

### 第三段：医学后遗症与生存状态的恶化

这一系列持续将近 20 天的强制注射与群体羞辱行为，给我带来了严重的身体和心理后遗症。首先是生理反应。在事件之后的数月内，我几乎完全失去了食欲，每天不进食、不感饥饿，体重降至约 90 斤。这种状态无法用普通的抑郁或焦虑解释，更接近于创伤后极端压抑反应（Post-Traumatic Anorexia），是一种严重的神经生理失衡现象。

其次是心理创伤。尽管我自认为已经“死过一次”，对死亡本身并不恐惧，但这段经历却深深植入我的身体记忆，成为挥之不去的羞辱与愤怒源头。我在回忆当时画面时，会本能地产生屈辱感和愤怒情绪。这不是抽象的情绪反应，而是一种持续影响我的睡眠、食欲、社会信任与尊严认同的生理性伤害。

更重要的是，这些后遗症没有在治疗中被正视。精神病院强加的“治疗”本身就是造成伤害的根源，使我无法在制度内获得任何形式的恢复性支持。我的“存活”不是出于医疗帮助，而是依靠自我意志的挣扎和存活本能的顽强抵抗。这一段人生，不是治疗，而是制度化的摧毁。

在注射后的第二周开始，我出现了强烈且异常的性冲动与生理反应，这种状态与我过往的身体状况完全不符。起初我以为是暂时性副作用，但随着注射频次增加，该状态愈发严重。我多次主动向护士反馈这一明显的药物反应，但对方始终表示“不可能”，并拒绝记录或转告医生。

医护人员对这一现象的统一否认态度表明，他们极可能事先了解注射药物可能引发性欲异常的副作用，却故意隐瞒不报。这种隐瞒不仅违反医疗告知义务，也意味着医疗团队明知药物存在严重生理影响，却在未征得知情同意的情况下持续使用，进一步加剧了身体与人格的伤害。

### Section 3: Medical Aftereffects and the Deterioration of Survival Conditions

This series of forced injections and collective humiliation, lasting nearly 20 days, caused me severe physical and psychological aftereffects.

First, the physiological response. For several months following the incident, I almost completely lost my appetite—I did not eat, did not feel hunger, and my body weight dropped to approximately 45 kilograms (around 90 pounds). This condition cannot be explained by ordinary depression or anxiety; it more closely resembles a form of trauma-induced extreme suppression known as **Post-Traumatic Anorexia**, a severe neurophysiological imbalance.

Second, the psychological trauma. Although I consider myself to have "died once" and am not afraid of death itself, this experience has been deeply imprinted into my bodily memory, becoming a lasting source of humiliation and rage. When I recall the scenes from that period, I instinctively feel a surge of shame and anger. This is not an abstract emotional response, but a physiological injury that continues to affect my sleep, appetite, trust in society, and sense of dignity.

More importantly, these aftereffects have never been acknowledged during treatment. The "treatment" imposed by the psychiatric hospital was in fact the source of the harm itself, making it impossible for me to receive any form of restorative support within the system. My "survival" was not due to medical assistance, but to the struggle of my own will and the instinct to stay alive. That phase of life was not a process of healing, but a process of institutionalized destruction.

Beginning in the second week after the injections started, I began to experience intense and abnormal sexual arousal and physiological responses, which were entirely inconsistent with my prior physical condition. At first, I thought it was a temporary side effect, but as the frequency of injections increased, this state worsened significantly. I repeatedly reported this obvious drug reaction to the nurses, but they consistently responded that it was "impossible" and refused to document it or inform the doctors.

The unified denial by the medical staff suggests that they were likely already aware of the possibility that the injected drugs could cause abnormal sexual responses, yet deliberately concealed this information. Such concealment not only violates the duty to inform patients but also indicates that the medical team knowingly administered drugs with serious physiological effects without obtaining informed consent, thereby intensifying the harm to both my body and my dignity.