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## Cultural links to the forest: The web of health

Many cultural systems are intimately interconnected with forested environments, whether the people live within the forest or on the forest fringe (including city dwellers and researchers studying culture). Forest based cultures have evolved within the forest environment, and their survival requires that that environment be sustained.

Cultural links to the forest include subsistence, income generation, medicinal plants, gender roles, knowledge and symbolic systems, and spiritual links. Fundamentally, this kind of intertwining between culture and forests creates important elements in the meaning of people's lives. Without the forest, such people can be set adrift. As the forest is destroyed, the related aspects of their culture are adversely affected. This in turn leads to both mental health problems and loss of forest-related knowledge systems. The effects are even more likely when forest loss is unplanned, uncontrolled, and/or initiated externally —leading to feelings of disempowerment, inferiority and impotence among local people.

People's mental health has been closely tied to the idea of cultural integrity: They live and die within a particular cultural and ecological context, and they derive meaning in their lives —a central component of human well being (and therefore, health)— from these contexts. When such contexts change —whether through accelerated rates of deforestation or exposure to alien cultures or other forces— people tend to suffer adverse emotional and stress-related physical effects.

Mental illness can destroy both motivation and capacity to manage remaining resources effectively. Loss of environmental knowledge can have a similar effect. A vicious downward cycle ensues, further adversely affecting the environment.

[There are a] variety of approaches to health and illness among forest peoples. Such cultural differences can explain forest dwellers' sometimes-negative responses to medical and public health approaches based on assumptions of the universality of human health care preferences, needs and beliefs. Trying to cure illnesses without understanding local interpretations of causation often results in ineffective treatment, lack of follow-through by patients, and misuse of medications. Attempts to address hunger may be ineffective if local concepts of hunger are not understood; a common error is providing culturally unacceptable foods. Maintaining human health requires attention to the holistic nature of culture and the interconnections among forest peoples, their cultures, and their forests.

The centrality of the forest-people-health links is clear, particularly among hunter- gatherers and many swidden farming groups. Other important issues include the degree to which health beliefs and practices are integrated with other parts of cultural systems (their embeddedness), the differing theoretical orientations and philosophical assumptions about health and health care, and the variety of approaches to health and illness that exist in the world's forests. Maintaining human health requires attention to the holistic nature of culture and the interconnections between forest peoples, their cultures and their forests. On a more global scale, protection of cultural diversity can serve as an insurance policy against overreliance on western cultural models.

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Effective communication with forest peoples requires understanding of their world views and openness to learning about their perceptions. Indigenous knowledge about foods and medicines varies in its wider applicability and should be assessed but is likely to include useful elements for health and forest professionals. Wider recognition of useful indigenous knowledge can contribute to the self-confidence of forest peoples, with positive implications for mental health.

Rigidly adhering to a western-based view of health may in fact do more harm than good. The overuse and misuse of antibiotics is perhaps the best-known example, but others include the marginalization (or even criminalization) of traditional practitioners, which reduces access to any kind of health care; the promotion of western vegetables when more nutritious local vegetables are readily available; and the unwillingness of formal medical practitioners to acknowledge traditionally defined mental illnesses, resulting in the hiding of such occurrences. New medicines and their uses may be interpreted differently and used inappropriately unless providers construct a bridge to local views about health, illness and treatment. As many authors have suggested, participatory approaches to health care may be necessary to improve health among forest (and other) peoples.

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