Open and Closed Knowledge Systems, the Four Stages of Cognition, and the Cultural Management of Birth: Part 1

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Abstract**:** To better understand both the resistance to and the acceptance of pre- and perinatal psychology and other ways of thinking about birth, Part One of this article describes four stages of cognition and their anthropological equivalents. I correlate Stage 1—closed, rigid thinking —with *naïve realism* ("our way is the only way"), *fundamentalism* ("our way is the only *right* way"), and *fanaticism* ("our way is so right that all others should be assimilated or eliminated"). Stage 2, *ethnocentrism,* insists "our way is best." More open and fluid are Stage 3, *cultural relativism,* and Stage 4, *global humanism*.

Keywords: birth, midwifery, obstetrics, research and theories

Much of my anthropological work on childbirth, midwifery, and obstetrics has focused on knowledge systems—ways of knowing about birth (Davis-Floyd & Sargent, 1997; Davis-Floyd & Colleagues, 2018; Davis-Floyd & Cheyney, 2019). Sections of these works describe the global "technocratic model of birth" (Davis-Floyd, 2001, 2018c) and how it is enacted through "standard obstetric procedures," which I have long analyzed as rituals that enact and display the core values of the technocracy (Davis-Floyd, 2003, 2018b). I have defined a *technocracy* as a society organized around the development and production of ever-higher technologies and the global flow of information via such technologies. I see technocracies as

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hierarchical, bureaucratic, capitalistic, post-industrial, and patriarchal at their cores (Davis-Floyd, 2003, 2018c).

Birth around the world is now "managed." As the *Lancet Series on Midwifery* cogently pointed out, management is generally characterized by interventions that are either "too much too soon" (TMTS) or "too little too late" (TLTL). TMTS is more characteristic of high-resource countries, while TLTL can most often be found in low- to middle-income countries. Yet both TMTS and TLTL are global, and are both forms of *obstetric iatrogenesis* (Lokumage, 2011), causing harm to child-bearers by intervening too much or not enough. They are far too often accompanied by subtle or overt forms of obstetric violence, disrespect, and abuse that constitute violations of human rights. In *Birth in Eight Cultures* (Davis-Floyd & Cheyney, 2019), Melissa Cheyney and I argue for the abolishment of both TMTS and TLTL types of care and their replacement with RART, "the right amount at the right time." In *Birthing Models on the Human Rights Frontier: Speaking Truth to Power* (in press), Betty-Anne Daviss argues for their replacement with "JOT," a little *jot* of care that is "just enough on time."

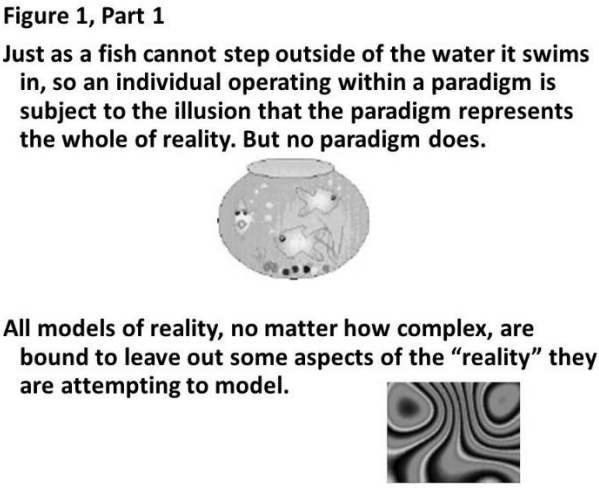
Clearly, making birth better globally would entail RART or JOT care, and an end to all types of obstetric violence and violations of women's rights during parturition. It would also incorporate educating women everywhere about their rights and about how to facilitate the normal physiology of birth, so they can make truly informed (not just culturally or obstetrically informed) choices. Since, as has often been shown, even most obstetricians don't fully understand how to facilitate normal birth (because they rarely ever see it), I suggest we examine *how people think*, and then use those insights to inquire how best to change ways of thinking that need to change, and to reinforce those that don't.

Ways of Thinking and Knowing: Open and Closed Systems

Herein, I take a broad look at ways of thinking and knowing—of *cognizing*—the world around us. I focus specifically on the differences between two types of knowledge systems—those that are relatively open and those that are relatively closed. Why? *Because to avoid battles large and small—among nations, religions, or professional groups—and to achieve global peace and sustainable societies in this rapidly changing world, people must be open to absorbing new information and adapting their knowledge systems to it.* Battles of all types are just around the corner when closed knowledge systems confront and compete with others. But for positive change to occur, people must first recognize the belief system they adhere to *as* a belief system. You can't change your paradigm, knowledge system, or worldview unless you see it as such and recognize

its limitations—something people locked into a rigid knowledge/belief system are generally unwilling to do. (See Figure 1.) If you are already sure you have all the answers, why look beyond in search of better ones? To achieve an open knowledge system, the kind that is most fitting for this fluid world and that is also essential to achieve better births—births that are safe, physiologic, and woman-centered—one must first understand what it means for a knowledge system to be "closed."

Figure 1. This illustration is a slide from my powerpoint presentation on "The Technocratic, Humanistic, and Holistic Paradigms of Birth and Health Care."



Relatively Closed Knowledge Systems: Stages 1 And 2

Stage 1 Thinking: Naïve Realism, Fundamentalism, Fanaticism

If a child grows up in one culture and is exposed for the first 20 or so years of its life only to the rhythms, patterns, language, and belief system of that culture, its neural networks will become set in those terms. After that, learning a new language or internalizing the norms and values of a different culture or belief system becomes increasingly difficult over time, because integrating new information always requires the formation of entirely new neural pathways in the brain. For a child whose brain is still developing, forming millions of new neural networks every day, that process is effortless; for adults whose neural structures are already largely set, that process requires *enormous amounts of time, energy and*

concentrated effort to create new bridges across the synaptic gaps between what they already know and what they desire to learn. If you have tried to learn a new language later in life, you will know exactly what I mean.

Individuals who are never required to "think beyond" the belief systems of the cultures or subcultures in which they are raised can, over time, become resistant to processing new information and can become neurocognitively "rigid" or "concrete" in their thinking—placing them in the cognitive arena of what some brain theorists have called Stage 1 thinking.[2] For Stage 1 thinkers, there is only one possible set of interpretations of reality, and that set of interpretations *is* reality to them; their knowledge system is closed.

I here identify three types of Stage 1 thinking:

1. Naïve realism: Anthropologists have long applied this term—the notion that "our way is the only way there is"—to, for example, members of isolated, small-scale societies whose members had no or little notion that other ways even existed before their massive exposure to Western culture. (I must stress that I am not taking any sort of evolutionary perspective here—I reject any notion that naïve realists are less intelligent than others and that the rest of us have "evolved" beyond naïve realism. Both rigid and fluid thinkers exist in every type of society. It is one's degree of socialization and habituation, not intelligence, which has the greatest effect on how deeply individuals will internalize the core beliefs of their society.)
2. Fundamentalism: First called "true believers" by Eric Hoffer in 1951, many have gone beyond naïve realism to fundamentalism—they know there are other ways of thinking out there but are completely certain that "our way is right and or should be 'the only way' for everyone." Most fundamentalists try hard to shut out all conflicting information, especially from their children, whom they seek to raise as naïve realists, often by not allowing them to engage with social media or the Internet or watch television shows, read books, or attend schools that do not confirm their parents' belief system, worldview, and/or religion's tenets. Fundamentalists usually do not harm others or try to coerce them—rather, they generally just feel sorry for them and often try to proselytize in the hope that they will convert on their own to the one, true way to "save their souls." But their punishment for those who leave the "one true way" can be severe, often involving an extremely traumatizing "shunning" process practiced, for brief examples, by Jehovah's Witnesses, by the members of full-fledged cults, and by fundamentalist professionals, such as obstetricians

who shun and bully other obstetricians who step outside the technocratic box.

3. Fanaticism: The most extreme example of Stage 1 thinking goes far beyond naïve realism and fundamentalism to *fanaticism*—the profound belief that "our way is so right that those who do not adhere to it should be either converted or exterminated." Obstetric fanatics, as we shall see in Part Two, seek to eliminate humanistic and holistic practitioners by taking away their licenses and sometimes imprisoning them. Religious and other types of fanatics play an increasingly frightening role in today's world, terrorizing the rest of us with the constant threat of acts designed to bring about an end to the world as we know it and re-create it in the image they seek. Such fanatics, from the medieval Crusaders through the Spanish Inquisition and Hitler's Nazi movement to today's jihadists and other types of terrorists (including some members of the American "alt-right,") feel justified in killing people who are openly opposed to or simply do not share their beliefs, values, and cultural mores. In this contemporary world where people of many beliefs and cultures live in close proximity, fanatics can be extraordinarily dangerous in their efforts to either coerce or destroy those who do not share their completely closed belief systems.

The Role of Ritual in Stage 1 Thinking

Ritual plays a critical role in the creation and preservation of Stage 1 thinking. A ritual, as I have long defined it, is *a patterned, repetitive, and symbolic enactment of a culture's (or group's, or individual's) core values and beliefs.* Through rhythmic repetition and the use of powerful core symbols, ritual constantly works to imprint or "penetrate" these core beliefs and the behaviors that accompany them into the minds and bodies of its participants—a process Charles Laughlin and I have described in depth in *The Power of Ritual* (2016). Ritual is the most powerful tool for conversion to a particular belief system, as ritual is embodied and experiential. These are the deepest and most effective ways of learning, as Jordan (1993, 1997) has consistently shown. *We tend to believe most deeply what we feel and experience most deeply*.

Understanding the power of experiential learning, the early missionaries to colonized regions usually began by drawing people to church services where they sang hymns, performed prayers, and repeated chants—all deeply experiential—thus developing a *feeling* for the power of the new religion (Christianity) before they fully understood its didactic or intellectual rationale. Fundamentalist and fanatical preachers,

totalitarian dictators, cult leaders, and obstetric professors understand that power all too well, and use the intense practice of ritual to draw their converts in and keep the boundaries tight. The more hours their followers spend performing rituals that enact their belief systems, the less time they have to think beyond those systems to examine whether they even want to believe what they are constantly being taught.

All cultures and societies, all religions and belief systems, employ ritual to enact and display their beliefs and celebrate and continue their traditions. But there is a huge difference between holding a Chinese New Year's Festival, going to church on Sundays, fasting during Ramadan, or facilitating women to achieve the kind of birth they desire, and trying to coerce or punish those who do not accept or want to engage in the rituals you perform nor believe as you believe. Rituals can be used to socialize people into a certain worldview (from early childhood on, or later during adulthood) and stabilize them in it, and can also be used to trap people in that worldview and create an "us" versus "them" mentality in their true believers. In obstetrics, the "good patients" are compliant and accepting of technocratic rituals, while the "bad patients" are those who reject those rituals and the technocratic paradigm that underlies them, asking "too many questions" and refusing TMTS standard procedures and rituals.

Stage 2 Thinking: Ethnocentrism

In this schema, I code Stage 2 thinkers as what anthropologists call *ethnocentric*. Ethnocentrists know that other ways of knowing and believing exist and are generally willing to acknowledge that it's okay for others to think differently. But they are entirely certain that *their way is best*. I and many other anthropologists have found that many, if not most, of us humans are ethnocentric—we can't help it unless we work hard not to be, because that is most often the way we are raised. Our cultural ways are what we have internalized experientially from the womb on, and so we tend to regard them as right and proper. Stage 2 thinkers may feel and express pity or scorn for "others" who don't understand how much better "our way" is. Stage 2 ethnocentrism, while broader than Stage 1 cognitive systems, is also a relatively closed system, constantly reinforced by the rituals that enact and sustain it. Yet ethnocentrists in general are neither fundamentalist nor fanatic—they are often very willing to explore and learn about other cultures, other ways of thinking and being, out of curiosity and a desire to expand their horizons—yet generally remain convinced that their way is best, no matter how widely they travel. Again, many of us are ethnocentric at our cores.

For examples, an ethnocentric OB may watch midwives attend normal births out of curiosity but is unlikely to actually adopt their practices.

Many Americans are so ethnocentric that they believe the United States must be *number one* in all things and must remain the most powerful country in the world. Their ethnocentrism, along with that of many Russians, Chinese, Europeans, and others is the reason we will likely never have a world government with any actual power—few, if any, countries would be willing to mitigate their sovereignty, even if actually having a world government might stop wars and climate change, or might pass enforceable laws against pollution, ethnic cleansing, and human trafficking. Instead of seeing a world government as a potentially good thing, people in general are too afraid of subordinating whatever power their own countries have, too afraid of the very real possibility that a world government might turn into a dictatorship ruled perhaps by corporations or power-hungry technocrats. Instead we have the United Nations—an organization with lofty goals but little power to achieve them—but which does offer the possibility of world "governance"—government by consensus among sovereign nations. But to make that work, we must move beyond ethnocentrism to more open systems that work for the good of all.

Relatively Open Knowledge Systems: Stages 3 And 4

Stage 3 Thinking: Cultural Relativism

In dramatic contrast to Stage 1 and 2 thinkers, Stage 3 thinkers are very open. They come to a realization at some point in their lives that every culture and religion has created its own story about the nature and structure of reality, and that no one has the authority to say which story is right. In anthropological terms, I suggest that Stage 3 thinkers are *cultural relativists* who come to see every story about reality as relative to every other story. Nobody has a lock on truth, and every knowledge system must be understood in terms of its own ecological, historical, ideological, and political context and must be respected as legitimate in its own right. All individual behavior must be understood and interpreted within its cultural context. Many anthropologists are cultural relativists who understand that comparing a given culture with others is the best way to comprehend that culture and its ways, for cross-cultural comparison highlights otherwise invisible aspects of every culture. Certainly, every culture's rituals and the value and belief systems they enact are worth description, interpretation, and understanding. Cultural relativists will often gladly participate in the rituals of whatever culture they find themselves in, whether their own or another. Thus, cultural relativism can sound ideal—it entails respect for, appreciation of, and understanding of every story that every culture or religion tells, and of

the laws and traditions of each and every society. Such tolerance! No bigotry, no racism, no ethnocentrism, no judgment.

And yet cultural relativism, especially when confused with or equated to *moral relativism*, has severe limitations, as it can and has been used to justify behaviors that are fully acceptable within their cultural context, yet also violate human rights. In some cultures, such as those of rural Pakistan, men are entitled to beat their wives every night just to remind them who is boss (Jalil, Zakar, & Qureshi, 2013; Zakar, Zakar, & Abbas, 2016). In some cultures, as we all know from the news media, gay men or adulterous women are stoned to death, torture of prisoners is normal, what outsiders call female genital "mutilation" is mandatory, and female fetuses are often aborted due to a higher cultural value on sons (Goosh, 2012). In most large societies, race, class, gender, and socioeconomic discrimination are endemic, and environmental pollution is normative, especially when it is profitable in the short term. And in hospitals around the world, most predominantly in low-resource countries, treating birthing women with disrespect and abuse is so culturally normative that it has been officially named by those who critique it—*obstetric violence* (see https://www.obstetricviolence-project.com/). Given that all such practices are part of their cultures, a true cultural relativist would simply seek to understand them within their cultural context, respecting the cultural beliefs that lead to such practices. Is that okay? By what standards can cultural relativists say that it is not?

Stage 4 Thinking: Global Humanism

> *It would seem that the world has come far enough so that it is only by starting from relativism and its tolerations that we may hope to work out a new set of absolute values and standards, if such are attainable at all or prove to be desirable. –Alfred Kroeber*

The dilemma posed by cultural relativism has led to an increased global focus on the development of *global humanism*, which I link to Stage 4 thinking. Stage 4/global humanist thinkers recognize the intrinsic integrity and value of every cultural and religious story, every set of customs, beliefs, and the rituals that enact them, yet seek higher standards that can be applied in every context to ensure the *rights of individuals*, most particularly the poorer and weaker members of society. No one should be beaten, murdered, tortured, raped, abused, or discriminated against in the name of any cause, sociocultural hierarchy, or belief system. Everyone should have access to clean water, good nutrition, effective health care, and fair pay for their work. Daughters should be viewed as intrinsically valuable as sons. Such seemingly

desirable goals can often go deeply against the grain of a given culture—as in South Africa before the end of apartheid, as in those cultures who believe that uncircumcised women are unclean and must be socially excluded. Thus, many global humanists, sometimes also called "universalists," seek to think beyond the limitations of cultural relativism, *searching for universal standards that work for everyone*. They want to validate and legitimate every culture *and every individual*, while devaluing and discouraging specific cultural practices that hurt people who do not deserve to be hurt in this higher, human rights sense. (See Table 1.)

Table 1. The Stages of Cognition and Their Anthropological Equivalents

Stages of Cognition	**Anthropological Equivalents**
Stage 4: Fluid, open thinking	**Global humanism**: All individuals have rights that should be honored, not violated
Stage 3: Relative, open thinking	**Cultural relativism**: All ways have value; individual behavior should be understood within its cultural context
Stage 2: Self- and culture-centered semi-closed thinking	**Ethnocentrism**: "Other ways may be okay for others, but our way is best."
Stage 1: Rigid/concrete closed thinking, intolerance of other ways of thinking	**Naïve realism**: "Our way is the only way"; **fundamentalism**: "Our is way is the only *right* way"; **fanaticism**: "Our way is so right that all others should be assimilated or exterminated."
Substage: Non-thinking; inability to process information, lack or loss of compassion for others	**Cognitive regression**: Intense irritability, inability to cope, burnout, breakdown, hysteria, panic, "losing it," abusing or mistreating others

Global humanists tend to be acutely aware of the structural inequities that pervade contemporary societies, and often do their best to address and work to find solutions for them. Global humanists are also aware that they are on an almost impossible set of missions—how can you work to

preserve a culture while also working to change key aspects of it (such as ending the poverty induced by colonialism and the global culture of the capitalistic technocracy, or fostering the education of girls and women in nations where they are devalued)? Those working in maternity-related fields know well that such structural inequities are largely responsible for the high maternal and perinatal mortality rates of low-resource nations, where effective care is provided for the wealthy but not for the poor, and men have decision-making power over women. Yet such missions must be attempted anyway for the good of all. Global humanists understand that they must keep their knowledge systems open to new information and engage in bioethical discussion and debate, trying to figure out what works best to preserve everyone's rights without necessarily assuming superiority for any one system.

For example, many global humanists work to lower maternal and perinatal mortality rates without buying into the technocratic notion that traditional midwives should be eliminated because "facility births are always better," no matter how low-quality that facility care may be. Some traditional birthways are far better than those of hospital birth, and vice-versa. So, in birth, global humanists look for what *actually* works best, rather than what is simply *assumed* to work best in the global culture of techno-medicine.

Stage 4 thinkers do develop and perform rituals, but such rituals are usually very fluid attempts to express and enact larger, more global and humanistic values. For example, in *Imagery in the Rituals of Birth: Between the Sacred and the Secular* (2019), Anna Hennessey writes that she collected a wide variety of birth images prior to her labor:

> … looking at them and visualizing what was happening to my body and to the baby so as to encourage birth . . . All the images, some of which stem from religious traditions, are now sacred to me. Two midwives, a doula, and my husband were part of a supportive social circle that encouraged my ritual visualization practices. Yet this sacredness is of a non-religious and humanistic nature. (p. 88)

Since the beliefs of Stage 4 thinkers are open to flux and change, the rituals they create tend to constantly change as well, or to be spontaneous enactments of something going on in the moment, such as the 2017 peace march by Palestinian and Israeli women, or the songs about love, peace, and the strength of women often sung at the end of *Midwifery Today* conferences with everyone forming a circle and holding hands. For example:

Circle round for freedom, circle round for peace
For all of us in prison, circle for release

Circle for the planet
Circle for each soul
For the children of our children, keep the circle whole

Freedom and peace are two core values of global humanism, as is the salvation of our planetary environment to ensure a viable life for our descendants—whose future welfare is also a core value of global humanism. The "prison" to which the song refers can mean literal prison, or the conceptual prisons of psychological issues that keep us isolated, or even the rigid ideologies that keep us apart.

Figure 2. Midwives forming the circle of connection and wholeness and chanting songs that included the ones printed here. (Photo by Robbie Davis-Floyd)

And another example, again forming a circle and holding hands (see figures 3 & 4):

Humble yourself in the sight of your sister
You need to bow down low (everyone bows) and
Humble yourself in the sight of your sister
You need to know what she knows (all stand up straight) and
We shall lift each other up! (all arms are raised)

Figures 3 and 4: Two Latvian midwives sing this song ("Humble") to each other in front of a goddess statue. (Photo by Robbie Davis-Floyd)

This song ("Humble Yourself") is also an apt example of globally humanistic thinking, as it expresses another core value of global humanism—that every individual knows something of value and everyone's knowledge should be honored, sought, and shared.

Stage 1 Versus Stage 4: The Ongoing Battles

There is no greater challenge to Stage 1 fundamentalists and fanatics than global humanism—and vice-versa. Global humanism says that there can be *many* right ways as long as everyone's individual rights are preserved; fundamentalists and fanatics say there is only *one* right way, and only their leaders and/or their authoritative texts get to decide who has what rights. Fundamentalists and fanatics seek to build temples of isolation, rigid silos within which their rules can prevail—where cults and sects can practice their belief systems without interference—and including silos designed to protect the turf of a given profession (e.g., obstetrics) against others with overlapping claims to parts of that turf (e.g. midwives). Fundamentalists and fanatics hold tight to their concrete silos, standing firm against the swirling, constantly changing cultural forms of our late modern technocracy. True cultural relativists would have no grounds for criticizing these cultural and professional silos, whereas true global humanists would want to ensure that everyone within them chooses freely to be there and has their rights as human beings honored, even when they step outside the silo box—which is so often not the case. Thus, Stage 1 fundamentalists and fanatics abhor global humanists, in life and in birth, and global humanists abhor the efforts of Stage 1 thinkers to take away individual rights and freedom of choice.

Stage 1 fanatics tend to persecute humanists whenever they get the chance, as we have seen throughout history. One quick and apt example is provided by the Spanish Inquisition that began in 1492, in which, after 700 years of Moors/Muslims, Jews, and Christians all living together in peace under Moorish rule, King Ferdinand and Queen Isabella drove the Moors out of Spain and instituted a horrifying example of religious fanaticism under which all "heretics" who did not convert to Christianity were exiled, tortured, and/or killed. This Inquisition spread all over Europe and directly affected birth, as midwives became some of its primary targets. The midwives of the witch-hunt period (the very late 1400s through the 1700s) were often coded as pagan Goddess- or Devil-worshipping "witches" for multiple reasons (Ehrenreich & English, 2010), and many thousands of European midwives were tortured and killed, often drowned or burned at the stake, during what came to be called the "Burning Times." Below we will see a similar kind of fanaticism at work in the examples I provide of

the ongoing persecution of both midwives and humanistic obstetricians by the medical establishments in their regions or countries, in what many are calling "the global witch hunt" of birth practitioners who choose to let women be the protagonists of their own births, instead of following limiting and often irrational professional protocols.[3]

Human Rights

The concept that *individuals have rights* is relatively new in human history. Its early roots can be traced to the *Magna Carta*, signed in 1215 by King John of England, guaranteeing for the first time that the king did not have absolute power, but had to acknowledge the sovereign rights of the nobility—the dukes, barons, earls—to own their own lands and generally rule them as they saw fit. Yet the concept that serfs, peasants, and the poor in general had rights too did not gain much traction until the American Revolution of 1776, with its Declaration of Independence, which acknowledged the rights of white males—that was a start—and the French Revolution of 1789, and later the Russian Revolution of 1912 that overthrew the Czar and brought in the communist system, in which every individual was supposed to have rights—until Stage 1 totalitarian dictators took over and that notion went back to the back-burner. Then came the United Nations, which took on the issue of global human rights in a very powerful way, formalizing in key documents for the first time in the world the concept that *every human being has certain rights*. (The fact that some Islamic nations have long criticized the 1948 UN *Universal Declaration of Human Rights* as biased in favor of Western values demonstrates just how hard it is to enumerate rights that everyone in the world can agree on.) Yet the granting of those rights seemed to apply mostly to men, until the UN 4th World Congress on Women held in Beijing in 1995, where Hillary Clinton so powerfully stated that "women's and children's rights are human rights."[4] That concept opened the way for birthing women to use human rights language to claim that their human rights must be honored in birth as in daily life.

Human Rights Documents: A Focus on Women's Rights

International documents key to the specification of women's rights include the *Universal Declaration of Human Rights*; the *Universal Declaration on Bioethics and Human Rights*; the *International Covenant on Economic, Social and Cultural Rights*; the *International Covenant on Civil and Political Rights*; the *Convention on the Elimination of All Forms of Discrimination Against Women*; the *Declaration of the Elimination of Violence Against Women*; the *Report of the Office of the United Nations*

High Commissioner for Human Rights on Preventable Maternal Mortality and Morbidity and Human Rights; and the *United Nations 4th World Conference on Women*, Beijing, all of which make specific reference to birthing women's rights.

All of the above rights documents are critical to understanding that negligent, non-evidence-based, abusive, or extortive care in maternity care services are violations of women's human rights and evidence of gender inequities. The documents that provide the strongest support for humanistic, rights-based, high quality care include:

1. The *International Childbirth Initiative* (ICI): *12 Steps to Safe and Respectful Maternity Care* (IMBCO and FIGO, 2018). The ICI is the result of a merger of the 2008 *International MotherBaby Childbirth Initiative (IMBCI): 10 Steps to Optimal MotherBaby Maternity Care*, launched in 2008, and the *FIGO Guidelines to Mother-Baby Friendly Birthing Facilities* (International Federation of Gynecology and Obstetrics, 2015). The ICI's 12 Steps provide a rights-based, globally humanistic template for high quality, evidence-based maternity care (www.internationalchildbirth.com). I strongly encourage all birth practitioners to implement these 12 Steps and their underlying philosophy—The MotherBaby-Family Model of Care—in their facilities and practices.
2. The White Ribbon Alliance *Charter on the Universal Rights of Childbearing Women* (Figure 5). This charter has served not only to raise awareness of childbearing women's rights, but also to clarify the connection between human rights and quality maternity care. It can further support maternal health advocates to hold health systems, communities, and governments accountable. This charter aims to promote respectful and dignified care during labor in line with best clinical practices, to address the issue of disrespect and abuse by providers toward women seeking maternity care, and to provide a platform for improvement by:
   - raising awareness of and guaranteeing childbearing women's rights as recognized in internationally adopted declarations, conventions, and covenants;
   - using human rights language in issues relevant to maternity care;
   - increasing the capacity of maternal and newborn health advocates to participate in human rights processes;
   - aligning childbearing women's entitlement to high-quality maternity and newborn care with international human rights community standards; and

– providing a basis for holding maternal and newborn care systems, communities, and providers accountable to these rights.

Figure 5. Charter on *Respectful Maternity Care: The Universal Rights of Childbearing Women*, White Ribbon Alliance, 2011.

Since these rights are not obvious to many obstetricians and/or not recognized by them, feminist activists have managed to get legislation passed in Venezuela, Argentina, Panama, and Mexico guaranteeing women the right to have companions during their labors and births and protecting them from obstetric violence, disrespect, and abuse. These are positive steps forward, yet to date, as far as we know, there have been no mechanisms in place to enforce these laws, so technocratic silo-oriented OBs in these countries simply ignore the laws and continue their traditional ritual practices, forcing women to labor without companionship, cutting episiotomies on all who do not have cesareans, treating them disrespectfully and often abusively, and denying their protagonism in birth and their supposed informed freedom of choice.

In previous works, I answered the question of *why* they do so in my analysis of the intense socialization of obstetricians into the technocratic model of birth via their many years of training, during which they are both bodily and psychologically habituated to the fear-based rituals of hospital birth (Davis-Floyd, 1987, 2018a). According to the epidemiologists I have interviewed, and many of my physician interlocutors as well, the intensity and longevity of this socialization generates "narrow-mindedness" and "tunnel vision" (Stage 1).

Please note: The four stages of cognition as I describe them here have nothing to do with intelligence levels nor are necessarily replicated in all areas of cognition—it is possible to be a rigid thinker in one or several areas while being a fluid thinker in many others. For example, a quantum physicist studying ambiguities in the universe with a completely open mind to the existence of other universes, string theory, the "multiverse" and other dimensions, may also be a devout religious practitioner, choosing in this uncertain world to find certainty via faith. An obstetrician with a CS rate of 95%, who knows nothing about normal birth and has no desire to learn how to support it, can also run a charitable foundation serving the poor, with a full understanding of how social stratification works to hold them in poverty. How fundamentalist or fanatical you are tends to depend on your level of socialization and embodied habituation into the areas in which your thinking becomes rigidified—the deeper the socialization and habituation, and the more rituals associated with them, the "truer believer" you are likely to be. The "true-believer" phenomenon is fairly well understood, but why some people become open and fluid thinkers is not; thus, this is a subject ripe for further research.

I should also note here that seemingly Stage 4 global humanists can themselves become fundamentalist or fanatical in the new beliefs that they come to hold, as I have witnessed many birth activists themselves discounting evidence that does not uphold a particular view, just as many

obstetricians do. In my view, *Stage 4 thinking is about keeping your belief system open to new learning, not about learning a new way and then becoming entrenched in it.*

Conclusion

I have presented here a brief global overview of birth "management," considered the differences between open and closed knowledge systems, described the Four Stages of Cognition developed by Schroder, Driver, and Streufert (1967) and what I consider to be their anthropological equivalents, discussed the role of ritual in each stage, and briefly considered the implications of each stage of cognition for human behavior in general and birth in particular. I have also presented a brief discussion of women's rights as human rights and how birth activists have taken up that language to further their cause of the humanization of childbirth.

In Part 2, which will appear in the following issue, I will specifically discuss the implications of each of the four stages of cognition for birth practitioners and how they treat childbearing women. I will present some concrete examples of obstetric fundamentalism and fanaticism and their extremely harmful effects on humanistic and holistic practitioners and on women, and some examples of globally humanistic practice. I will describe how even Stage 4 practitioners can succumb to stress and degenerate into Substage—a condition of cognitive retrogression, or "losing it" that can result in obstetric violence—and offer suggestions for new learning and revitalization.

Notes

1. This article, which appears here in greatly revised and expanded form, was first published by the same title in *Frontiers in Sociology* special issue on *Gender, Sex, and Sexuality Studies* 3:23. doi:10.3389/fsoc2018.2018.0023. I am grateful to JOPPPAH for allowing me to present it here in two parts as a chance to think more deeply and broadly about the issues I discuss than I was able to in the much shorter previous article.

2. The "four stages of cognition" schema I present here was initially presented in *Human Information Processing: Individuals and Groups Functioning in Complex Social Situations* by Harold M. Schroder, Michael J. Driver, and Siegfried Streufert, 1967. (New York: Holt, Rinehart, and Winston). The combination of this schema with the anthropological concepts of naïve realism/fundamentalism/

fanaticism, ethnocentrism, cultural relativism and global humanism is entirely my own.

3. Canadian midwife and social scientist Betty-Anne Daviss, US midwifery attorney Hermine Hayes-Klein, and I are presently designing a book on that subject, to be tentatively titled *The Global Witch Hunt: The Ongoing Persecution of Woman-Centered Birth Practitioners*.

4. Actually, this concept of women's rights as human rights was first promoted at the *World Conference on Human Rights in Vienna 1993*, yet it was Clinton's statement at the Beijing 1995 conference that drew the most global attention.

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