Introduction: The rising number of couples in emotional and psychological difficulties convinced us to act in a preventive manner by defining a concept of psychosocial counselling. From the first medical visits onwards we offered an interview as an integral part of the medical investigation. The four main objectives were: (i) to evaluate the couple's capacity to bear stress and failure; (ii) to help the couple in a realistic manner without sanctioning medical treatment by psychiatric diagnosis; (iii) to enhance the liberty of the partners through an individualized therapeutic approach; and (iv) to promote access to humanization of the technicalities in a specialized unit.

Materials and methods: A total of 60 couples were interviewed between October 1995 and January 1996. Follow-up was performed after 12 months by an interview and a semi-structured questionnaire.

Results: In all, 100% of couples were reached by telephone, 83% of questionnaires were returned, 66% of couples were interviewed and 17% refused to collaborate.

Conclusions: Counselling is felt to be reassuring by the majority of couples. The global approach is appreciated by the patients, who feel valued and thus more able to feel themselves as partners of the team. Despite the offer of counselling, several couples were still in great difficulties but had not asked for help. These results show the importance of fixing another appointment after 6–12 months of treatment.

P-192. Results of a qualitative study of psychological treatment within a fertility unit

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Introduction: We conducted an interdisciplinary study within the context of a collaboration between the Department of Adult Psychiatry and the Fertility Unit of the CHUV. The aim was to assess the emotional reality of couples considering assisted reproduction treatment in the specific context of a fertility unit.

Materials and methods: A total of 40 couples participated in a semi-structured videotaped interview (~2 h). Three internationally validated questionnaires were transmitted to the couples to evaluate the marital relationship, parental bonding and the affective atmosphere in the family of origin. We did not wish to confine ourselves to a psychopathological evaluation, and opted for an analysis of the discourse of the couples. We evaluated 'narrative mobility', meaning the manner in which the couples transmitted their individual and familial history to the interviewer, using an evaluation grid.

Results: From the narrative analysis of the interviews, we distinguished three major groups of couples: (i) couples who, in the transmission of their story, left themselves and the interviewer space for elaboration (co-construction); (ii) couples who limited themselves to the transmission of requested information, without narrative co-construction with the interviewer; and (iii) couples who transmitted disorganized information concerning their history, without links, or like a succession of facts, without leaving the interviewer space for elaboration. From this distinction of groups, we were able to propose different therapeutic attitudes.

Conclusion: The results obtained allow us to refine the concept of psychological treatment within our Fertility Unit, where modalities of collaboration between gynaecological and psychological teams are at the forefront.

P-193. Alternative solutions for donor anonymity

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Introduction: In Belgium the identity of the sperm donor is kept from the recipient couples or women as well as from the children. Over the years, the use of anonymous donor material has become the subject of public debate. The opposed parties are entrenched in fixed positions which block attempts at finding a flexible solution adapted to the needs of the people involved.

Results: An examination of international legislation immediately reveals two 'camps'. In France, the principle of anonymity is explicitly inserted into the new law on bioethics. In Belgium, anonymity of the sperm donor is guaranteed by all fertility centres and is based partly on secrecy of the medical professional and partly on the right to privacy of the donor and of the parents. In Germany and Switzerland, on the other hand, the right of the child to know his or her genetic origin, a right which is of fairly recent date, is recognized as a basic right. Dutch jurisprudence has recently adopted this right for every child, not only for the child born by donor insemination. As a compromise between the different parties, we suggest the 'multiple counter' approach, where parents can choose between a known and an anonymous donor and where donors can decide whether they want to be known. Another alternative would be that the donor's dossier contains a minimal amount of information concerning medical, social and possibly psychological characteristics which should be made available to the child whatever the opinion of the donor. In this way the needs and rights of all parties are weighted against each other.

Conclusion: With the presentation of these alternative solutions we wish to promote breakdown of the frozen and inflexible positions currently adopted in most legislations.

P-194. Special aspects of the desire for a child among emigrated Turkish couples

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