Venetia Kantsa, Giulia Zanini, Lina Papadopoulou
EDITORS

(In)Fertile Citizens

Anthropological and Legal Challenges of Assisted Reproduction Technologies

(In)FERCIT
Humeur dépressive, pessimisme et douleur morale, intensité du syndrome somatique (anorexie par ex), anhédonie (pas de plaisir), anesthésie affective, réveils matinaux précoces, angoisse matinale et amélioration le soir, risque de suicide important.

**Maniaco-dépression**

Psychose ou états-limites. Coexistence simultanée de manie et symptômes dépressifs.

**Névrose** :


Conflits intrapsychique : entre le principe de plaisir et le principe de réalité. Intégration de la réalité externe. Expression symbolique du conflit. Contenu manifeste et contenu latent dans une production psychique (rêves, symptômes,...)

Conflit intrapsychique entre le Surmoi et le ça : Moi tiraillé. Sous la négativité du symptôme (souffrance, angoisse, déficit fonctionnel,...) se cache un plaisir déguisé auquel le patient peut avoir bcp de mal à renoncer. Le symptôme, le compromis, n’est jamais pleinement satisfait. 4

**Hystérie**

_Hystérie_ : Trouble global du fonctionnement affectant le sujet dans ses relations à lui-même et aux autres. D’après les auteurs, d’une part on a un ensemble de traits de personnalité évoqués du diagnostic et d’autre part on a certains symptômes caractéristiques (troubles de conversion ou de dissociation). On parle de névrose clinique que si les symptômes en viennent à « rétrécir l’existence » du sujet en freinant ses actions ou au contraire favorisant les passages à l’acte.

**Traits de personnalité hystériques :**

A. **Dramatisation**, théâtralisme, mise en scène,

- Dramatisation, sensibilité exacerbée
- scène lors de la crise hystérique
- mise en scène au travers du discours (avec séduction indirecte et mise en avant de l’agressivité, de l’affect afin de faire écran aux représentations sexuelles).

B. **Plaintes somatiques**

Les conflits psychiques sont déplacés et convertis sur le corps (troubles de la motricité, du tonus musculaire (ex : Charcot), troubles sensitifs, des douleurs, troubles neuro-végétatifs). Troubles d’origine psychique qui se déploient par le biais du corps et ces troubles empêchent la personne d’être pleinement en relation avec l’autre. Risque : proposer de
The present publication emanated from the research program "(In)Fertile Citizens: On the concepts, practices, politics and technologies of assisted reproduction in Greece. An interdisciplinary and comparative approach" which is implemented within the framework of the Action "ARISTEIA" of the Operational Program "Education and Lifelong Learning" and co-financed by National and Community Funds (20% from the Greek Ministry of Development-General Secretariat of Research and Technology and 80% from E.U.-European Social Fund).
Psychose :

Syndrome délirant et ou dissociatif ; perte de contact avec la réalité ; absence totale ou partielle de la connaissance de la gravité du trouble ; déficit de la symbolisation.

Mécanisme de défense : clivage, idéalisation, dévalorisation, déni, projection. → Protéger de la désintégration du self et de l’objet, d’un conflit entre le MOI et la REALITE.

La schizophrénie
Association d’un syndrome dissociatif et délirant (avant 35 ans).

Dissociation intellectuelle (discours décousu, illogique), dissociation affective (indifférence, ambivalence affective, manifestations inadaptées,...), dissociation comportementale (repli autistique), dissociation motrice (comportements impulsifs, hyperactivité motrice, parfois violence, conduite auto ou hétéro-agressives).

Syndrome délirant : non organisé, floue, incohérent, sans logique. Hallucinations acoustique ou verbale ou visuelle ou sensitive.

Différence avec paranoïa : moins de 35 ans, construction de délire effiloché, illogique, passage à l’acte absent ou insensé. (inverse paranoia).

Paranoïa
Grande méfiance, délires de persécution, d’interprétation, de jalousie, érotomaniaque et de revendication. Surestimation pathologique du soi. Il se méfie de celui qu’il considère comme plus puissant que lui qui le menace mais aussi de celui qu’il consièrce comme plus médiocre, plus petite et qu’il méprise généralement.

Relations interpersonnelles difficiles.

Etat de vigilance extrême et manque d’introspection (pas de remise en question).

Dimension homosexuelle inconsciente et déniée à la base de cette psychose. « moi homme, je l’aime lui ». → Je ne l’aime pas, je le hais.

Pathologie où il y a le plus de passages à l’acte !

La manie
Expansion de la personnalité qui permet d’échapper à la dépression. Délirante ou non.

Symptômes : Anosognosie (pas conscience), délire, humeur euphorique, toute puissance, mépris, triomphe, logorrhée, dépenses inconsiderées, désinhibitions, insomnies,...

Début souvent spontané après facteur déclenchant qui peut parfois être paradoxal (après deuil).

Le Moi maniaque triomphe là où le mélancolique succombe.

La mélancolie
Vécu d’écrasement du sujet par la douleur morale, le sentiment de vide intérieur, la haine, et la culpabilité ainsi que par l’idée plus ou moins délirante d’une fin de soi et du monde. Retrait des préoccupations psychiques de toute réalité pour se concentrer sur sa personne propre. Absence apparente de causes déclenchantes.
Contents

Acknowledgments .................................................................................................................. 9

VENETIA KANTSA
Preface .................................................................................................................................. 11

PART I
Kinship, Bioethics, Law

JOAN BESTARD
New reproductive technologies and the anthropology of kinship .................................. 17

JUDIT SÁNDOR
Consistency of the regulation on assisted reproduction:
Is it a missing element of reproductive justice? ................................................................. 23

LINA PAPADOPOULOU
Is there a “right to reproduce” through
MAR techniques? ............................................................................................................... 39

ENRICCA BRACCHI
“Saying ART”: A terminological and comparative reflection about
legal texts on assisted reproduction .................................................................................. 53

VASILIKI KOKOTA
The influence of religion on the legal framework concerning medically
assisted reproduction ......................................................................................................... 67

PART II
Kinship, Gender, Sexuality

ANNA CARASTATHIS
Compulsory sterilisation of transgender people as gendered violence .......................... 79

MICHAEL NEBELING PETERSEN
Between precarity and privilege. Claiming motherhood as
gay fathers through transnational commercial surrogacy ................................................. 93
Transfert / Contre-transfert

Transfert :
Le transfert en psychanalyse, est essentiellement le déplacement d'une conduite émotionnelle par rapport à un objet infantile, spécialement les parents, à un autre objet ou à une autre personne, spécialement le psychanalyste au cours du traitement. La reviviscence de désirs, d'affects, de sentiments éprouvés envers les parents dans la prime enfance, et adressés cette fois à un nouvel objet, et non justifiés par l'être et le comportement de celui-ci.

Contre-transfert :
Sentiment inconscient qu'éprouve l'analyste en réaction aux sentiments inconscients ressentis par l'analysé dans le travail d'analyse.

Négativité

Tout ce dont la personne ne parle pas en thérapie.

Structure
ASPA CHALKIDOU
It's my party and I'll inseminate if I want to: Sex, sexuality, kinship.................... 101

DESPINA NAZIRI
Unattainable motherhood: A psychodynamic approach......................................... 107

PART III
Embodied Experiences

LIA LOMBARDI
Reproductive technologies and "social infertility" in Italy:
Gender policy and inequality.................................................................................. 117

CHRISTODoulos BELLAS and ALBERT DICRAN MATOSSIAN
ART experience, ethical perceptions, and socioeconomic characteristics
of (in)ferile citizens in Greece: A statistical analysis........................................... 131

IVI DASKALAKI
Religious aspects of medically assisted reproductive technologies in Greece........... 145

AGLAIA CHATJOULI
(In)fertility and ART drugs. Making sense of ART drug consumption
and the art of achieving motherhood................................................................. 161

PART IV
Transnational Repromobilities

GIULIA ZANINI
Transnational medical reproductive mobilities from, to and across
the Euro-Mediterranean: Reflections from the (In)FERCIT project......................... 181

POLINA VLASENKO
Desirable bodies/precarious laborers: Ukrainian egg donors in context
of transnational fertility...................................................................................... 197

BURCU MUTLU
The gendered ethics of secrecy and disclosure in transnational
sex selection from Turkey to northern Cyprus...................................................... 217

SVEN BERGMANN
Assisted authenticity: Naturalisation, regulation and the enactment
of "race" through donor matching........................................................................ 231

Contributors............................................................................................................ 247
de l’Objet idéal, avec traumatisme. L’expérience est trop précoce par rapport à la maturité psychique. On aura affaire à une angoisse de perte et d’abandon liée à la dépendance anaclitique (s’appuyer sur) qui n’est pas dépassée et maintient la personne dans une relation de dépendance ambivalente, soit bon objet soit mauvais objet.

Névrose : relation triangulaire angoisse de castration
Etat limite : relation anaclitique angoisse de perte
Psychose : relation fusionnelle angoisse de morcellement

Type de relation d’objet

La relation d’objet est le rapport qu’a un individu (le sujet) avec les objets qui constituent le monde dans lequel il vit. Ce monde est d’essence tout autant interne qu’externe. L’objet est toujours objet de la pulsion.

Mode de relation du sujet avec son monde, relation qui est le résultat complexe et total d’une certaine organisation de la personnalité, d’une appréhension plus ou moins fantasmatique des objets et de tels types privilégiés de défense.

La relation aux premières personnes significatives va contribuer aux structures fondamentales de l’appareil psychique, le caractère et sa psychopathologie.

Œdipe

L’enfant se rend compte de la relation triangulaire qui existe entre lui et ses deux parents. Le jeune enfant s’aperçoit que la mère éprouve un sentiment tendre envers le père et que lui-même n’est pas le seul objet de préoccupation de sa mère. Cette découverte marque l’entrée dans le « complexe d’Œdipe ».

L’agressivité, la jalousie marquent les rapports du garçon avec son père. Sa préoccupation principale est de devenir l’unique objet du désir de la mère. Le père est un rival plus ou moins dangereux qui occupe la place convoitée dans le lit maternel. Une sorte de rivalité s’instaure entre le petit garçon et son père. C’est celui des deux qui sera le plus fort, le plus grand, le plus rapide à la course, etc. Cette compétition représente un déplacement inconscient de la rivalité sexuelle : lequel des deux a le pénis le plus intéressant pour la mère. L’enfant cherche en même temps à être comme son père et à l’écarter. Il éprouve la crainte que son père ne le punisse et ne lui supprime son pénis.

Puis l’admiration prend le relais.

La relation du complexe de castration avec l’Œdipe est complète : il ouvre l’Œdipe à la fille qui commence à désirer le pénis paternel ; il clôt l’Œdipe du garçon en venant arrêter le désir vers la mère puisqu’il serait puni par le père.

Ces deux notions jouent un rôle fondamental dans la structuration de la personnalité et dans l’orientation du désir humain. Les psychanalystes en font l’axe de référence majeur de la psychopathologie.
Unattainable motherhood: A psychodynamic approach

Infertility has long been of interest to psychoanalysts who have tried to help their childless patients cope with, or overcome, this condition. The prevailing psychoanalytic understanding of infertility in the 1950s and 1960s was that of psychogenic causation (Leon 2010), contributing as such to stigmatizing infertile people. When organic factors could not be identified, unconscious conflicts were believed to cause the inability to conceive. Yet, as infertility became progressively better understood medically and no evidence for these postulated psychogenic bases for infertility was found, this unfortunate emphasis on a search for psychogenic causes eventually faded (Kulish 2011).

Currently, the focus on psychoanalysis has shifted from an etiological to a therapeutic approach. Those who work with infertile women and men undergoing infertility treatments (Allison, Doria-Medina 1999, Bassin 2001, Balsam 2011) stress the patients' feelings of shame, grief, anxiety, despair, depression, rage, envy of others with babies, futility, and magical thinking, all of which follow from being deprived of parenthood while enduring painful and humiliating medical procedures, which may or may not work. According to Apfel and Keylor (2002), psychoanalysts have recently turned their attention to two salient and problematic dynamics: the failure to adequately mourn a previous loss and the absence of ambivalence and disavowal of negative feelings about pregnancy and motherhood that is frequently observed among infertile women (Filet 1993). They also underline that while adoption reduces the secondary stress of in vitro procedures, it cannot be assumed to overcome ambivalence about motherhood or to heal the sequelae of infertility.
Legal scholars have acknowledged that the concept of the right to be forgotten is situated at

provided for.

and many more. This right of personality, combined with the right to privacy in the context of the digital world, where third parties construe and communicate personal data without consent, encompasses the notion of preventing the usage of data, which was initially drawn from the French droit d'obtention which encompassed the right of the individual to be left alone when their data is processed. 1970's. The law of the European Union was drafted by the Council of Ministers and the European Parliament, which encompassed the right of the individual to be forgotten.
It is also remarkable that most of the literature on childlessness has focused on women. In fact, modern diagnostic advances now show that 45% of those concerned with the issue of childlessness are men (Apfel and Keylor, ibid.). Many argue that women are more affected and pained by their childlessness than men. There are, undoubtedly, social and psychological reasons for this assumed gendered difference. Chodorow (1978) has elucidated the psychological and sociological processes by which the need to mother is instilled in women; that is to say, the reason why women reproduce caretaking and mothering, while men are not so programmed. Men are typically less likely to see a doctor for individual treatment and to come for conjoint work regarding concerns over their marriage or because they want to support their wives: “the profound shame, stigma and assault on masculinity can be so acute for men that they are too mortified to ask for help” (Leon 2010: 50).

In this presentation we will be looking into the impact the use of ART (Artificial Reproductive Techniques) can have on the psyche of women who use these techniques because they consider themselves infertile either for biological and psychological reasons, or for social reasons especially due to their homosexual orientation. More specifically, we will be analysing the experience of women, who try to become mothers with the use of new medical techniques and the intervention of third parties (donors and doctors), by looking both into the internal contradictions and psychological conflicts, and into the psychological readjustments associated with the processes of trying to become a mother. These psychological readjustments may facilitate the access to maternity or on the contrary promote the renunciation of becoming a mother. This renunciation is either generally expressed by a desire to remain childless, or by the decision not to be the biological mother but to still be the second parent of a child. The clinical data we use as a basis for our observations emanate both from our research work with infertile heterosexual and lesbian couples, and our therapeutical work with infertile women.

According to the studies by Alméida et al. (2002) and Goeb et al. (2006), medical treatments for infertility are very distressing, both physically and psychologically, for the woman and her partner. Recourse to ART treatments can be seen initially as protecting the couples from a psychic meltdown. It is the moment of faith in medicine. However the route of ART is often long and strewn with failures which can reactivate the couple’s narcissistic wounds (Canneaux 2009) and can consequently activate acute internal conflicts.

During the treatment, the couple frequently faces all-powerful medical practitioners, whilst they are both active and passive in relation to the medical team. In other words, the aspiring parents experience contradictory feelings where on the
2. Origins of the Right to be Protected with Regards to National Concessions: Adoption of the Criminal

II. Legal Framework Underlying the Right to be Protected

Which relevance of the paper more clear

In search of an answer to the question of their political agenda, the European Union and the 2.0 world represent a protective and data protection rights with European institutions. However, the challenge of a right to be protected at the European level has become more than just an identity. No one can deny the idea that the European Union has become the main defender of their plants and economic interests. The commercial interests of European Union countries are closely tied to the protection of their privacy, which is protected by the General Data Protection Regulation. The economic interests of these countries are shaped by how they control the commercial definition of their privacy.
one hand, they feel that they engage themselves in an active process, while on the other, they realise that they can only reach their objective by remaining passive in the face of decisive interventions conducted by others. The woman can have the impression that she is having a child alone or with the help of the gynaecologist while the man finds himself constrained to adhere to a process in which he has very little to do (Alméida et al. ibid.).

When a couple resorts to ART to conceive a child, a third party is introduced into the equation—the gynaecologist—who can represent different things to different couples. According to Alméida (ibid.), the gynaecologist is generally seen as a saviour, who can, in part, heal the wound caused by the discovery of infertility. In any case, he/she becomes a central figure in the emotional life of each partner of the couple (Filet, ibid). In several interviews conducted as part of the (In)FERCIT programme, one can indeed observe that in their discourses, women define the gynaecologist in those terms, which can also be directly linked to the particularity of the way assisted reproduction is organised in Greece.

Moreover, (Dudkiewicz-Sibony 2006, Cauvin 2007) and (Naziri, Dargentas 2011, Naziri, Feld 2012) tried to explain how ART with a donor, in addition to "the third party" that the doctor already represents in an intraconjugal insemination, introduces yet another "third" party. According to these findings, a serious and careful psychic exploration is necessary to prepare for the acceptance of this third party donor. This will enable the parents to see how the failure of the biological and genetic relationship will be compensated with an increased symbolic and social relationship: what makes a parent, after all, is giving the child the family name, loving it, educating it and bringing that child up. The fact therefore of becoming a parent thanks to the intervention of a third party can bring about readjustments in the psychic economy of a woman, who is led to think of her role as a mother in a new light. The time between the acknowledgement of infertility and the suggestion of sperm or/and egg donation can be a good time to carry out this process (Carter et al. 2011). The ability of the woman and the couple to incorporate this event into their history has been shown to be important. More specifically, the idea of egg donation should only be proposed, as with adoption, when the couple has gone through the process of mourning the loss of fertility (Raphael-Leff 2002, 2007, Simoglou 2012). Dudkiewicz-Sibony (ibid.) explains that the anxieties, fears, feelings of guilt, if not explored can become an obstacle to the pregnancy.

If pregnancy does not occur, the problem of mourning the loss of fertility is even more difficult given the current social climate which extols the right to have
and legal scholars demands a much needed re-evaluation of the concepts of privacy in the online world.

The uneasy forerunners of the Internet's unenforced information privacy, pushing citizens

unmindful of their might and might not be used at their discretion.

will willingly give out their personal information even though the risks of such a practice remain
nothing less than the invasion of his private sphere. Therfore, it seems that individuals, when the web are
exposed to the potential danger on the internet is not only that it is either said and controlled but can easily
be noticed by strangers, an emotional concern that is no longer a matter of just behavior, and soon even our emotion.

The negetive consequences that can arise from one's behavior and soon come to our attention, forming our secret desires, forming our world's conscious reading
highly these, since it is how the internet has come to interact with work. Personal data of all kinds can
be used to its advantage. The online world has become a place where one can simply not, when using it, lose
our entire selves. This is where the present day's technology and here comes to its use. When we think of
the impact of internet and the increasing heights, we are talking about the personal, voluntary or not, whichever done by individuals
and how perhaps is to be known and processed by others. Where the internet is an indifferent entity
because a place where links replace to one's digital history can have lasting effects on one's reputation
and become a virtual world that links replace to one's digital history can have lasting effects on one's reputation
achieved on a voluntary basis. It is no longer a process that slows for perfection, it is therefore mostly be
randomized anyway. The process of forgerunness is different in the online world as it is not exercised in a

Finally, the process of forgerunness is different in the online world, as it is not exercised in a

because efuaed in the innumerable achievess.

While the exchange between individuals becomes more prevalent in the online world, information also
withstanding, meaning that information is filtered in comparison to those in the material/physical world.

bottlenecks, meaning that information is filtered in comparison to those in the material/physical world.

The online world's time frame has become shaped in circumstances between
world's notion of the internet is often a byproduct of this process. This notion is drawn from the online
form our memory. Thus the mechanism of human forgerunness has become entirely different in the online
information. In fact, the online world is a way that is characterized by both an important quantity of
actions, spoken words, and our body language from the appearances and perceptions of us as individuals to
others. This is why memory works in a way that is characterized by both an important quantity of
actions, spoken words, and our body language from the appearances and perceptions of us as individuals to
others.
a child. For certain psychoanalysts, the mourning of infertility will only take place after many years (Weil 2011). According to Goeb et al. (ibid.), the rate of couples giving up ART treatment voluntarily can be as high as 60%. Psychological reasons are more often than not the reason for giving up. He notes that the women who stop ART are more likely to reflect upon the idea of existing as a woman without becoming a mother.

Taking a respite from attempts may not only provide a needed break from the cascading sense of failure and helplessness, but enable a more open examination of early and current sources of ambivalence toward parenting and result in more conscious decision making. This may include discovering that the increasingly desperate need to provide narcissistic restitution through making a baby has become more important than the wish to parent. Adaptive solutions are often found through adoption or non-parental nurturing relationships through work, extended family, or volunteering organizations (Leon, ibid.). Thus, the experience of having to go through painful medical treatments can lead an infertile woman to make decisive psychological readjustments, which enable her to give a meaning and a new direction to her life.

Nonetheless, what should we think of the psychological readjustments lesbian women may face when they decide to have a child? In exploring and analyzing the clinical material that we collected during our clinical research where we met lesbian women who wanted to become mothers through artificial insemination with an anonymous donor, we noticed that the project itself, which involved deciding who between the two women would be the biological mother and who the "social" mother, had already split the sexually identical couple by exposing it to differences and then raising the question: who is the second female parent, who is not the biological mother and who is not a father? What does this parent do, and where does she stand between the mother and the baby?

In fact, for both partners, the desire to have a child draws on the relationships with their own parents, the representations of the roles of father and mother and their conceptions of maternal and paternal functions. Hence our research shows that for these couples, bisexual identifications were particularly mobilized by this project (Feld 2010, Naziri, Feld, ibid.). All the more so, perhaps, as it is with homosexual couples that bisexual fantasies may flourish more freely and openly, since they are liberated from any anatomical reference or socially predefined sexual roles.

Through the thematic analysis of several couples' fantasy constructions, it would seem that for the woman who has chosen not to experience maternity in her own body (thus avoiding those very specific aspects of the maternal feminine re-
Introduction: Theoretical Framework underpinning a Right to be Forgotten

The right to be forgotten has generally been defined in the international sphere as the right of an individual to have full control of the data processed on him/her and more particularly as an individual's right to decide whether personal data about him/her is accurate and up to date. Since the rise of the online world, especially because nowadays search engines and social networks are used daily by individuals, the right to be forgotten has been increasingly discussed. However, the right to be forgotten has been subject to different interpretations in various legal frameworks and court rulings.
lated to pregnancy), the desire to have a child can nonetheless activate new possibilities of identification in terms of feminine passivity and erogenous masochism.

French-speaking psychoanalysts (David 1997, Houzel 2007) have brought some interesting contributions to the debate about psychic bisexuality which could be at the heart of the questions surrounding same-sex parenting. Thus, bisexuality has a unique status: it both reflects and glosses over the difference between the sexes. This emancipation of the psyche with regards to anatomical destiny and biological limitations has become a reality with advances in ART (Assisted Reproduction Technologies), undermining natural laws of procreation, bringing that which was previously merely imaginary into the realm of reality. Yet, in homosexual families, although these new means of conception and relationships are overturning millennium-old designs linking sexuality, procreation and lineage, nevertheless, the unconscious and psychosexuality still deal with these new realities in their own way. On a more general level we could say that both the desire to have a child and the insemination will trigger important readjustments in the psychic economy of lesbian couples asking for insemination.

Clinical vignette: Emma and Judith, or training for maternity

Even before they met, Emma and Judith both knew they wanted to have a child, and soon after they got together they decided to begin the necessary procedures. Emma was aware of her homosexuality at an early age and had never had a heterosexual relationship, whereas prior to meeting her partner, Judith had lived with a man for four years. At first, while Emma shied away from the experience of pregnancy, Judith was very enthusiastic:

I have always wanted children since I was very young, I have always loved children and wanted to work with them! I have always wanted to have a child [...] I want to go through it, to experience pregnancy, to have a child! We are made to create life and of course we should take that opportunity!

Nevertheless, despite this enthusiasm, the desire to become pregnant shifted in this couple. Emma explained that thanks to this relationship and everything Judith brought to it and to the discussions they had, she may have gradually allowed herself to realise this desire to become pregnant. Judith, who had just started to train as a plumber, gave priority to her new career, preferring to experience maternity through her partner, thus postponing the realisation of her dream:

I am so happy that Emma is doing it, and that she’s the first to do it, mostly because of her age, as it might be more difficult for her afterwards, but I’m
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happy that she’s doing it because I wanted to experience it too and by being at her side, although it’s not me carrying it, I’ll still experience it with her; seeing her tummy grow, through all the stages of the pregnancy, being by her side whereas in a straight couple only the woman experiences it. But I’m a woman and I’ll be able to experience it by her side, y’know? And...I’m really happy because I also don’t think I’m ready to carry it either because at the moment my career is a little bit more important for me [...].

What happens when Judith delegates this intense desire to have a child, at the very moment she could have realised her dream, to her partner? Why did her training in plumbing become such an important step before maternity, and what meaning should be attributed to this training which has become so necessary and in which she invests herself so completely? Is the expression of an omnipotent bisexual fantasy, in which case, she will experience the pregnancy through her partner more completely than any man could, while at the same time reinforcing her masculine attributes with her training?

But beyond this omnipotent bisexual fantasy what meaning could we give to this training and its multiple meanings? Will she become formed through contact with the pregnant Emma, identifying both with the unborn child and the mother carrying the baby? Does she need to reassure the maternal feminine in herself with a woman another than her mother? Will her profession, this training that is so important to her, sufficiently reinforce her active/masculine side, her identification with the father, to take on the passive receptivity of pregnancy?

Emma, on her part, can identify with Judith’s desire, then assimilate it and allow herself to become a mother. As she attributes this enthusiasm to Judith’s infectious enthusiasm, might we hypothesise that Judith personifies a generous, post-Oedipal mother who accepts and even wants her daughter to become a mother in turn, symbolically depriving her of her child, and of her position of maternal monopoly.

The experience of these two women could help to shed some light on the choices made by homosexual women or even certain heterosexual women, confronted with the necessity to use ART, where the desire to be a parent can be dissociated from the desire to carry a child; and it might also help us understand the psychic factors that make it possible to reach a maternal feminine position, and those that inhibit it, without having biological links with the child.
Trends to EU data protection law

PROTECTION (EC) as a Human Rights Court in the Field of Data Protection, (Precedent, Practice)
INCREASING ACTIVE ROLE OF THE EU IN STRENGTHENING PRIVACY AND DATA PROTECTION OF THE RIGHT TO BE PROTECTED

Y. CONCLUSION

expression of freedom to receive information.

PERSONAL DATA. Although possibility of abuse of one of other fundamental rights, like the freedom of opinion, the EU single market framework allows the EC to provide for an enshrining of the right to protect privacy.

WHO CAN ENFORCE THE RIGHTS

look at what is reasonable in the context of EU fundamental rights regime in the field of data protection and enforcement for the internal market.

3.2. Conclusions

- Access to information in the Chinese (art 7 (8)
- Google China case. Cannot more explicit on the presence of horizontal direct effect of EU fundamental direct effect of directives. NO HORIZONTAL DIRECT EFFECT OF
References


TABLE OF CONTENTS

1. Introduction: Theoretical Framework Underlying the Right to be Forgotten

VI. Legal Framework Underlying the Right to be Forgotten

11. Questions of the Right to be Forgotten: Individual Rights or Limiting Corporations' Freedom of Activity?