Chapter 5
Missing People in Spain:
An App for Trauma Recovery – A Digital Health Intervention for Survivors

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ABSTRACT

Spain is the second country in the world in numbers of missing people, with 114,226 men and women still in mass graves without having been identified and buried by their relatives. Added to them are the families of stolen babies: 300,000 babies were stolen during and after Franco's dictatorship. Faced with these disappearances, a digital health intervention (DHI) for the accompaniment and monitoring of the process of mourning and trauma recovery could improve the situation of this extensive and diverse population, situated throughout Spain. Limitations in resources for the care and accompaniment of this population are due to various logistical, geographical, financial, stigmatic, and demographic factors—this is an ageing population—preventing them from accessing places of treatment. In this chapter, the author proposes a health app for trauma recovery that can be readily standardized for the wide dissemination of evidence-based care and adapted to the needs of this specific population.

INTRODUCTION

This chapter focuses on the challenging issue of a new digital health intervention (DHI) in Spain intended for the families of stolen babies or of missing persons. Basing this work on previous media psychology studies can help to ensure that the app meets the needs of this specific, diverse and large population, and also works towards engendering trust and participation. To this end, the PTSD Coach app and its versions in different countries are taken as a reference, as they correspond to the needs of the population being studied. It also focuses on the relationship between engagement and intervention effectiveness. The author intends to highlight the challenges presented by research into new procedures for adapting the DHI app, procedures with long-lasting effects (allowing to adjust and improve the application), while also being able to observe real impact and improvement in the lives of this broad-based population.

DOI: 10.4018/978-1-7998-6705-0.ch005

To do so, the author will explain the need for prior work to be undertaken before the launch of the application, such as studying the results from participatory action research (PAR) and group dynamics aiming to provide safe spaces in which to create trust, a previous requirement of engagement. One of the main purposes of this new DHI is to mitigate pain. In that sense, Beristain (2007) points out:

We must avoid thinking of reparation as a fallacy. We know that nothing can replace the relatives or repair the pain of the victims, or recover lost years of life; in essence the repair speaks of a problem without solution. We are talking more about how we mitigate the damage and what commitment there is for there to be a restitution of the rights of the victims (...) and how we help victims, who have been marginalized from a history, to be reintegrated from an active position and have social recognition by the State that has violated their rights and by society. (in Escudero, 2020, pp.72-73)

Concerning the app, while it is common knowledge that mobile health apps are generally utilized to complement established treatment methods and to improve treatment accessibility (Bakker, Kazantzis, Rickwood & Rickard, 2016; Donker et al., 2013 in Sander et al., 2020) unfortunately the overall quality of such apps contrasts considerably with their quantity, demonstrating the need to create procedures for the evaluation and assessment of their usability and impact (Schellong, Lorenz & Weidner, 2019). Hence, the author believes that their previous research and work in group dynamics with the families of stolen babies could significantly contribute to the launching of a digital health intervention.

While there have been various digital interventions designed for the improvement of people's health, many of them have failed due to lack of commitment by users (Yeager & Benight, 2018) or their mistrust, as the use of apps also involves different risks and challenges where privacy and data protection are not always presented in terms of information for the client and requests for consent (van Dijck, Poell & de Waal, 2018). Also, mobile health apps have the potential to increase the quality of processes related to health remotely and on a global scale (Palos-Sánchez et al, 2019, p.125). For this reason, the author believes that for such an application to work, it is necessary to undertake a prior analysis of similar applications and also better understand the population to be given this opportunity, in order to above all create a safe space of trust, so that subsequent access to such an application be considered an agreement based on commitment from both sides.

BACKGROUND

The first cases of stolen babies in Spain occurred during Francisco Franco's regime but continued until relatively recently. The stolen babies' organizations specify that there are around 300,000 stolen babies in Spain. The theft of babies in Spain (1940-1999) was systematic (medical doctors, nurses, Catholic priests and nuns) and based on Doctor Antonio Vallejo Nágera's concept of eugenics used, during the period under Franco, as an argument for the appropriation of descent. After the dictatorship, in 1975, these practices were motivated economically (Bueno Morales & González Besteiro, 2018, in Escudero, 2020, p.71).

After the transition to democracy in 1978, the number of stolen babies decreased but the practice continued. As Aguilar specifies, the stealing of babies continued in private and public hospitals for some time after democracy and this is due to the fact that many people working for Franco's regime continued working in public offices in times of democracy (2017 in Barrenechea Lopez, 2017). But