

“A Change of Name during Sickness”: Surveying the Widespread Practice of Renaming in Response to Physical Illness

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ans-names.pitt.edu

ISSN: 0027-7738 (print) 1756-2279 (web)

Vol. 71, No. 1, Winter 2023

DOI 10.5195/names.2023.2514



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Abstract

This paper synthesizes and summarizes a selection of literature—largely anthropological and ethnographic, published between the early 18th and early 21st centuries—that describes the practice of renaming a person who is physically ill in order to affect their recovery. In none of these publications is this particular practice central; rather, it is often mentioned alongside myriad other cultural and naming practices. While no claim is made as to the exhaustive nature of the literature review, this analysis reveals patterns and similarities related to the reasoning behind such a practice and the special relationship between personal names and physical health in a wide variety of world cultures.

Keywords: children, health, illness, personal names, religion, renaming

“From birth, Shamil was a weak child, but after the name change, he grew to be strong, courageous, and widely esteemed for his eloquence and learning”. (Norris and Sunderland 2012, 118)

Introduction

The name of the sitting President of the Republic of Indonesia, at the time of this writing, is *Joko Widodo*, but he often goes by the nickname *Jokowi*. Had it not been for frequent illnesses during childhood, which prompted his parents to change his name in hopes that it would lead to his recovery, we would know this world leader as *Mulyono*: the original name he was given at birth (Septiani 2017). In changing their child’s name, Mulyono’s mother and father unwittingly joined countless parents spanning both continents and centuries whose universal desire for healthy children led them to perform the seemingly unrelated ritual of renaming. Mulyono’s parents’ choice in a new name was auspicious: in their native Javanese, *Joko* means ‘boy’ and *Widodo* signifies ‘prosperous’ or ‘healthy’ (Mas’udi and Ramdhon 2018). At 59 years of age, Jokowi can no longer be considered a “boy”, but as he began his second presidential term in 2019 his biography thus far is certainly one characterized by both prosperity and health.

The cross-cultural significance of personal names is well supported within the field of onomastics. So too is the gravity of renaming, considering that “names, whether of people or places, seldom change once allocated, unless there are compelling reasons to do so” (Neethling 2016, 148, emphasis added). Some of the more common of these “compelling reasons” to change one’s name include adoption, gender transition, marriage, migration, and religious conversion (Russell et al. 2018; Aldrin 2016; Himes 2016; Alford 1988). A change in name is often associated with a change in identity (Alford 1988). It is important to note that the direction of causation in this association can go either way, or, as Aldrin (2016, 389) asks, “do name changes reflect changes in identity or do they bring them about?” In the case of “a change of name during sickness”, as Hambly (1934, 188) described the practice among the Ovimbundu people of Angola, renaming is undoubtedly intended to bring about a change in identity: from that of a person, usually a child, who is sick to that of one who is healthy.

The purpose of this study is to contribute to what Young (1982, 258) calls “a distinctive anthropological discourse on sickness” by considering how an action as anthropological as changing one’s given name (or the given name of one’s child) can be connected to one’s health and experience of illness. At the same time, this study contributes to onomastic theory by suggesting specific case-related responses to Himes’s (2016, 128) paired queries: “What does it mean to change or modify one’s name voluntarily?”; and, in the case of children like young Mulyono, whose parents initiated the renaming without his consent and whose age-group makes up the majority of people who have experienced renaming in response to illness, “What are the consequences of a name changed involuntarily”? In approaching these questions, I heed Hough’s advice that onomastic research “only reaches full significance when the results are grouped together, allowing patterns to emerge” (2016, 1). As shall be shown, renaming in response to illness has occurred, and still occurs, among societies found on all six of the world’s inhabited continents, with a breadth of cultural, linguistic, religious, and naming traditions that confounds attempts to map a tidy diffusion from some hypothetical single point of origin. Still, explicit patterns can be identified to shed light on the meaning of this widespread, yet decidedly understudied, practice.

Methods

I initially encountered the phenomenon under consideration here anecdotally, and by chance. Within a span of a few months, I read two wholly unconnected books within the broad genre of travel writing: Heinrich Harrer's *Seven Years in Tibet* (1953) and Lawrence Millman's *Last Places* (1990). Harrer, in his discussion of the spiritual significance of naming in Tibetan culture, mentions that parents often consult a lama in the selection of a name for their newborn children and children that become ill will usually be given "fresh names" (1953, 187). As neither a scholar of Tibetan culture nor an onomastician, this bit of information would likely have faded from my memory, had I not shortly thereafter encountered Millman's anecdote describing his meeting an East Greenlandic Inuit man called *Avannaq* who,

was taken to an *angakok* [shaman] at age four when he had whooping cough. The *anganok* recommended that he change his name, since coughs, like insomnia and rocks, were soulful entities with thought processes of their own and they tended to get confused if they found themselves installed in the wrong person. *Avannaq*'s name was changed temporarily to *Atsuiliq*, Healthy Fellow, and the cough went away. (1990, 194)

How did it happen that virtually the same idiosyncratic practice would be recorded by travelers in both Greenland and Tibet? Two possible explanations immediately came to mind: either the practice was coincidentally unique to the cultures of these two distant places or it could be found among other cultures, in other places, as well.¹ To resolve the question, I set out to see whether I could find other examples of this practice.

My first step was to query members of the American Names Society's email listserv (ANS-L) as to their familiarity with the practice. The responses I received to my initial exercise in expert member checking were promising and clearly indicated that the practice of renaming in response to illness was not confined to only Greenland and Tibet. The responses to my ANS-L query even included two personal stories of name changes in response to illness that had never before been described in writing or published.

Proceeding to a systematic investigation, I conducted a review of ethnographies and anthropological studies through the electronic Human Relations Area Files World Cultures database, commonly referred to as "eHRAF World Cultures", or simply "HRAF" (Yale University and Human Relations Area Files 2020). I used HRAF's "Advanced search option" to find combinations of relevant terms within all 337 cultures and all 742 subjects catalogued in the database. HRAF organizes results by world region and cultural group. The results can be further refined by individual documents and specific paragraphs within those documents. An iterative series of eighteen searches using all possible combinations of related search terms returned 1333 documents describing 694 cultures (Table 1).

Each result was supported by metadata entries including full publication information of the source document, name(s) of fieldworker(s) who collected the data, date(s) of fieldwork, location(s) of fieldwork, and cultural group(s) being described. After removing 662 duplicate results, I evaluated

Table 1. Results of eighteen iterative searches of the electronic Human Relations Area Files World Cultures database (HRAF), using the keyword combinations shown.

Search iteration	Search terms			Initial HRAF results	
	Term 1	Term 2	Term 3	Documents	Cultures
1	nam*	chang*	ill*	600	213
2	renam*	ill*		44	37
3	“new name”	ill*		55	46
4	nam*	chang*	Sick*	280	148
5	renam*	sick*		8	8
6	“new name”	Sick*		40	30
7	nam*	chang*	unwell	2	2
8	renam*	unwell		0	0
9	“new name”	unwell		0	0
10	“new name”	health		17	14
11	renam*	health		12	12
12	nam*	chang	health	194	116
13	nam*	chang	dying	69	58
14	renam*	dying		5	4
15	“new name”	dying		6	5
16	nam*	chang	“near death”	1	1
17	renam*	“near death”		0	0
18	“new name”	“near death”		0	0
Totals				1333	694

each unique source (671 documents describing 255 cultures) to determine whether a name change in response to illness was actually being described. Since a description of the practice of renaming in response to illness was not the central theme of any of the documents I would review, simply scanning the abstracts (when abstracts were available) for relevance was not possible. Instead, to determine if a source met the criteria for inclusion in this study, I needed to read the specific paragraphs that HRAF searches returned. In most cases, HRAF returned a source merely because the search terms were used within the same document or paragraph but it was immediately clear that a name change in response to illness was not being described. After removing 625 off-topic documents, 46 on-topic documents representing 36 unique cultures remained from my HRAF searches.

The geographical coverage represented by this sample corresponds reasonably well to the geographical distribution of sources contained within the HRAF database, except for the fact that Asian examples were overrepresented in the search results, as compared to the percentage of documents about Asian cultures in the HRAF database. With this caveat, we see that the practice is documented relatively evenly among world cultures. Figure 1 illustrates the geographical representation of world regions within the entire Human Relations Area Files World Cultures database (HRAF database), the 1333 documents returned through my eighteen iterative searches through this database (HRAF initial), the 46 unique documents I selected as relevant to my research question from the HRAF search (HRAF final), and the final set of 65 cultures, referenced across 57 documents, analyzed for this study (Survey set). This final set of literature was formed by combining the results of the HRAF

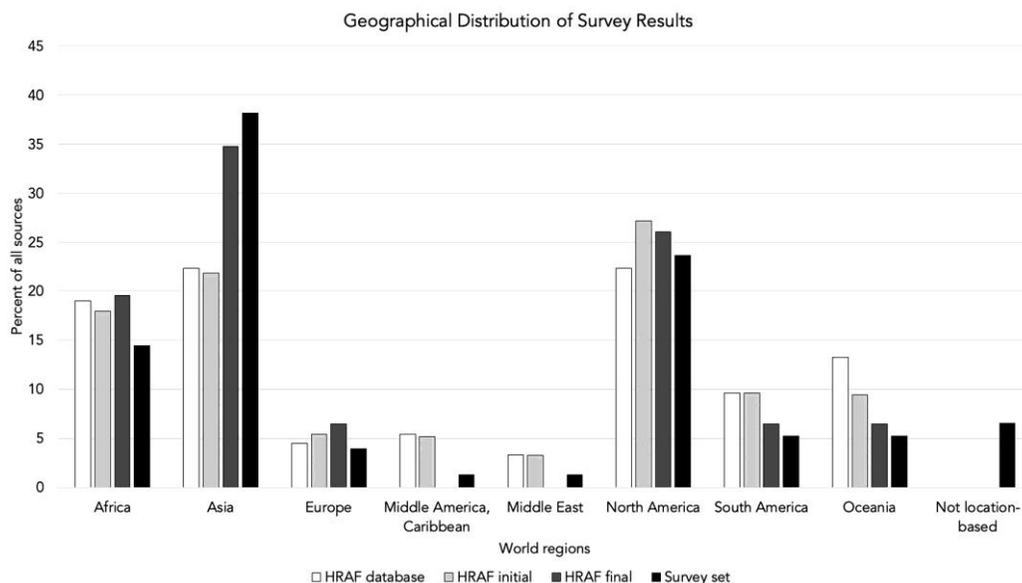


Figure 1. Geographical distribution across HRAF-defined world regions of sources identified and surveyed by, percentage of whole.

searches with other sources found in other databases and elsewhere (see the following paragraph for details). The world regions used here are those defined by HRAF, with the addition of the “not location-based” category to include diasporic, religious, or cultural groups that are not necessarily geographically coterminous. In practice, for this study, the “not location-based” category includes only the globally dispersed Jewish communities but future research on this topic may find additional utility in such a non-geographical category.

I supplemented the HRAF search with less intensive searches using the same sets of terms in the Google Books, Google Scholar, and JSTOR databases. As with HRAF, I did not select any specific disciplines within which to restrict my search. The Google and JSTOR searches added another sixteen documents (thirteen from Google Books, two from Google Scholar, and one from JSTOR). The list was supplemented further by the inclusion of the two books that ignited my interest in this subject (Millman 1990; Harrer 1953) and the one published source (Clodd [1920] 1968) that Alford (1988) cites in *Naming and Identity: A Cross-Cultural Study of Personal Naming Practices*, a broad-ranging but slim onomastic volume that, in a section on name changes, briefly discusses the practice of renaming in response to illness among twelve world cultures.

Altogether my searches revealed sixty-five sources, describing the practice of renaming in response to illness within fifty-seven cultures. This practice is documented among some cultures by multiple sources. Each source except for one, however, was taken to represent only one culture, even in the rare instance of a comparison being made between the primary culture being discussed and other cultures where the practice of renaming in response to illness was known. The exception is Alford (1988), which is the only formal onomastic study of this practice included in my survey set. Alford documents the practice among twelve cultures.

This final set of documents I compiled for analysis is summarized in Table 2, organized first geographically—by world region and country—and then by culture. World regions correspond to those defined by HRAF and country names are taken from the roster of current UN member states, even when borders and place-names have changed since a source’s original research was conducted. Exceptions are made in the cases of French Polynesia and Greenland, since listing their colonial powers (France and Denmark, respectively) would likely lead to confusion, and in the case of Taiwan, owing to the lack of consensus on that territory’s status. Single listings in the table containing more than one country indicate transnational cultural groups and/or multisite fieldwork. Names of cultural groups are derived verbatim from the sources themselves; some may be no longer current. Sources identified as “primary” are based upon in-person field research by the author of the source or are autobiographical. Metasources are, in most cases, the databases used to find the sources listed. Exceptions include sources found within other sources

and sources encountered through means other than database searches.

I organized my findings in a database and conducted thematic content and spatiotemporal analyses. As similarities in both the practice and the reasoning behind it emerged consistently across widely diverse cultural groups and geographic areas, I established a set of attributes related to the implementation of, and justification for, the practice across cultures and compared the instances of each of these attributes quantitatively.

While the results of this study are not exhaustive or comprehensive, the wide geographic and temporal ranges represented by the results I found can allow for a global and multicultural analysis of the practice of renaming in response to illness that has, to my knowledge, henceforth been underrepresented in the onomastic literature.

Findings and Discussion

My analysis focused upon sixty-five sources describing fifty-seven distinct cultural groups in which the practice of renaming in response to illness is, or was, practiced. Sometimes multiple sources were identified describing the practice within the same group; one scholarly source discusses the practice occurring within multiple groups. The publication dates of these sources span more than 300 years. The earliest source analyzed was Scheffer's 1704 book about his travels in Lapland and the latest was Sorajjakool's 2019 chapter on Hmong metaphysics. The set of literature includes both primary (fieldwork-based) or autobiographical and secondary (literature-based) sources. Figure 2 illustrates the temporal range of the forty primary sources for which specific fieldwork dates are known, with the exception of Scheffer, who worked among the Saami in Lapland (Finland and Sweden) in 1660 and published his findings in 1704.

Table 2. Documents surveyed in this study of renaming in response to illness, organized geographically then by culture and source

Geographical location	Culture	Source	Type ^a	Metasource
Africa				
Angola	Ubundu	Childs 1949	P	HRAF
		Hambly 1934	P	HRAF
		McCulloch 1952	S	HRAF
Democratic Republic of the Congo	Basanga	Likaka 2009	S	Google Books
	Mongo-Nkundu	Hulstaert 1938	P	HRAF
Madagascar	Tanala	Linton 1933	P	HRAF
South Africa	Venda	Alford 1988	S	Google Books
Uganda	Baganda	Roscoe 1911	P	HRAF
	Bagisu	Beierle 2004	S	HRAF
		Roscoe 1924	P	HRAF
Zimbabwe	Shona	Bourdillon 1976	P	HRAF
Asia				
Bangladesh and India	Garó	Alford 1988	S	Google Books
China	Manchu	Shirokogoroff 1924	P	HRAF
	Monglian	Humphrey 2006	P	Google Books
	Tibetan	Harrer 1953	P	other
India	Lepcha	Gorer 1938	P	HRAF
	Todas	Rivers 1906	P	HRAF
Indonesia	Abangan	Geertz 1960	P	HRAF
	Javanese	Septiani 2017	S	Google Scholar
	Toradja	Alford 1988	S	Google Books
Iran		Adriani and Kruyt 1951	P	HRAF
	Iranian	Donaldson 1938	P	HRAF
Japan	Ainu	Batchelor 1927	P	HRAF
Laos	Buraku	Norbeck 1954	P	HRAF
	Hmong	Lee and Tapp 2010	P	Google Books
Malaysia		Sorajjakool 2019	P	JSTOR
	Dusun	Alford 1988	S	Google Books
	Iban	Alford 1988	S	Google Books
	Malay	Alford 1988	S	Google Books
Russia		Wilkinson 1908	P	HRAF
		Winstedt 1951	P	HRAF
	Sea Dyak	Gomes 1911	P	HRAF
	Chukchi	Alford 1988	S	Google Books
		Bogoraz-Tan 1904	P	HRAF
Taiwan	Daghestani	Norris and Sunderland 2012	S	Google Books
Thailand				
	Koryak	Jochelson 1908	P	HRAF
	Taiwanese	Diamond 1969	P	HRAF
		Liang 2005	P	Google Books
	Bangkhuad	Kaufman 1960	P	HRAF
	Karen	Rajah 1986	P	HRAF
Europe				
Bosnia and Herzegovina	Bosnian Muslim	Bringa 1995	P	HRAF
Finland	Saami	Scheffer 1704	P	HRAF
Georgia	Abkasian	Garb 1984	P	HRAF

(Continued)

Table 2. (Continued).

Geographical location	Culture	Source	Type ^a	Metasource
Middle America, Caribbean				
Mexico and United States	Kwapa	Clodd 1920	S	Google Books, via Alford 1988
Middle East				
“in all Arabic countries”	Islam and Syrian Christian	Doughty 1908	P	Google Books
North America				
Canada	Algonkian	Tanner 1944	P	HRAF
	Montagni	Lane 1952	S	HRAF
	Naskapi	Alford 1988	S	Google Books
Canada and United States	Gros Ventre	Fowler 1987	P	HRAF
	Ojibwa	Alford 1988	S	Google Books
Greenland ^b	Inuit	Millman 1990	P	other
United States	Cherokee	Mooney 1891	P	HRAF
		Mooney 1932		
	Chinook	Beierle 1990	S	HRAF
		Ray 1938	P	HRAF
	Comanche	Wallace 1952	P	HRAF
	Gros Ventre	Flannery 1953	P	HRAF
		Kroeber 1908	P	HRAF
	Hopi	Talayesva 1942	P	HRAF
	Menominee	Alford 1988	S	Google Books
	Pawnee	Alford 1988	S	Google Books
	Shawnee	Voegelin and Voegelin 1935	P	Google Scholar
	Ute	Jorgensen 1965		HRAF
		Smith 1974	P	HRAF
Oceania				
Federated States of Micronesia (Caroline Islands)	Ifaluk	Burrows and Spiro 1953	P	HRAF
		Spiro 1949	P	HRAF
French Polynesia (Tahiti)	Tahitian	Levy 1975	P	Google Books
Tonga	Tongan	Lätükefu 1974	P	HRAF
South America				
Brazil	Canela	Crocker 1990	P	HRAF
	Guarani	Alford 1988	S	Google Books
Brazil and Paraguay	Guarani	Métraux 1948	P	HRAF
Paraguay	Guarani	Reed 1995	P	HRAF
Not location-based (worldwide diaspora)	Judaism	Allen 1830	S	Google Books
		Goshen-	S	Google Books
		Gottstein 1999		
		Robinson 2008	S	Google Books
		Schwarzbaum 2015	S	
		Trachtenberg 2004	S	Google Books

^aP=primary; S=secondary

^bThe placement of Greenland within North America, as opposed to Europe, is intended to prioritize the cultural connection between native groups in Greenland, Canada, and the United States (Alaska) over the political connection between Greenland and Denmark

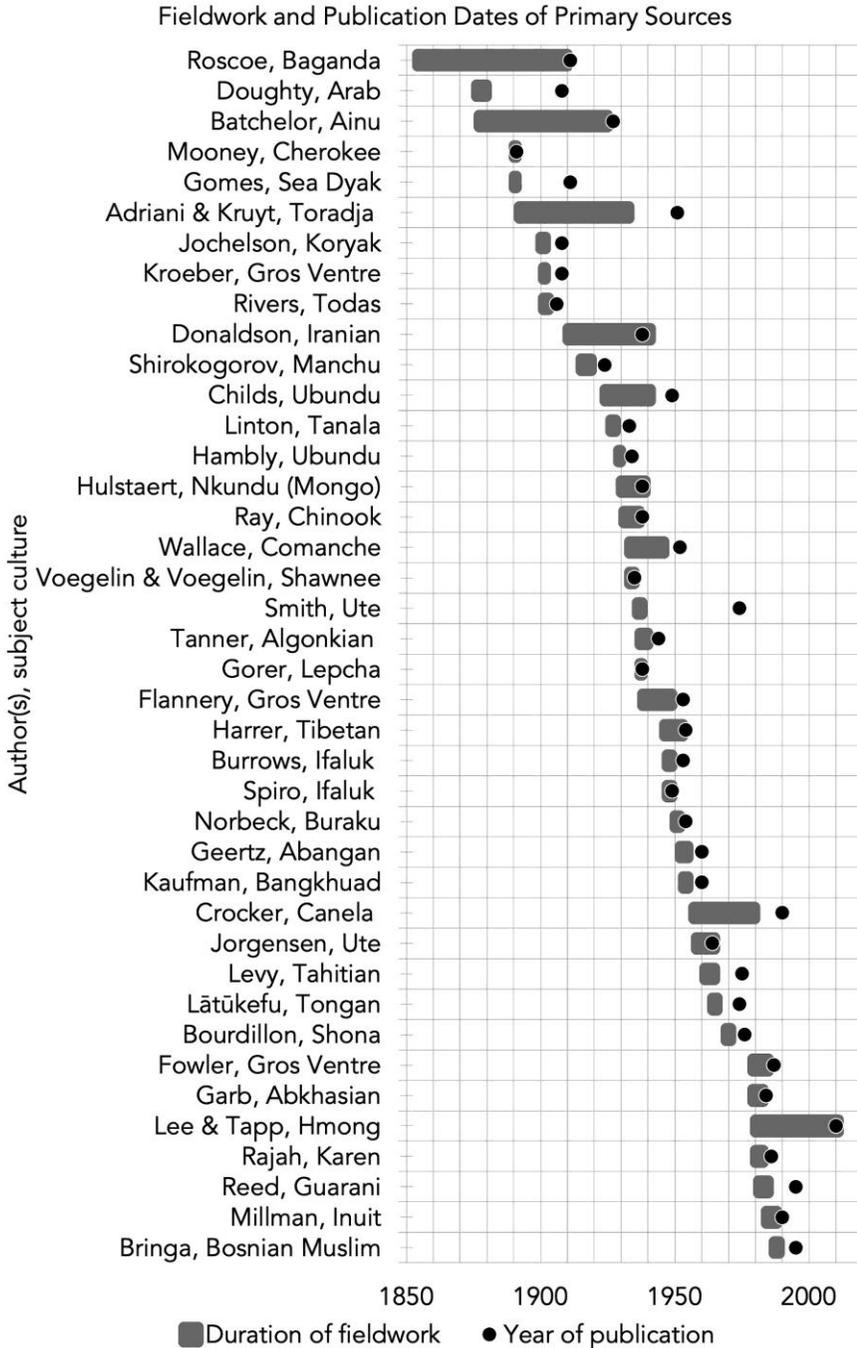


Figure 2. Dates of fieldwork and publication for the direct ethnographic sources in this survey. Names of cultural groups are listed as given in the sources cited.

Twenty-eight countries, spread across all six of the earth's inhabited continents are included. As a continent, Asia is home to the most cultures who practice renaming in response to illness. In terms of countries, indigenous cultures of the United States are represented the most in this sample. Notably absent from this compilation of sources is Australia.² I am confident, however, that if the practice of renaming in response to illness has been documented among aboriginal societies there, future work will incorporate Australian examples into the collection of literature assembled here.

The practice of renaming in response to physical illness is a worldwide phenomenon that either arose independently in multiple cultures (perhaps influenced by contact and diffusion) or developed very early in human history and spread with human migration. Crucially, the history of this practice may include elements of both early development and independent origination. While nearly all of the sources cited herein refer to the practice of renaming in response to illness in isolation—that is, treating the practice as though it were unique to the culture under consideration—a single source from the onomastic literature (Alford 1988) does examine the practice, briefly, as a cross-cultural phenomenon.

Another source, one on Jewish folklore, mentions in a footnote a few selected counterparts to the Jewish practice of this tradition. Schwarzbaum (2015), in addition to dating the popularization of the practice among Jews to the Middle Ages, identifies its origin with the renaming of Abram and Sarai (to *Abraham* and *Sarah*, respectively) in the book of Genesis specifically as a response to a medical condition: namely, their “barrenness” or infertility. Schwarzbaum makes clear that barrenness was inflicted upon *Abram* and *Sarai* but that *Abraham* and *Sarah* were under no such curse. Schwarzbaum's brief foray into cross-cultural comparison includes the mention of “several groups of American Indian tribes ... the Bageshu, a Bantu tribe of Mount Eglon on the eastern boundary of the Uganda Protectorate ...” as well as peoples in “Borneo and the Kingsmill [now Gilbert] Islands” of Kiribati (2015, 285).³ The present study is intended to expand upon Schwarzbaum's and Alford's cursory comparisons, through consideration of more examples and the analysis of eight emerging attributes.

In addition to the mere existence of the practice of renaming in response to illness among these 57 world cultures, certain specific attributes of the practice and the reasoning behind it are common across diverse contexts. As I read iteratively through the documents selected for this survey, a series of eight attributes emerged, which I established as a guide for deeper inquiry. I shall describe and discuss each here.

First Attribute: Age of Renamed

The general age of the renamed person, specifically, whether the renamed is a child or an adult, indicates whether the renaming has taken place at the behest of the renamed or someone else—often the child's parents. For the determination of whether the renamed was considered a child or an adult in the context of their own culture, I relied upon the assessment of the source's author. In most cases for which the renaming was applied to children, deep interpretation of the text was unnecessary, as the author made clear that the decision to rename is being made on behalf of a child, as in Roscoe's account of the Baganda people in Uganda: “if the child subsequently fell ill ...” (1911, 61). More difficult was proving the contrary: that the renamed being discussed was an adult, capable of choosing to change their own name. Here, context provided some clues, such as Hambly's discussion of a case among the Ovimbundu people of Angola in which, “a man now named Katakali suffered sickness ... so he changed his name ...” (1934, 188). The autonomy to rename oneself alluded to by Hambly, along with the hint that the renamed was, at least at the time of Hambly's writing, was “a man”, indicate that in the case he described, renaming in response to illness was a practice available to adults.

Most examples from my survey set (36 of the 57 cultures surveyed, 63.16%) applied specifically to the renaming of sick infants or children. By contrast, sources for only 7 of the 57 cultures surveyed (12.28%) clearly described the practice as applicable to adults.

Second Attribute: Spiritual Purpose

In many cases, the source does not venture to explain the reasoning behind the practice, opting rather to merely document its occurrence. In those cases for which an explanation is attempted, I relied strictly upon the understanding of the source's author. The most common explanation for the reasoning behind the practice was that, by renaming a person suffering an illness, the malevolent spiritual entities responsible for that illness would be prevented, or at least hindered, in their efforts

to maintain that illness. This of course assumes a spiritual, rather than—or perhaps, in addition to—physical source of human illnesses. Allen applies this reasoning—that renaming is done “to put a malicious spirit off the scent”—to both the Iban of Malaysia and the “Lapps” (today known as *Saami*) of Finland (1988, 90). Variations on this explanation included renaming to confuse, evade, or appease the spirits responsible for illness.

This spiritual reasoning was found in sixteen of the fifty-seven cultures surveyed (28.07%). The most formulated of these explanations derives from the practice as associated with Judaism, as illustrated by Allen’s reference to a prayer which included, in his words, a “circumstance ... too curious to be overlooked” (1830, 434). The prayer reads:

God be merciful unto A— and restore him unto life and wonted health. Let his name henceforth be called B—: let him rejoice in this his name, and let it be confirmed upon him. Let it please thee, O God, that this change of his name may annul all hard and evil decrees, and reverse the sentence which has been passed against him. If death has been decreed upon A—, yet it is not decreed upon B—. If an evil decree has been issued against A—, it is not issued against B—. Behold, he is at this hour as it were another man, as a new creature, as an infant just born, to a good life and length of days. (cited in Allen 1830, 434–435)

Commentators on Jewish culture and religion have discussed the theology behind this renaming practice, describing a method by which a person can escape a sentence that has been placed against them by means of “outwitting the angels”, spirits, or deities responsible for the illness “by a crafty dodge” (Trachtenberg 2004, 204) or “to fool the Angel of Death” (Robinson 2008, 181). For example, Goshen-Gottstein explains that, “by receiving a new name, he or she becomes a new person, one who has not been sentenced to die” (1999, 85). Trachtenberg cites the 13th century rabbi, Moses of Coucy, who explained that, in changing one’s name, a sick person effectively tells the angels, “I am not the person you are seeking, I am not the one who committed the sins you charge me with” (2004, 204–205). Robinson provides justification for this act of onomastic subterfuge by referring to the concept of “*pikuakh nefesh*, the preservation of life”, and of the Jewish “right, indeed [. . .] responsibility, to intervene on behalf of the sick” (2008, 182).

Renaming as a way to confound illness-causing spiritual beings is a common explanation for the practice across cultures and religious traditions. For example, a respondent to my ANS-L query explained to me with regard to their own renaming as a child growing up in South Korea, “should you carry a different name, the spirits, the bad ones, would get confused about the identity of their hopeful victims”.⁴ Childs similarly explains renaming a sick person within the Ubuntu culture of Angola as causing “the spirits to pass him by” (1949, 87) and, in McCullough’s words, also writing about the Ubuntu, the practice is meant “to draw away the attention of the spirits” (1952, 41). Gomes employs the language of hunting to explain that, among the Sea Dyaks of Malaysia, when a sick child has been renamed, evil spirits are “put off the scent” and that, upon hearing the new name, “conclude [the child] no longer exists, and return without him” (1911, 103).

Third Attribute: Ancestors as Source of Illness

This attribute, related to the one just discussed, involves the identification of the spirits responsible for the illness specifically as ancestors of the renamed person. Several variations on this theme exist in the literature; a representative case comes from Hulstaert’s description of the practice among the Nkundu of Congo in which a persistent illness in infancy “is attributed to a rivalry between dead persons who are fighting over which of their respective names should be given to the newborn” (1938, 467).

In eight of the fifty-seven cultures surveyed (14.04%), illness was viewed as indicating misalignment between the will of the named and the namesake, either through malevolence or neglect. For example, Linton explains renaming among the Tanala people of Madagascar as occurring “on the principle that the ancestor is failing to guard his namesake properly” (1933, 286).

Conversely, but related to the above explanation, in some cultures naming children after ancestors is not sanctioned. If such a naming takes place inadvertently—for example, if parents were unaware that the chosen name for their child had belonged to a since-deceased relative—illness may result. This is interpreted among the Toradja of Indonesia as indicating that, “the spirit of that member of the kin group is angered over this and makes the child sick” (Adriani and Kruyt 1951, 608) and renaming the child is the proper response.

Fourth Attribute: Old Name as Source of Illness

This attribute describes situations in which the former name itself is viewed as the cause of illness. In most cases for which a source's author attempted an explanation, the renamed person's former name was discarded as an attempt to address or remedy an external cause of illness. For cases sharing this attribute, however, the cause of illness was determined to be the person's original name. Batchelor illustrates this reasoning simply in his case of a "certain weak young woman [WHO] came to me one day and said she was quite certain her name, which I had given her, was making her ill" (1927, 232). Of course, it might be reasoned that the former name was viewed as the cause of illness in all of the cases described here—otherwise why should it be changed? Acknowledging this, I opted to include in my quantitative analysis of this attribute only those sources that explicitly linked the cause of illness to the former name itself, as that of Batchelor's "weak young woman" did.

In 12 of the 57 cultures (21.05%), the old name itself was viewed as a source of the illness. Another example, one source quotes a Shawnee healer who came to treat a sick child by renaming the child while performing ablutions: "[. . .] your name doesn't fit you; it makes you sick. Now we're going to wash it off" (Voegelin and Voegelin 1935, 627). Similarly, separate researchers working among the Hmong in Laos and the Basanga in the Congo have explained that, rather than a name causing an illness per se, a child could become ill when their name simply fails to fit the child or when they did not like their name (e.g. Lee and Tapp 2010; Likaka 2009). An unsuitable name may also be connected to the divination that accompanies reincarnation: attempts made to identify the soul that has entered a newborn child and to name the child accordingly. An illness, then, can indicate that a "mistake [has been] made in divining the identity of the soul which entered the new-born child [and] something will ail the child after it has been named", as described among the Koryak of Siberia (Jochelson 1908, 100).

Fifth Attribute: Overt New Name

Curiously, sometimes the new name is self-consciously a new name. By this I mean that the new name reflexively calls to mind the renaming process itself through its meaning. Names that source authors translated as 'changed name' or 'new name' exemplify this attribute.

In two of the fifty-seven cultures surveyed (3.51%), the new name reflexively signifies the process of renaming itself. In the context of the Ainu, an indigenous culture of Japan, Batchelor (1927, 231–232) cites the cases of two young Ainu women who were renamed in response to their illnesses. The names they were given to aid their return to health, *Reishipi* and *Rei-peka*, translate as, respectively, 'a changed name', and 'a fitting name.' Similarly, Rajah (1986, 65) recounts from Thailand the story of a young Karen girl, originally called *Ti Ka*, who, after a sickness of several months, was renamed *Mi Sau*, meaning, simply, 'new name.'

Sixth Attribute: New Name Health-Related

In some cases, the meaning of the new name is overtly health-related, as opposed to simply being another name unassociated with sickness or health. In cases that share this attribute, the practice of renaming is openly aspirational toward improved health, as indicated by the meaning of the newly chosen name.

In four of the surveyed cultures (7.02%), including the aforementioned example of Joko Widodo in Java (Mas'udi and Ramdhon 2018; Septiani 2017), the new name is overtly connected to good health. Millman's (1990, 194) example from Greenland involved the adoption of the new name *Atsuliq*, meaning 'Healthy Fellow.' Goshen-Gottstein (1999, 85) explains that within Judaism, a sick person usually takes on a name such as *Chaim* 'life', *Raphael* 'let God cure', or *Hezekiah* (a Biblical king whom God healed). The case alluded to in this paper's epigraph, taken from an account of the Daghestani culture of the Russian Caucasus, involves the new name, *Shamuel*, which means 'that which repels sickness' and was later modified to *Shamil* (Norris and Sunderland 2012, 118).

Seventh Attribute: New Name Derogatory

Occasionally, when renaming occurs in response to illness, a new name is chosen that is derogatory to the renamed person. Acknowledging that one culture's derogation may be another culture's term of endearment, I relied again upon the author of each source to determine whether a new name was indeed derogatory in the cultural context under consideration. In especially instructive cases, like that of the Toradja of Indonesia as discussed by Adriani and Kruyt, a local informant is quoted directly to indicate the connotation of the new name. "Some children have a beautiful name [...] but they cannot bear it, with the result that they become sick from it, and then we give them an ugly name, and then they become strong again" (1951, 607). It is important to note that, in cases of a person receiving a new name deemed 'ugly' or derogatory in response to illness, the intended purpose is still to protect or to cure that person. As such, the bestowal of a derogatory name should not be viewed as intended to harm the individual (as might be the case had they not been ill but still given such a name), but rather, paradoxically, to mitigate the illness from which they suffered.

Meek (1925) proposes a reason for a comparable practice (the naming of subsequent children after previous children had died), which paradoxically remains aligned with the basic explanation of confounding the spirits responsible for illness. He writes that, among the Kaiama people of Nigeria:

[...] a woman who has lost several children will give her next-born some contemptible name. She will treat him with a feigned disdain, and even pretend to offer him for sale in the marketplace. The evil spirit that had robbed her of her former children will then be cheated into thinking that the mother does not want her child, and so, to spite her, will allow the child to live. (1925, 81 [cited in Turner 1949]).

Hambly (1934, 188) notes a similar practice among the Ovibundu of Angola in which, "a sick child may receive a bad name, for instance, the name Pig. If one or more children have died a subsequent child receives an ugly name with a bad meaning". This curative use of derogatory new names, as judged by the sources' authors, was found in three of the fifty-seven cultures surveyed (5.26%).

Eighth Attribute: Illness among Many Reasons to Rename

The final attribute considered here is the specific mention of illness as being but one of many reasons for renaming in a source's subject culture. Previous research makes clear that multiple reasons for renaming exist across and within cultures (Aldrin 2016; Alford 1988). The quantitative analysis, then, of this attribute is not for the purpose of identifying, and therefore isolating, those cultures in which renaming may occur for multiple reasons—it is assumed to be the case for most, if not all—but to identify the reasons for renaming that a source's author felt compelled to lay alongside illness. To consider the company that renaming in response to illness keeps, as it were, we can contextualize the practice alongside other situations and events that, in a particular cultural milieu, prompt the same onomastic response.

Sources for three of the fifty-seven cultures surveyed (5.26%) made the point that renaming can occur for multiple reasons, including illness. For example, Levy states that, in Tahiti:

people might change their names several times during the course of their lives, after important events—marriage; the birth of a child; the illness, death, or recovery of a child; the accession to a position of power; the establishment of a formal bond friend. (1975, 221, emphasis added)

This latter example, perhaps, best summarizes the meaning and mechanism behind the widespread practice of renaming in response to illness. Illnesses, particularly grave illnesses that strike children in societies without access to modern, evidence-based healthcare, are significant events that can literally make the difference between life and death. In a cultural milieu that ascribes a spiritual cause or influence to illness, attributes meaning to personal names, and allows some degree of choice regarding one's (or one's child's) name, the idea that renaming might improve the condition of a sick person may proceed rather naturally in the development and evolution of a culture. If occasionally the ill person did regain their health following the name change, a simple application of post hoc ergo propter hoc reasoning would suffice to reinforce its effectiveness. It is not entirely surprising, then, that the practice has emerged in so many cultures around the world. At the same time, the practice is unusual enough, from the perspective of Western-trained anthropologists and ethnographers, that it is no wonder so many have recorded its existence in their writings, finding the practice of renaming in response to illness "too curious to be overlooked" (Allen 1830, 434).

Conclusion

The pediatric oncologist Luisa Massimo writes of the “uncertainty... anxiety... and fear” felt by parents of gravely ill children (2006, 259). Surely there is no angst common to the human condition comparable to that felt by a parent in such a situation. One can imagine that, especially among cultures in developing countries or where modern medicine is, or was, not widely available, a parent would grasp for any semblance of agency available when attempting to comfort their suffering child. They question themselves and their past decisions. Among the decisions that often fall to new parents and other adult caregivers upon the birth of their children is the selection of a name: a sometimes significant, sometimes arbitrarily chosen word by which their child will be known. During their seemingly interminable nighttime watches, parents of sick children would have been, understandably, intrigued by the possibility that changing this word—changing their child’s name—might effect a change in the child’s condition.

In his 1889 poem, “The Song of the Happy Shepherd”, W.B. Yeats addresses these children directly:

But O, sick children of the world,
Of all the many changing things
In dreary dancing past us whirled,
To the cracked tune that Chronos sings,
Words alone are certain good. (Finneran 1997, 5)

In the context of health and sickness, personal names may be thought of as “words alone”. Still, the thought has brought comfort to countless parents from around the world that, if the right name—*the right word*—can be chosen, it might bring about a “certain good” in the life and wellbeing of their child. In the absence of alternatives, and supported by a traditional rationale that renaming can indeed effect recovery by confounding the spirits ultimately responsible for the illness, it is no surprise that this practice has arisen and persisted in the diverse cultures discussed here. Renaming affords a glimmer of control to a person otherwise powerless in the face of their child’s, or their own, illness.

The results of this study are not exhaustive or comprehensive, since the approach taken to gathering cases was more of a scoping review to identify key papers in this broad field of research. Using only English search terms in databases populated by published literature, my search predictably returned only published documents written in English. Still, the selection process adhered to a series of systematic steps, and the illustrative examples included and described here are indicative of the field of inquiry as a whole, at this initial level of analysis.

Future research in this area would expand upon my preliminary analysis by including more sources, in languages other than English, and found through searches targeted to specific geographical regions or cultural contexts unrepresented in my sample. Unpublished sources such as field notes, letters, and diaries might provide additional cases of renaming in response to illness. My sources are mainly within the genre of academic anthropological writing, with a few examples of travel writing and memoirs included. I would strongly suggest that future research include more literature produced from within the relevant cultures, in addition to the writings of outside observers, as I have mainly done. Additional genres might include the official records kept by missionaries, foreign physicians, and representatives of colonial governments. Future research should not only seek to catalogue more examples of this practice, however. Further investigation into the origins and diffusion of the practice should be conducted. This will likely require new data to be collected, since the origins of the practice were all but absent in the sources I identified.

It is my hope that, even with its limitations, this survey has provided ample evidence to the assertion that renaming in response to illness is, and has been, widely practiced, that its rationale follows similar arguments in many cultures among which it occurs, and that, by understanding this practice, we can gain insight into the anthropology of illness and the specific relevance therein to names.

Disclosure statement

No potential conflict of interest was reported by the author(s)

Notes

¹ I suppose that, technically, at least one additional explanation could exist: that either the Inuit introduced the practice to the Tibetans or the Tibetans introduced it to the Inuit. This near-impossibility is risible, however, owing to the isolation and lack of mutual encounters within the migratory history of both cultures.

² All six inhabited continents are represented if one considers Australia to be part of a greater Oceania. I am aware of no examples of this practice from the country of Australia itself but am hopeful that future research will uncover such cases if they exist.

³ Schwarzbaum (2015) is used in this study only as a source on Judaism, owing to the lack of supporting evidence given for the practice of renaming in response to illness among the other cultures mentioned therein. Alford (1988), however, is used as a source for the practice occurring among the twelve cultures mentioned therein, owing to the rigorous academic nature of Alford's study.

⁴ This account is not included in my survey, except here, to provide anecdotal support for the attribute being discussed. Unfortunately, no other example of this practice within Korean culture was found during my survey.

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