

## Article

### Dr. Maiden Name Will See You Now

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**Synopsis: Women doctors often decide whether to adopt a husband's name after they have developed professional and personal identities with their maiden names. This article presents the results of a survey taken by women in the second-year class at Harvard Medical School regarding the use of their maiden names after marriage. Two nationally renowned doctors, Dr. Elizabeth Nabel and Dr. Ardis Hoven, also commented on the survey's findings and discussed factors that influenced their personal decisions to "keep" or "change."**

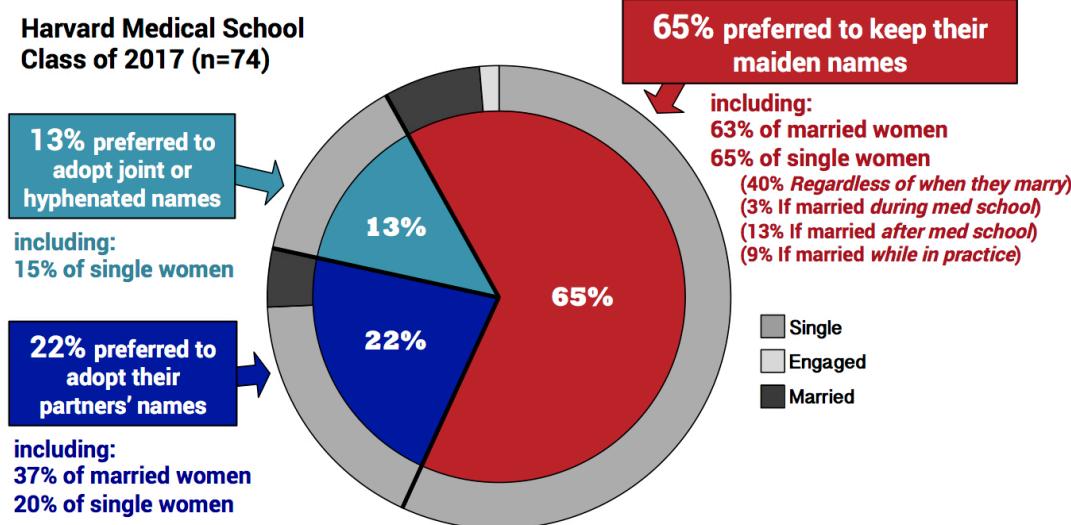
"Dr. Lewis is on call tonight... Dr. Stevens will see you now... Good morning, Dr. Quinn..." We are used to addressing doctors by their last names. These names are often associated with authority and reputation in the hospitals and throughout academic communities. They mark groundbreaking inventions and discoveries, such as *Alzheimer's* disease, *Down's* syndrome, *Apgar* score, and *Foley* catheter. All of this focus on the last name is particularly relevant to young women entering the field of medicine. Most female medical students, including myself, are unmarried and will begin their careers with their maiden names. Many of us have imagined how our last names will sound with the title of "Dr.," much like a bride-to-be might admire her future name with "Mrs." Interestingly, the present study suggests that, unlike the general population, most future female doctors at Harvard Medical School have plans to keep their maiden names after marriage, especially if they marry later in their careers (Kopelman et al., 2009).

Choosing what to do with a maiden name can be more complicated than one might think. Some powerful women in the U.S., such as Janet Yellen, Sheryl Sandberg, and Marissa Mayer, have kept their maiden names after marriage, while others, like Melinda Gates, Virginia Rometty, and Indra Nooyi, have built empires after taking their husbands' names. Hilary Rodham Clinton has kept her maiden name in the spotlight as a middle name, and Beyoncé Knowles-Carter chose a hyphenated name, but occasionally identifies as "Mrs. Carter." Some women even choose "name blending," in which the husband and wife combine both last names into a new one. The option a woman chooses does not necessarily reflect her political or religious views, as was once thought. One woman's name choice might represent strongly held feminist beliefs, while another might be simply convenient or aesthetically pleasing.

Women who do decide to keep their maiden names are anything but maidens. Many are high-power executives, news anchors, lawyers, artists, or as this article suggests,

future leading doctors. Highly educated, high-earning women are disproportionately likely to keep their names after marriage (Kopelman et al., 2009). This may not be surprising. Long education and competitive work environments lead some to marry at older ages, at times when they have established professional and personal lives with their maiden names. Greater women's autonomy and changing gender norms have made women today more equal partners in marital relationships, both socially and financially. This climate is very different from the one in England a few centuries ago, where the tradition of changing surnames originated. Laws restricting women's ownership of property caused them to take their husbands' names to maintain ties to his estate (Anthony, 2010). Over the years, this custom has become embedded in American culture and even its legal system. State laws requiring women to adopt their husbands' names in order to exercise basic privileges, such as voting and maintaining a driver's license, have only been struck down as recently as 1975 (Emens, 2007).

The majority of women in the U.S. today still change their names. Nonetheless, the percentage of women keeping their maiden names has risen in recent decades from 1% in the 1970s to 9% in the 1980s to about 20% in the 1990s and 2000s (Kopelman et al., 2009). The rate of "keeping" further doubles when you look at Harvard University alumnae, specifically. More than 50% of the women in the Harvard College Class of 1980 who married in the 20 years after graduation kept their maiden names, and those who pursued advanced degrees or married and had children in later years were most likely to keep them (Goldin and Shim, 2004). In fact, Harvard women with a Ph.D. or an M.D. had about a 25% lower probability of changing their names than did those with no advanced degrees. The overall likelihood of changing one's name also declined by about 1 percentage point for each year of marriage delay and 1.3 percentage points for each year of delay in having children (Goldin and Shim, 2004).



**Figure 1. Most women at Harvard Medical School preferred to keep their maiden names after marriage.**

Seventy-four women in the Class of 2017 responded to surveys and were either already married or wished to marry in the future. The great majority of single, married, and engaged women wanted to keep their maiden names after marriage. Some single women also said their decisions depended on when during their careers they married. Other name choices were less common with 22% preferring their partners' names, and 13% preferring joint or hyphenated names.

Recognizing the long-term educational and career goals of female doctors, I decided to ask women at Harvard Medical School about their plans for their surnames after marriage using an online survey (Suppl Figure 1). Of the 75 women (ages 22-35) in the Class of 2017 who responded to surveys, 8 (11%) were married, 1 (1%) was engaged, and 66 (88%) were single. All single women except for one wished to get married in the future. The desire to keep one's maiden name after marriage was very common; 65% of the single women wished to keep their maiden names, and 63% of the married women had already chosen to do so (Figure 1). Also, 40% of the single women wished to keep their names regardless of when they married, while 25% said that the timing of marriage could affect their decision. Most felt that marrying later in medical training would make it more likely for them to hold onto their maiden names.

Among women who preferred to keep their maiden names, personal identity was very important (Figure 2A). One woman said, "I would like to feel that I am still my own person, not an object possessed by my spouse." Others conveyed a similar sense of indignation toward the long-held tradition of giving up surnames: "women are of equal value to men and should not be treated as a possession (e.g. by being named)." Many also felt that their last names connected them to "cultural and familial roots." They discussed their affiliations with various cultures and countries of origin, in which it is customary for women to keep their names after marriage. Another simply asserted, "Brand loyalty." Still others focused on the accumulation of publications and professional contacts with their maiden names, citing "professional continuity" as a primary reason.

By contrast, women who wanted to adopt their husbands' names considered their relationships with



**Figure 2. Medical students tended to use similar key words in explaining their preferences.**

- (A) Words used in response to: "If you would prefer to keep your maiden name at any stage, why is this important to you?"
- (B) Words used in response to: "If you would prefer to adopt a new last name at any stage, why is this important to you?"

Eighty-nine percent of the women surveyed gave free-response answers explaining the reasons for their name choice. Two word clouds display the relative prominence of the words used in their responses. Since almost all responses to both questions used "maiden," "last," and "name," these three words were removed to showcase other words.

their future husbands and children to be a central focus (Figure 2B). Most viewed the name change as a “demonstration of unity” within the new family. For one woman, the act functioned *“to ensure familial continuity between myself and my children, and to adhere to my spouse’s wishes when I don’t consider this a large sacrifice.”* Most women also felt that it was simply “easier” for husband, wife, and children to have the same name. Different names or hyphenated names can become complicated and create confusion for their children. A few women also discussed the absence of a close or loving biological father in their lives, and as a result they looked forward to giving up their maiden names and adopting a new one. Only one woman cited strong conservative ideology and tradition as her reasons for changing her name.

To gain further insight into the decision process, I spoke with two powerful women in U.S. health care, Dr. Elizabeth Nabel and Dr. Ardis Hoven, who described their personal decisions regarding their maiden names and explained the broader context of the study’s findings. Both women are known nationally for their contributions to the medical field in clinical, academic, policy, and administrative spheres. Interestingly, they both chose opposite paths for their maiden names.

Dr. Elizabeth “Betsy” Nabel, the current President of Brigham and Women’s Health Care in Boston, MA, discussed multiple reasons for taking her husband’s name. She made this choice despite marrying in her 30s, after her senior year of residency, with multiple publications and accolades to her name. She explained that her maiden name, Guenther, had been difficult for her patients to pronounce, spell, and remember; Nabel, on the other hand, was easy and appealing because it provided her family with *“one central name.”* In addition, Dr. Nabel’s story showed how decisions about surnames are often made in collaboration and in the context of other important family traditions like religion, education, and culture: *“I come from the Midwest and was raised with very traditional values. My husband comes from a family of Holocaust survivors. We wanted to honor our backgrounds and traditions, so we agreed that I would take his name.”* Dr. Nabel also understood how the issue of identity might be critical to women in their 20s, but stated that as a 32-year-old, her name was not a big part of her identity: *“Who you are as a person is somewhat independent of a name. [...] As I progressed in my skill acquisition, competencies, knowledge, and confidence, I was secure in my identity as a physician, first and foremost.”* She advised from a logistical standpoint that immediately after the name change, it helped to include her maiden name as a middle name on her CV. She insisted though that the transition was easy for her colleagues and patients alike, especially because her husband was also a resident at the same hospital. She said, *“It was expected that I would come back from my honeymoon with the name Nabel.”*



**Elizabeth G. Nabel, M.D.**

*President of Brigham and Women’s Health Care  
Professor of Medicine at Harvard Medical School  
Former Director of the U.S. National Heart, Lung, and Blood Institute*



**Ardis D. Hoven, M.D.**

*Immediate Past President of the American Medical Association (AMA)  
Member of the AMA Board of Trustees since 2005  
Past President of the Kentucky Medical Association*

**Figure 3. Photographs and select positions of distinction held by Dr. Nabel and Dr. Hoven.**

Dr. Ardis Hoven, the immediate past president of the American Medical Association, took a different route; she kept her maiden name. According to Dr. Hoven, choosing whether to keep or change one’s name is a common dilemma faced by women in medicine. In fact, she stated that the distribution of preferences found in my survey was “comparable” to what she has observed among her female colleagues at the local and national level, with most women choosing to keep their maiden names. She said that women doctors today are more comfortable choosing to maintain their names than they were 20 or 30 years ago. She added, however, in accordance with this study’s findings: *“It really depends on how old they are and where they are in their careers when they get married.”* With regard to Dr. Hoven’s own decision to keep her name, she explained, *“I married fairly late. My career had already been established. I had leadership in the state medical association, in my county, and also in my practice. I was recognized by that name as someone providing a particular health care service. Changing [my name] at that time would have been disruptive—not impossible, but disruptive.”* She mentioned how her practice had been set up under her maiden name, even the letterheads. In addition to these advantages for her professional life, she felt personally connected to her maiden name and shared sentiments similar to those of many medical students: *“I also like my maiden name. People tend to remember it. I’m also extremely proud of my heritage; my grandfather on my dad’s side immigrated from Sweden.”* Of course, it also helped that her husband *“didn’t have any problem with it at all.”* Similar to Dr. Nabel, there are common themes that affected Dr. Hoven’s preferences about her name, including identity, age, family, and heritage, as well as her husband’s voiced opinions.

The data and commentary presented in this article point to several key conclusions. First, women in and entering the medical profession are more likely to make non-traditional decisions about the use of their maiden names after marriage. In the Class of 2017 at Harvard Medical School, the vast majority of women expressed preferences to keep their maiden names, and a significant percentage also desired joint or hyphenated names. Of course, most women surveyed at Harvard Medical School were single, and therefore, the inability to predict future partners' preferences could have skewed the results in favor of "keeping." The anonymous nature of survey, however, allowed women to express their personal preferences freely, without the risk of social stigma or opposition from significant others. Also, the reasons given for a certain name choice went beyond notions of a professional brand or career continuity; both Harvard medical students and Dr. Hoven additionally cited personal identity and ties to family or heritage as primary motivators for keeping a maiden name. Of note, the students almost never referred to conservatism or tradition as reasons to adopt a partner's name, in contrast to Dr. Nabel's reasons and those documented in previous studies (Twenge, 1997). Rather, they focused primarily on pragmatic concerns for children and family.

So why does this question about maiden names matter? First, the sheer magnitude of the number of women who discuss and consternate over this decision, whether or not they are engaged, make it worth recognizing and illustrating. To my knowledge, this is the first study in the medical literature to address the preferences of women doctors regarding the use of their maiden names.

Also, most importantly, a woman's name influences the way people perceive her. Our society places a great deal of importance on names as symbols of identity, selfhood, and status. The name that a woman chooses after marriage may further elicit certain stereotypes. One study found that women who took their husbands' names were perceived as less agentic (e.g. less ambitious) and more communal (e.g. kinder, more nurturant) than women who either kept their maiden names or hyphenated their names (Etaugh et al., 1999). Another study reported that women with hyphenated names were thought to be more friendly, good-natured, industrious, career-oriented, and intellectually curious, compared with the average married woman (Forbes et al., 2002). These studies are likely outdated and non-generalizable, but thought provoking nonetheless.

Ultimately, there is no universally correct decision about a maiden name, and women may benefit from information and advice shared by others with similar experiences. My choice not to endorse my own opinions about the future use of my maiden name is deliberate. The intent of this article is not to sway readers one way or another, but to highlight an interesting phenomenon

in the medical community and to provide an outlet for discussion. It is clear that a woman's decision to keep or change her name is a personal one, with determinants that vary from person to person.

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## References

- Anthony DJ. (2010). A spouse by any other name. *William & Mary Journal of Women and the Law* 17, 187-222.
- Emens EF. (2007). Changing name changing: framing rules and the future of marital names. *The University of Chicago Law Review* 74, 761-863.
- Etaugh CE, Bridges JS, Cummings-Hill M, et al. (1999). "Names can never hurt me?" The effects of surname Use on perceptions of married women. *Psychology of Women Quarterly* 23, 819-823.
- Forbes GB, Adams-Curtis LE, White KB, et al. (2002). Perceptions of married women and married men with hyphenated surnames. *Sex Roles* 46, 167-175.
- Goldin C, and Shim M. (2004). Making a name: Women's surnames at marriage and beyond. *Journal of Economic Perspectives* 18, 143-160.
- Kopelman RJ, Shea Van-Fossen RJ, Paraskevas E, et al. (2009). The bride is keeping her name: a 35-year retrospective analysis of trends and correlates. *Social Behavior and Personality* 37, 687-700.
- Twenge JM. (1997). "Mrs. His Name" Women's preferences for married names. *Psychology of Women Quarterly* 21, 417-429.