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These days, more and more programmes and therapies are being developed to improve psychological and (psycho)social wellbeing of people affected by (armed) conflict. Yet, there is still little evidence of the efficacy of these programmes and therapies. The search for evidence raises many basic questions, starting with: what *is* evidence? When do findings become evidence? What is the justification for claiming that something is evidence, and how are they socially constructed or expressed? Furthermore, what and where are the facts to be found, and what is the impact of observation or perception? What exactly are we measuring if, for instance, we are attempting to interpret mental health and wellbeing?

> '*Data become evidence; they are not (only) evidence*' (Miller & Fredericks, 2003).

Throughout this issue of *Intervention*, these questions raise important, as well as problematic, issues that are not easy to resolve. This is especially true when the concept of '*evidence*' relates to qualitative findings, which within the field of '*evidence based medicine*' are not considered '*real*' evidence. Data collected through use of qualitative research is, by its very nature, subjective, meaning data from a person or a group is used as evidence within the context of a time and place. This, in itself, poses the question: is it possible within the context of conflict, chaos, urgency, temporality and complexity that our research findings can claim to be '*evidence*' at all?

Alison Schafer, Hajar Masoud & Rania Sammour explore this issue of context when examining the mediation of daily stressors on mental health in Gaza. Within that context, there is an assumption that basic needs and support are essential aspects for wellbeing. However, there is still little evidence to support this, generally agreed, assumption. In fact, a linear cause/effect focused approach is difficult to use within their field context of Gaza. In their qualitative research, Schafer et al., show that their multidisciplinary and integrated psychosocial support programme, a '*whole-of-family approach*', improved the wellbeing of men, women and children who participated in the project. The beneficiaries of this multilevered approach clearly express their subjective feelings, which becomes evidence, that due to the project their wellbeing has improved. The question of what exactly is wellbeing is the focus of a paper by *Martha Bragin, Karuna Onta, Taaka Janepher, Generose Nzeyimana & Tonka Eibs*. Their qualitative research was on women's perceptions of psychosocial wellbeing in Burundi, Nepal and Uganda. They state that knowing and understanding local ideas of mental health and wellbeing, in detail, are essential to improving the effectiveness of programmes aimed at increasing wellbeing and have to develop local, contextual indicators. Their research shows that these indicators are not simple to define, because psychosocial wellbeing is '*an integrated concept, in which each single domain interacted with others to develop a holistic view*'. Furthermore, as stated, these findings are both context and culture bound. However, it was also discovered that there were shared thematic domains that crossed borders, such as access to resources, love and harmony within the family, having a voice (both inside the home and in the wider, local community) and education. According to Bragin et al., all of these domains need to be present in order to '*be well at heart*'.

Willem F. Scholte & Alastair K. Ager also addresses wellbeing in the ongoing search to define and understand these concepts. Their study focuses on the connections and complexities of social capital and mental health in (post) conflict contexts. They explore the concept of social capital and the links between economic and social development – the essence of this theoretical concept – with wellbeing and mental health. Although it sounds obvious that there is a relationship, and although they find this relationship between social capital and wellbeing and mental health within the context of the study in Rwanda, Scholte & Ager are clear on the point that further research will be essential in order to get a clear picture of *how* it is related and thereby, which interventions would be most successful.

Fabien Dushimirimana, Vincent Sezibera & Carl Auerbach examine another aspect essential to rebuilding of wellbeing, that of resilience. They focus on a group of student survivors of the genocide in Rwanda, using a resource efficacy model to show that these students were successfully able to navigate away from their traumatic past and thereby improve their present wellbeing. Dushimirimana et al. were also able to show that mental health and wellbeing is strongly connected with regaining a sense of self-efficacy, essential to the belief in a hopeful and positive future. Another aspect of wellbeing is looking at that of the humanitarian and aid workers themselves, as when they are experiencing *'burnout'*, their effectiveness in the field diminishes. For this reason, *Alessandra Pigni* focuses her field report on the wellbeing and the mental health of the health workers. As a result of a period of work as an aid worker in Palestine, she noticed that many health workers were suffering from burnout and used the practice of *mindfulness* as an approach to address it. Mindfulness is a kind of meditation exercise that creates awareness of the present moment. In her field report, Pigni describes how she uses the techniques of mindfulness for burnout reduction and for improving the mental health and wellbeing of humanitarian and aid workers. *Olivier Nyssens* tackles some of the same issues in his personal reflection, whereby he aimed to provide psychosocial support to Red Cross volunteers in the Central African Republic. Through describing his preparations to provide support to the *'better being'* of the volunteers of the body recovery team, he discovers, *'wellbeing'* is not realistically attainable under such terrible situations faced by the team. For Nyssens, one important aspect of reaching a state of *'better being'* for these Red Cross volunteers is the quality of interpersonal contact.

Special Debate section

The final part of this issue is a debate on Narrative Exposure Therapy (NET). NET aims to treat people who are unable to integrate their personal traumatic experiences into their personal memories and public history. As a result, they can be locked within their psychological circumstances, making it very difficult for them to experience appalling lived events as meaningful and therefore, *'sufferable'* (Zur, 1998). NET aims to help the traumatised person through creating a life line that gives an overview of his/her life and includes not only traumatic experiences, but positive ones as well. A cord (the line of life) is spread out and the life of the patient is worked through chronologically; flowers are added to the cord to represent positive experiences and stones for negative and/or traumatic ones. The traumatic experiences are thereby reconstructed through the integration of autobiographic and context information of the traumatic memory (the hot spot). This is called narrative exposure. Next to the line of life and the exposure of the stones, a third aspect of NET is a written account made of lived experiences and that can be considered as a testimony (Jongedijk, 2014). This approach is currently being used in

many low and middle income countries (LMIC), by trained lay therapists, but is not without controversy.

Peter Ventevogel, my predecessor as Editor in chief of *Intervention*, introduces the debate in order to give readers some background and context to the controversies surrounding the use of NET, and the difficulties in creating an evidence base for these short term interventions. The debate itself is initiated by a paper by *Adrian Mundt, Petra Wünsche, Andreas Heinz & Christian Pross* on the evaluation of NET in LMIC and five authors, among them the founders of the NET, are asked to respond followed by a rebuttal by Mundt et al. and a concluding remark by Neuner et al. who gives the final words to a benefactor of NET. Throughout the debate, a question returns: when are findings a justification for claiming that they are evidence of a successful intervention? In other words: what is evidence?

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