turn out to be illegal. This illegality is related to the perpetuation of the single-family house as not simply a social ideal, but even more so as an investment. In his analysis of housing of the last decade, Rowe (1993) claims that “... similarity and standardization, rather than difference and variation, seem to be most appreciated socially” (p. 63). But the important question is, who creates that appreciation (social as well as financial)? And for whose benefit? As Ritzdorf (1994) claims in her analysis of zoning ordinances’ definitions of family:

... the power of a municipality to deny the rights of extended families and unrelated individuals to live together represents a potent form of exclusion, affecting not only the minority and poor members of society, but all who live alternate life-styles, either through choice or necessity. Single parents and the elderly are two groups for whom the benefits of homesharing are obvious. Ironically, by forbidding or limiting this option, communities are denying them what may be their only opportunity to live as a family in the house, neighborhood, and community with which they are familiar. (p. 123)

While not negating some of the detrimental conditions that accompany homesharing, particularly among low-income families and individuals, a more productive and generative focus would seem to be clearer identification of the particular sources that contribute to detrimental health conditions and also to those sources that help families and individuals move towards health and resilience in such housing arrangements. Such thinking may help direct a more careful analysis of housing policies and standards that have been primarily targeted to only one socially dominant segment of U.S. society. Such may also help in rethinking incentives and ways for providing a greater number of housing options in our residential landscape (Ahrentzen, 1996, 1999).

References


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