In the case of Re C, a case involving an anorexic minor referred to as C by the court to protect her anonymity, it was justified that limiting adolescent’s freedom is necessary in certain cases.

Thus, the counterplan – Resolved: Adolescents ought to have autonomous medical choices except for in the instances of anorexia and other life threatening eating disorders. Solves the aff since I defend the aff in all other instances, just that the disadvantages with this particular issue outweigh, **de Cruz** is the solvency advocate:

Peter de Cruz, [Law School, Staffordshire University], “Adolescent Autonomy, Detention for

Medical Treatment and Re C,” The Modern Law Review, Vol. 62, No. 4 (Jul. 1999).

**Re C** continues the paternalistic line of authority of cases such as Re W, and **negates adolescent autonomy in anorexia cases**, but it also enunciates safeguards to protect the child’s interests and provides detailed guidance on the relationship between the court’s inherent jurisdiction and section 25 of the Children Act. **Children are often simply unable to make important decisions for themselves** andC was adjudged to be irrational because of her erratic, unstable behaviour and suicidal tendencies. On balance, it is submitted that Re C was defensible, although still problematic in its interpretation, and judicial paternalism was probably justifiable in this case, especially if **C’s life was subsequently saved.** Indeed, if the inherent jurisdiction could never be used in this way, doctors would have no power, outside the Mental Health Act, to treat or detain psychiatric or psychotic patients who were seriously ill and whose behaviour posed a danger to their health and to others. Re C’s safeguards now provide a framework for protection but, since every case is different, both the medical profession and the courts have continually to reappraise a teenager’s best interests on a case-to-case basis. Those safeguards might not always ensure that future decisions on these difficult cases will necessarily eliminate unnecessary detention or force feeding. Although it clarifies many aspects of the law, Re C reinforces the message that **an anorexic adolescent’s autonomy ends where** her **refusal of medical treatment begins to endanger** her **life** - that, **in some cases, respecting adolescent autonomy may be simply too high a price to pay.**

CP solves – anorexia treatment is effective. **DeAngelis:**

http://www.apa.org/monitor/mar02/promising.aspx

The **anorexia treatment** now **show**ing **promise** and being studied by Lock was developed by two British therapists, child psychiatrist Christopher Dare, MD, and child psychologist and family therapist Ivan Eisler, PhD, of the Maudsley Hospital in London, well-known for its eating disorders unit. The two designed the treatment based on the work of innovative family therapists such as Philadelphia psychiatrist Salvador Minuchin, MD, and on their own ideas. The **treatment elicits the parents' aid** in getting the patient to eat, **gradually returns control** of eating **to the client then works with the family to help** the client **navigate the** developmental **challenges of adolescence**, explains psychologist Daniel Le Grange, PhD. He directs the Eating Disorders Program at [the University](http://www.apa.org/monitor/mar02/promising.aspx#95405500) of Chicago and is conducting studies on the treatment. Clinicians who practice the treatment encourage parents to work together as a team to address their child's health problem. They emphasize the severity of the illness, coaching parents to assume the role of a nurse in an inpatient unit whose aim is to restore the girl's weight to normal. In an office [session](http://www.apa.org/monitor/mar02/promising.aspx#17072599) early on in treatment, clinicians invite the family to share a picnic meal so they can observe the quality of family meal patterns and help parents find a way to get their child to eat more, Le Grange notes. In future weekly sessions, clinicians help parents discuss the details of their efforts, including what they fed their daughter and what is working especially well in their approach. Unlike other treatments, the method targets the obsessive anorexic mindset as the villain rather than the patient or family, notes Le Grange. "This approach sees the eating disorder as controlling the adolescent, thereby interrupting normal development," he says. “**The family is not to blame for the eating disorder, but is seen as a valuable ally in treatment**." A study on the treatment by Le Grange, which compared two forms of the family therapy, was replicated by Eisler, Dare, Le Grange and colleagues in a larger study of 40 patients. The study found that **two-thirds of all patients regained weight within a normal** [**range**](http://www.apa.org/monitor/mar02/promising.aspx#48221454) **without needing to be admitted to the hospital**, that **most showed striking improvements in psychological functioning**, and that **parents became less critical of each other and** of **their daughters by the end of treatment.**

The impacts of anorexia to women are enormous, pressure to conform to a body type is just fear of women’s power. **Eastland** quotes Bordo and Wolf.

In her book Unbearable Weight, Susan Bordo (1993) makes the argument that the **fear of women's fat is actually a fear of women's power.** Thus, as women gain power in society, their bodies dwindle and suffer. She states that **"female hunger--for public power, for independence, for sexual gratification-- [must] be contained, and the public space that women be allowed** to take up be circumscribed, **limited... On the body of the anorexic woman such rules are grimly and deeply etched"** (Bordo, 171). Naomi Wolf (1991) has a similar explanation of the origin of eating disorders in her bestseller The Beauty Myth. She states: "a cultural **fixation on female thinness is not** an **obsession about** female **beauty but** an obsession about female **obedience**" (Wolf, 187). Women who remain thin are being obedient; **it is another way for patriarchy to control women.** "If women cannot eat the same food as men, we cannot experience equal status in the community" (Wolf, 189).

Thinness is a tool to dominate female sexuality, Eastland 2 quotes Wolf.
Sexuality is another issue that feminist Naomi Wolf explores in an effort to understand the prevalence of eating disorders among women. "**Fat is sexual in women. . . to ask women to become unnaturally thin is to ask them to relinquish their sexuality"** (Wolf, 193). **Women who develop eating disorders, especially anorexia, are denying their sexuality and natural female body.** Bordo (1993) explains this phenomena as a rejection of the patriarchal mold for females. "Disidentification with the maternal body, far form symbolizing reduced power, may symbolize freedom from a reproductive destiny and a construction of femininity seen as constraining and suffocating" (209). However, Wolf explains that "the anorexic may begin her journey defiant, but **from the** point of **view of a male dominated society, she ends up as the perfect woman. She is weak, sexless, and voiceless, and can only with difficulty focus on a world beyond her plate"** (Wolf, 197). overall, most feminists agree that the **female ideal of beauty** and sexuality **has a detrimental effect on** many women that can result in **body image distortion and eating disorders.**

Eating disorders have a massive, tangible impact – they affect millions, most of whom are adolescent females, and they hugely magnify risk of death. ANAD:

http://www.anad.org/get-information/about-eating-disorders/eating-disorders-statistics/

**Only 1 in 10** men and women **with eating disorders receive treatment. Only 35% of people that receive treatment for eating disorders get treatment at a specialized facility for eating disorders. • Up to 30 million people** of all ages and genders **suffer from an eating disorder** (anorexia, bulimia and binge eating disorder) in the U.S.3 • **Eating disorders have the highest mortality rate of any mental illness**.4 • 91% of women surveyed on [a college](http://s.ltmmty.com/click?v=VVM6Nzg5NzI6MjA5OTphIGNvbGxlZ2U6ZDg0MzE2Y2NhYjlmOTgwNmJmZjkxOTJiMGVmMTNlYjU6ei0yMjAyLTY5OTUwMjY1Ond3dy5hbmFkLm9yZzoyOTI4Mjk6YjViNzI3MWFlOGNlYjVlNjE2Mzc4ODQyNTY2NTFhZjk6ZWVjNzIzOWVmOTk4NDE0ZGFlNjFmMjA5N2MzNDUxMzA6MTpkYXRhX3NzLDcyOHgxMzY2O2RhdGFfcmMsMjtkYXRhX2ZiLG5vO2RhdGFfaXRuX3Rlc3QsMjAxNTA5MTFfYzs6NTE2NzI2Mw&subid=g-69950265-9c4378c9c49647269cd38ca30b476fa1-&data_ss=728x1366&data_rc=2&data_fb=no&data_itn_test=20150911_c&data_tagname=A&data_ct=image_only&data_clickel=link) campus had attempted to control their weight through [dieting](http://www.anad.org/get-information/about-eating-disorders/eating-disorders-statistics/#54158023). 22% dieted “often” or “always.”5 • 86% report onset of eating disorder by age 20; 43% report onset between ages of 16 and 20.6 **Anorexia is the third most common chronic illness among adolescents.**7 **95% of those who have eating disorders are between the ages of 12 and 25.** • 25% of college-aged women engage in bingeing and purging as a weight-management technique.3 **The mortality rate associated with anorexia nervosa is 12 times higher than the death rate associated with all causes of death for** [**females**](http://s.ltmmty.com/click?v=VVM6ODc1NjY6MzI4NTpmZW1hbGU6MjhlNzhhNzQ1NmQ3MTNkZmFkMzk5MDQ1NDE5YTFhOWM6ei0yMjAyLTY5OTUwMjY1Ond3dy5hbmFkLm9yZzoyNTc5OTg6NmEwMjI4YTE5Y2Y4NjVlNjBhZjMzZTg2YzZjYTNhYmI6N2FhOTkzNGJhMTUxNDk5NWI4YjdlYTkyNjhjZDk1MmE6MTpkYXRhX3NzLDcyOHgxMzY2O2RhdGFfcmMsMjtkYXRhX2ZiLG5vO2RhdGFfaXRuX3Rlc3QsMjAxNTA5MTFfYzs6NDQyMDc5Ng&subid=g-69950265-9c4378c9c49647269cd38ca30b476fa1-&data_ss=728x1366&data_rc=2&data_fb=no&data_itn_test=20150911_c&data_tagname=A&data_ct=image_only&data_clickel=link) **15-24** years old

Feminism is key to any liberation strategy. Hooks:

Feminism: a transformational politic written by bell hooks. <http://smashfacism.itgo.com/Feminism/transformational.html>

And, solving **the patriarchy** is a pre-requisite to solving other modes of oppression, it **uniquely affects our** social **values** and cognitive states **in ways that make resisting other** forms of **domination impossible**, bell hooks , This knowledge seems especially important at this historical moment when black women and other women of color have worked to create awareness of the ways in which racism empowers white women to act as exploiters and oppressions. Increasingly this fact is considered a reason we should not support feminist struggle even though sexism and sexist oppression is a real issue in our lives as black women. It becomes necessary for us to speak continually about the convictions that inform our continued advocacy of feminist struggle. By calling attention to interlocking systems of domination-sex, race, and class, black women and many other groups of women acknowledge the diversity and complexity of female experience, of our relationship to power and domination. The intent is not to dissuade people of color from becoming engaged in feminist movement. Feminist struggle to end **patriarch[y]**al domination should be of primary importance to women and men globally because it is the foundation of all other oppressive structures but because it **is** that form of **[the] domination we are most likely to encounter** in an ongoing way in **everyday** life. Unlike other forms of domination, **sexism directly** shapes and **determines relations of power** in our private lives, in familiar social spaces, **in the** most intimate context – **home** - and in the intimate sphere of relations – family. Usually it is within family that **we witness coercive domination and learn to accept it, whether it be** domination of **parent over child, or male over female.** Even though family relations may be, and most often are, informed by acceptance of a politic of domination, they are simultaneously relations of care and correction. It is this convergence of two contradictory impulses-the urge to promote growth and the urge to inhibit growth that provides a practical setting for feminist critique, resistance, and transformation. Growing up in a black, working-class, father-dominated household, I experienced coercive adult male authority as more immediately threatening as more likely to cause immediate pain than racist oppression or class exploitation. It was equally clear that experiencing exploitation and oppression in the home made one feel all the more powerless when encountering dominating forces outside the home. This is true for many people. **If we are unable to resist and end domination in relations where there is care**, it seem totally unimaginable **[it is impossible to]** that we can **resist and end** it in **other institionalized relations of power.** If we cannot convince the mothers and/or fathers who care not to humiliate and degrade us, how can we imagine convincing or resisting an employer, a lover, a stranger who systematically humiliates and degrades? Feminist effort to end patriarchal domination should be of primary concern precisely because it insists on the eradication of exploitation and oppression in the family context and in all other intimate relationships. It is that political movement which most radically address[es] the person- the personal- citing the need for transformation of self, of relationships, so that we might be better able to act in a revolutionary manner, challenging and resisting domination, transforming the world outside the self. Strategically, **feminis**t **m**ovements **should be a central component of all other liberation struggles because it challenges** each of **us to alter** our person, **our personal engagement** (either as victims or perpetrators or both) **in a system of domination.** Feminism, as liberation struggle, must exist apart from and as part of the larger struggle to eradicate domination in all its forms.