

Appendix A

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REFERRAL QUESTION

Attorneys for Ms. Urooj Rahman have requested that I evaluate her in order to describe her state of mind, and any experiences that may have contributed to it, on the night of May 29, 2020, when she threw a Molotov cocktail through the window of an unoccupied police car.

QUALIFICATIONS

My qualifications for this task are as follows. I am a licensed clinical psychologist in the state of Massachusetts. For more than three decades, my clinical and research work has centered on the assessment and treatment of traumatic life experiences. I received a B.A. from Oberlin College in 1979 and an M.A. and a Ph.D. in psychology from Duke University in 1985 and 1990, respectively.

In 1990, I completed my clinical internship at Beth Israel Medical Center in New York City and became an assistant professor at the University of Massachusetts/Boston. In 1994, I began working with veterans at the National Center for Posttraumatic Stress Disorders, where I conducted research, performed psychological assessments, trained and supervised psychology interns, and provided individual psychotherapy to combat veterans. In 2005, I developed the psychological portion of the curriculum used by the United States Air Force to educate their Sexual Assault Response Coordinators. In addition, I worked with researchers at the National Center for Posttraumatic Stress Disorder at the Boston Veteran's Administration Medical Center and at Boston University to develop a treatment protocol for psychologically injured re-deploying United States Marines. I also supervised the treatment of traumatized combat veterans.

In past years, I have provided consultation to the Victims of Violence Program, taught graduate courses in trauma at Simmons School of Social Work, lectured to colleges and universities in the Boston and New York areas on psychological trauma, provided supervision for clinicians at the Trauma Center of the Justice Research Institute, and worked with the United States Department of Health and Human Services to develop training for mental health professionals

treating refugees from Bosnia-Herzegovina. Since 1993, I have been qualified as an expert witness in the areas of trauma and child abuse in state and federal criminal and civil cases. I have also maintained a private psychotherapy practice in which I provide short- and long-term therapy to adults.

My scholarly work has focused on the long-term effects of exposure to trauma and the treatment of traumatic stress reactions. My findings have been published in *The Journal of Traumatic Stress, Psychotherapy, The Journal of Interpersonal Violence, Cognitive and Behavioral Practice, Clinical Psychology Review*, and other professional journals. I am a member of the International Society for Traumatic Stress Studies and the American Psychological Association.

PROCEDURE

The materials I reviewed are listed in the appendix to this report. I interviewed Urooj over a period of seven days for approximately 20 hours using an unstructured clinical interview format. Unstructured interviews facilitate the emergence of unprepared reflection, less limited by expectations, and allow for an evaluation of emotional and psychological processes. Urooj was open and cooperative with the interview process. In addition to interviewing Urooj, I also interviewed her older brother Naseem Rahman, her older sister Shagufta Rahman and two of her closest friends, Salmah Rizvi and Kulsoom Ijaz, whom she met in 2014 as part of a legal fellowship program in the Middle-East.

OVERVIEW OF FINDINGS

Urooj grew up within concentric circles of adversity: [REDACTED]

[REDACTED] As an adolescent, she endured extensive harassment related to being a Muslim. These experiences left her with an earnest desire to help other people. Beneath her surface functionality, however, she was gravely compromised and unprepared for adulthood. As a consequence of both her traumatic experiences, [REDACTED]

[REDACTED] she suffered from extreme mood dysregulation, relationship difficulties, obsessive thinking, depression, panic, dissociation, and very low self-esteem. These impairments played out, and were worsened, through [REDACTED] abusive, intimate relationships and extensive, vicarious traumatization from her work.

On May 29 Urooj was psychologically decompensated. She was severely depressed, obsessively ruminating, and anxious to the point of panic. In the weeks prior to the protests she had been largely unable to eat, function, or think clearly. She felt angry and estranged from her friends. The protests activated prior traumatic memories which intensified her negative feelings and further distorted her ability to think adequately. Finally, her capacity to make reasonable choices was further diminished by drinking alcohol on an empty stomach. In this deteriorated state, she engaged in the uncharacteristic behavior with which she is charged.

Urooj has a developing understanding of her psychiatric vulnerabilities and has begun to take steps to remediate the impact of her trauma history on her functioning. She has spent considerable time reflecting on the very serious mistakes she made on May 29 and looks back on her behavior with shame and remorse.

[REDACTED]

When Urooj was almost 11 years old, the attack on the World Trade Center (9/11) occurred. She remembers walking down the hall in middle school with one of her closest friends, the daughter of a fire-fighter, and saying that she hoped no one was hurt. As it turned out, her friend’s father died in the attack. Subsequently, the friend blamed Urooj’s “people” for her father’s death and withdrew from their friendship, a response that remains fresh and poignant for Urooj even today. Discussing the memory brought Urooj to tears in one of our sessions. 9/11 also inaugurated a frightening increase in harassment against Muslims and Indian/Pakistanis. Name calling and threats were frequent. Urooj remembers begging her mother not to wear a hijab on the street. The harassment often had an explicit racial tone and the content of the name calling (e.g. “ugly Indian hairy monkey”) intersected with her pre-adolescent insecurities and made her feel ugly as well as frightened and denigrated. Her negative feelings about her body have persisted to this day and are often a part of obsessive ruminations and a sense of inadequacy.

This compendium of adversity had several consequences for Urooj. She arrived at the doorstep of adulthood without the ability to adequately manage and regulate her feelings, even normal ones. Moreover, the feelings she had to contend with were not normal, but rather traumatic ones. She had been [REDACTED] [REDACTED] exposed to threats, rejection, and denigration at school and on the street. Insecure and deeply frightened, she was subject to incapacitating depression, panic, and uncontrollable

obsessional thinking. Her ruminations ranged from the trivial (why didn't I put that tablecloth on the table) to minute aspects of her appearance (my jawline is not feminine) to central concerns about herself and her life (what is wrong with me, why am I not married).

Urooj's obsessions intrude and occupy her mind, bringing with them painful, disruptive feelings. Further, they invariably crowd out far more important concerns. Even when it appears that she has moved beyond a particular concern, a reminder can activate her ruminations and the feelings that accompany them. Decision-making can be arduous as she circles around and around, seemingly resolving but then re-opening the decision-making process. She has a completion compulsion (once she imagines something in a particular way it is very difficult if it does not go that way). She is also prone to checking behavior (e.g. checking the stove knobs or the door lock repeatedly). While her checking may be somewhat excessive, it is not incapacitating in the ways that her obsessional thinking often is.

Urooj's appears psychologically younger than her chronological age and her upbringing has likely contributed to this. Urooj's immaturity is manifested in her inability to anticipate the consequences of her actions, her emotional reactivity, her urgent need for peer approval and the superficiality of her psychological understanding. Childhood trauma engenders what is sometimes referred to as "stuck points," i.e., aspects of development that are arrested, resulting in capacities that are insufficiently developed because the individual has been stymied in their advancement through the normal process of development. In all likelihood, Urooj's relationship with her mother also contributes to her psychological immaturity. Parentification requires that a child act older than their years and, at the same time, interferes with the emergence of true maturity by taking the child away from their own, necessary developmental tasks. Urooj's mother continues to treat Urooj as though she is not yet an independent adult. Historically, Urooj has accommodated to this treatment, in part because her mother needs it and in part because it soothes her own anxiety. She now realizes that her mother's "babying" of her and her constant attentiveness to her mother have not been helpful. She is beginning, like her sister, to set limits, while still giving support.

Heading into adulthood, Urooj searched for ways to respond to what she had undergone and what she was feeling. She sought out meaningful work that might address some of the inequities she had experienced and tried to find a relationship that would quiet her fears and allow her to feel safe. Unfortunately, both of these strategies exposed her to more traumatic stress with which she was ill-equipped to cope.

Secondary Trauma Through Work

During and after law school, Urooj sought opportunities, nationally and internationally, to be helpful to people suffering from discrimination, dislocation, and persecution. This work sharpened her understanding of the broad forces bearing down on marginalized and displaced people, but it also burdened her with more exposure to traumatic stress.

Psychological impairments are not typically resolved through work, even meaningful work. While engaging in helping behavior is a common, and potentially positive, response to trauma (sometimes referred to as a survivor mission), it does not typically remediate psychological illness. When there is serious psychological injury, a survivor mission may worsen psychological status, as it did here. Furthermore, vicarious traumatization (also referred to as secondary traumatization) is a potent psychological stressor. It can affect a person in the same way as personally-experienced trauma, especially when it is cumulative and reverberates with personal adversity.

Urooj's exposure to significant secondary trauma through work includes the following:

- During law school, Urooj participated in a training in South Africa on behalf of LGBTQ people seeking asylum. She was exposed to painful stories of people having been beaten, sexually assaulted, displaced, and impoverished because of their sexuality or gender expression.
- Also during law school, Urooj spent two-and-a-half months in Haifa and Ramallah. There she witnessed Jews and Arabs being attacked by the police with tear gas and beatings, and she saw protestors threatened with water cannons and shot at with live ammunition and rubber bullets.
- After law school, Urooj worked primarily with organizations assisting refugees. She spent nine months in Istanbul and seven months in Cairo. Her work involved interviewing and assisting refugees and asylum seekers from Africa and the Middle East who were fleeing civil war, poverty, and persecution. Her work necessitated listening to stories of dislocation, terror, deprivation, and desperation. During her time in Istanbul, Urooj also saw LGBTQ protestors being attacked, and experienced firsthand, being shot at with rubber bullets, kettled (encircled by the police), shoved, and tear gassed.

- In the year leading up to her arrest, Urooj worked as a housing attorney with Bronx Legal Services. Here, too, she spent considerable time listening to stories of deprivation, poverty, discrimination, and desperation and saw the dilapidated conditions in which her clients lived.

Urooj describes herself as having “undisciplined empathy,” by which she means that she is unable to maintain normal and adaptive boundaries between her experiences and those of others. When someone begins to cry, she often cannot stop herself from crying. She mirrors their experiences with a mixture of empathy and her own suffering, which reverberates long after the encounter is over. Many of the stories she heard during her work remain sharply vivid. For instance, she described her intense anxiety when a young man, her client, in Turkey told her that if he did not get asylum, he would get in a boat to try to make it to Greece. Well aware that many people died during this passage, Urooj felt frantic and then helpless. She worries about the man to this day.

Women and trans people shared detailed stories of being battered and sexually assaulted, which Urooj could not erase from her mind. Other clients, abroad and in New York City, were facing deplorable living conditions, poverty, and food insecurity, which she found heartbreaking. Urooj was haunted by the images that formed in her mind during her interviews and was unable to stop thinking about them afterwards. Her tools as a lawyer were limited, and this filled her with feelings of helplessness and guilt at her relative privilege. Irrationally, she feared that thinking about her clients’ misfortunes might increase the chance of them happening to her, and then she condemned herself for focusing on her pain rather than theirs.

Looking back, it seems to Urooj that her work gradually led to increased emotional reactivity, despair, and grief. It also led to the sense that the world was a darker and less hopeful place. Her responses are consistent with research on the potential effects of persistent, secondary trauma.

Intimate Partnerships

Urooj has had [REDACTED] intimate partnerships, all of which were characterized by the same general dynamics. She looked for “strong men” whom she thought would protect her. However, these relationships were invariably tumultuous and controlling and often emotionally and physically abusive. (In her [REDACTED] relationship, physical violence was infrequent, but one incident left her bloodied.) [REDACTED]

[REDACTED]

[REDACTED] She responded primarily by covering – [REDACTED] Sometimes, anger got the best of her, and she lashed out. This was invariably followed by deep regret, guilt, and appeasement. On occasion, she ran away, but she always returned, desperate to accommodate -- to “fix” the relationship and make it better. The end of each relationship was marked by psychological collapse: she became profoundly depressed, ruminative, and actively suicidal. No matter how abusive the relationship, she did not feel that she could survive its ending.

After her [REDACTED] in college, Urooj sought therapy at her university and began taking medication (antidepressant and anti-anxiety medication). Therapy ended when she was referred out for continuing care because of the limitations of the counseling center, and she discontinued her medication once therapy stopped. She continued to try to get help, on and off, throughout her schooling, but the counseling center did not see people for longer than 10-12 sessions, and short-term therapy was insufficient for her psychological needs. After her [REDACTED] [REDACTED] she began therapy again at the Institute for Contemporary Psychotherapy. At this time, she reported extreme mood shifts and intense anxiety, often in response to seemingly trivial events. Clinician notes reflect the presence of debilitating depression, dissociation, intrusive thoughts, obsessive thinking, panic, and suicidality. She is also described as vacillating greatly, scheduling and rescheduling sessions to an unusual degree and struggling with phobias. Her previous psychiatrist had advised a mood stabilizer as well as Dialectical Behavior Therapy (useful for extremely dysregulated mood states and often recommended after serious developmental trauma). However, when she switched providers the decision was made to double her anti-depressant before trying a mood stabilizer. After several months, her new provider agreed on the need for a mood stabilizer. By this time, however, she was preparing to go to Turkey, and it was deemed inadvisable to start on a new medication. Treatment ended when she went to Turkey for work.

In December 2018, Urooj returned to therapy at a Brooklyn clinic, but stopped six months later when she began working in the Bronx because her new insurance did not cover the clinic’s services. It was not until February 2020 that she started again, prompted by the fact that her relationship with a [REDACTED] partner appeared heading for an end. [REDACTED]

[REDACTED] Nonetheless, Urooj intended to marry him. Facing a [REDACTED] breakup, she became incapacitated with despair and

was unable to function. Her friend Kulsoom Ijaz describes her prostrate on her couch, alternating “wailing” with being “catatonic.” In Kulsoom’s words,

[Urooj] would wail like the way you see woman wailing who have lost their children in war. And then she would stop and lie on the couch, listless and completely unresponsive. Not asleep. Eyes open but totally unresponsive. It was like a pendulum. She would cycle back and forth between wailing and lying there unseeing. She was just gone.

Urooj could not eat and she slept excessively, sometimes 18 to 20 hours a day. She missed some days of work and functioned minimally when she did work. She often arrived very late because she was unable to get out of bed in time. Once at work, unless she had a court appearance, she often hid in her office, either weeping or sleeping. This descent into depression and despair compelled her to begin therapy again. The relationship [REDACTED] briefly resumed, which gave her a temporary boost in mood and functioning, but it ended permanently on May 11, 2020, two weeks before [REDACTED] and before the incident for which she was arrested. Urooj then sank back into a decompensated and dysregulated state: severely depressed, ruminative, panic stricken and, at times, “checked out.” As before, she was unable to eat adequately and slept much of the day when she was not crying.

SCIENTIFIC BASIS FOR UNDERSTANDING UROOJ RAHMAN

Urooj manifests the long-term consequences of complex developmental trauma. Her symptoms are severe and likely exacerbated by [REDACTED] psychiatric vulnerabilities to obsessive compulsive disorder and mood disorders. The consequences of these factors shaped the powerful emotions and deeply distorted thinking that underpinned her response to what she experienced on May 29. To appreciate the scientific bases for my opinion, it may be helpful to briefly review some central tenets of development and trauma, based on decades of clinical and epidemiological research.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] vulnerability being expressed in actual illness is significantly increased by exposure to trauma. Urooj shows evidence of mood instability, severe anxiety, disabling depression, and obsessional, ruminative thinking. These impairments are likely, at least partly, inherited and also, exacerbated by exposure to developmental complex trauma.

Trauma

Biology and Memory. Serious trauma leaves an indelible imprint on the brain and psyche. Traumatic experiences, particularly ones that are chronic, change the brain through the effect of stress hormones that flood the body during and after (i.e., when re-experiencing) the events. This process alters the neural networks and response patterns of the brain, leaving traumatized people sensitized to fear and pain as well as prone to panic, depression, substance abuse, distorted thinking, interpersonal dysfunction, and dissociation.

Memories of unresolved psychological trauma do not fade with the passage of time the way normal memories do. Indeed, when a traumatic memory or memory fragment is recalled, the person often feels as though she is re-experiencing some aspect of the actual event. Memories come unbidden and feel revived, visceral, and present-day. Their intensity and immediacy capture a trauma victim's full attention, endangering her healthy relationship to the present and driving the need for ongoing coping and psychological defenses. It is through this process that defenses against traumatic emotions (such as dissociation) and behavioral responses (such as over-accommodation) become persistent and distort the individual's adaptive response to the present.

Youth

Childhood and adolescence are unique periods of risk and opportunity. Younger people have fewer resources (both psychologically and practically) with which to deal with frightening circumstances and the ensuing traumatic emotions. They have fewer ways to cope, less knowledge and perspective, and less power to get away from danger or to get help. A traumatized child or adolescent who is not provided with adequate support is likely to endure long-term damage to her emotional system and her schemas of self and others.

Self-regulation

Human infants are born with the capacity to experience a range of intense emotions and needs but without the ability to manage or regulate those states. Under normal conditions, an infant moves frequently through cycles of distress and of being comforted by her caretaker. As this happens repeatedly, a child begins to develop an internal biological and psychological representation of the experience of being comforted, which becomes, over time, the foundation of her own ability to manage distress. [REDACTED]

[REDACTED] Normal development

dissociation. Dissociation is the non-volitional (automatic, unconscious) disconnection of aspects of experience (such as knowledge or emotions) that would otherwise be connected. It is a way to not feel something that is important, but is emotionally or psychologically intolerable. Although disassociation may be emotionally protective (in the short run), it can persist, particularly in the aftermath of complex trauma. When dissociation becomes habitual, or a persistent response to stress, critical information may be lost to the individual, and this in turn, brings other kinds of dangers to the fore. One can carry out complex behaviors while still suffering from dissociative symptoms, but those symptoms are likely to become more pronounced in times of stress.

Attachment Dysfunction

All of the above (mental illness, [REDACTED] and exposure to complex developmental trauma) bears on one's ability to form and maintain healthy attachments. Urooj struggles most acutely in her romantic attachments where she is unable to screen out abusive men or to manage the intensity of the feelings that are unleashed. In her peer relationships, she is described as a loving and deeply caring friend, who always goes above and beyond, and she has a group of friends that she has maintained for many years. However, when she feels hurt or slighted, those feelings become woven into her ruminations, interfering with her friendships and causing her great pain.

ADULTHOOD

By her mid-20s Urooj had achieved several milestones of a functional adulthood: she had been successful in school; she was doing interesting and meaningful work; and she had found and maintained a close circle of devoted friends. At the same time, she struggled with persistent, painful and disruptive psychological illness. Most psychological disorders (including posttraumatic conditions, OCD, and depression) wax and wane, leaving those afflicted fully functional at times and impaired or disabled at others. Posttraumatic conditions and attachment problems, such as those from which Urooj suffers, are particularly sensitive to external triggers. Thus, while Urooj can, and often does, function at a high level, she arrived at adulthood at acute risk for responding to its increased challenges, particularly relationship loss, with decompensation and psychological illness.

Entering adulthood, Urooj was immature for her age. In addition, to her childhood trauma and her parentification, this immaturity may also reflect the severity of her psychological symptoms. Urooj is prone to serious, disabling, recurrent clinical depression, obsessive compulsive

disorder, dissociative symptoms and disordered attachment. It is difficult to develop the solid sense of self, the capacity to self-regulate, and the broad perspective that underpins a healthy adulthood if the rug is constantly being pulled out by disabling floods of painful emotions and intrusive, controlling thoughts.

Urooj's past traumatic experiences -- from childhood, work and romantic relationships -- are always close to the surface. They are easily triggered. When this happens, one experience triggers the next, leading to a flood of revived memories and intense, painful feelings that she cannot regulate or cope with adaptively. Importantly, a defense that she employed as a child, namely dissociation, has accompanied her throughout her adulthood. Dissociation is dangerous when it leads to critical information not being taken into account in decision making. Traumatized people who have been inadequately protected (as was Urooj) often disconnect from certain kinds of danger cues so as to maintain important relationships. Unfortunately, this can become a pattern, which operates automatically and places a person at risk of insufficiently protecting themselves.

This pattern was evident in Urooj's [REDACTED] abusive romantic relationships, when she was unable to absorb relevant information about the dangerousness of the men with whom she was involved. It was also operative on May 29, 2020, when Urooj, in the context of trying to solidify her friendship with Colin Mattis, did not take in critical information as to the likely consequences of throwing a Molotov cocktail into a police vehicle down the block from a police station.

THE EVENTS OF MAY 29

For Urooj, the two weeks leading up to May 29 were characterized by increasing psychological decompensation and futile efforts to ameliorate her deterioration. Her relationship [REDACTED] had ended, at [REDACTED] initiative. Frightened of spiraling down further, she fastened onto the idea that if she retook a modicum of power [REDACTED] [REDACTED] she could make the loss easier to bear. Her close friends, including Colin, were strongly opposed to the idea. A couple of her closest friends decided to drive her [REDACTED] apartment to safely facilitate what she felt was so urgently needed.

The first time they went to [REDACTED] apartment, he had company, and Urooj insisted on going home without approaching him because she did not want the meeting to be rushed. On May 25, Urooj and her friends tried again, but [REDACTED] was not home. Her friends called him to get him to return under the pretense that they were there to retrieve Urooj's possessions. Urooj did not want them to call, but they overrode her wishes, feeling it was in her best interest to move the

process along. When [REDACTED] showed up, [REDACTED] was uninterested in hearing her out; he had a friend waiting for him. Urooj felt rushed and was unable to express what she had hoped to express. She was left feeling humiliated, rejected and even more diminished. She was also enraged with her friends for ignoring her wishes and pushing her to get the encounter over with. That night, she circled back on her own and said her piece [REDACTED]. Doing so gave her a small boost, but did not stop the overall downward psychological spiral, and it did not repair her estrangement from her friends.

In all, the experience was devastating for Urooj, and she sank into the severely obsessional and depressed state that she had been trying to avoid. She was unable to stop ruminating on what had happened at the apartment and about other losses and traumatic memories. She was flooded by intense, negative emotions, and her most important relationships felt frayed. She needed her friends desperately, and they were worried about her, but she was extremely angry with them for having pressured her to leave the relationship [REDACTED] in the way that they did. The feeling that her friends had disempowered her and that this had cost her something she needed in her ending [REDACTED], became an obsessional rumination that she could not stop thinking about.

Urooj's painful feelings of estrangement were especially sharp with Colin Mattis, with whom she is close. [REDACTED] [REDACTED] [REDACTED]

[REDACTED] Urooj recognized his concern, but felt that he was not respecting her feelings. After the May 25th encounter, she felt too angry to return to Kulsoom's house (where she had previously stayed when she needed support), and instead went home to her mother. She felt angry, sad, self-loathing, despairing and hopeless about her life. As before, she was unable to eat. She also felt "checked-out," i.e., dissociated. She sometimes felt as if she was outside her body watching herself, and at other times the world felt far away.

That is the psychological state Urooj was in when, at home, alone with her mother, she heard about George Floyd's murder. Initially, she resolved not to watch the video of his murder because it felt like a violation of his privacy. She also had some vague awareness that she could not manage any further negative emotional input. However, as the protests began and friends began texting about them, the event became impossible to ignore. Mr. Floyd's vulnerability and his calls for his mother filled Urooj with grief and horror and reminded her of things she had seen abroad

and in videos of protests at home. Her resulting feelings merged with the stew of excruciating emotions she was already feeling.

May 29th was a significant and especially painful day for Urooj in that it was [REDACTED]

[REDACTED] She did not want to be alone. She had the idea that focusing on issues outside of herself might help her to feel less desperate, so she went to the demonstration at the Barclays Center in downtown Brooklyn. There, she found herself in the middle of an experience that she never expected to have in this country. There was a strong police presence, and the scene was far more chaotic and frightening than she had expected. The police kept pushing people back, but it was unclear where people should move to. At some point, the police began to clear the crowd with pepper spray and tear gas, and protesters began to throw objects towards the police. In response, the police removed the barricades and began swinging their batons at protesters. Urooj saw a police officer beating a protestor so hard that the officer's white shirt became covered in blood. She witnessed protestors crying and gasping for air. She reports that her eyes and arms burned from pepper spray, and that she coughed harshly, and tried not to inhale. She found herself conflating what was happening in the present with her traumatic experiences in the past.

As Urooj described it to me:

That whole day and evening, [REDACTED]

[REDACTED] and when you think that you might get your power back in some way, they show you how much power they really have, and its way more. Any push you try and do, [they] will punch back 1000 times harder and [they] will shut you down even more completely. [They] will destroy you. It feels like it is all about power and domination.

Eventually, the crowd was disbursed, and Urooj began to hear people say that they should regroup at Fort Greene Park. Even more frightened to be alone with her thoughts and feelings, she reached out to Colin and others. Over texts, Colin described tearing up as he tried to figure out how to talk to the children in his care about George Floyd's death. Urooj knew Colin did not usually show much emotion, and his texts affected her deeply.

Urooj went to Fort Greene, and what happened there was similar to what had transpired at the Barclays Center. This time, she saw protesters directing their anger at an unoccupied police van. She thought that expressing anger in this way might "release some of the pain" that she was

feeling. It seemed to her to be a harmless form of “release” because it was directed at an object, not at a person. Wanting to feel better, and also, to be a participant, she threw a rock at the van. She told her friends that she had thrown projectiles at the police, possibly hitting a police officer. She now reports, with embarrassment, that she did not hit anyone, and that her statement was “bravado” -- that it reflected her desire to be seen as someone “down with the people.”

I cannot judge the veracity of Urooj’s account, but it is consistent with her developmental (as compared to her chronological) age. It is also consistent with the overall tenor of the texts in her friend group and their shared understanding of the difference between self-expression and action. Most of the people in her friend group are lawyers dedicated to working within the system. Intermixed with calls to “burn it all down” are texts making sure that everyone had received their ballots and was ready to vote. ██████ described the inflammatory nature of the texts as a way to discharge feelings so that actions could be more measured, similar to how complaining, in extreme terms, about one’s partner, to a friend might allow for a more thoughtful conversation with the partner later. There was a shared understanding that angry, expressive talk would drain away angry feelings and leave room for more measured action.

It was later, after dark, when Urooj met up with Colin. It felt very important to her to reconnect with Colin and repair the distance that she felt from their disagreements over the ending of her relationship with ██████. When he arrived, she realized that he had been drinking heavily and this worried her, in part because he was driving (she does not drive). She was reluctant to confront him because she was hoping to repair their bond, not create conflict. She reports having the idea that if she drank some of his vodka, there would be less for him to consume. Urooj had previously used alcohol to self-medicate intolerable feelings and that night, she also thought that alcohol might make her emotional state more bearable. On a completely empty stomach, she soon became quite drunk. Being inebriated further diminished her ability to think clearly.

Earlier in the evening, Urooj had mentioned that she had heard of people making Molotov cocktails. As they were buying beer (both to drink and also to get an empty bottle), Urooj was interviewed by someone who said he was a reporter. Quite inebriated, she echoed stock phrases of political dissent. ██████ pointed out that Urooj misrepresented a famous quote by Audre Lorde (“the masters tools will never dismantle the master’s house”). Urooj, and the friend group in general, were quite familiar with this quote; they understood it to mean that violence will never dismantle violence and that a social justice movement can be predicated only on non-violence.

Both Colin and Urooj were frightened about their emerging plan, which they took turns acknowledging to each other, but they also continued to take steps to make the Molotov cocktail. Urooj describes going along with their actions as if it was part of an imaginary play. This sense of parallel realities is consistent with her feelings of dissociation. Planning to make a Molotov cocktail felt like a fantasy that would allow her to feel connected to her friend. As she told me:

It's like we were acting one way but not exactly believing it. What we wanted to do was join the group and even while we are actively getting things I am feeling that it was all talk -- bravado . That is why I was so open, why I even shared my name and my photo [with journalists] – it's because I didn't think we were really going to do it.

When they saw the vandalized police car, Urooj thought that if they were going to do something, directing their efforts towards an already damaged, uninhabited car would make a symbolic point without doing any real harm. After driving past dozens of police officers and two fire trucks, trying to give the Molotov cocktail away (because she didn't want to throw it herself) and allowing the person to whom she offered the Molotov cocktail (who she believed was a reporter) to take her photograph, Urooj got out of the car and lit the fuse. The lit object in her hand penetrated enough of her clouded mental state that she immediately regretted lighting it. She thought about pulling the tissue out but quickly realized that her hands were covered in gasoline. Feeling out of options, she threw the Molotov cocktail into the empty car. She and Colin were apprehended almost immediately afterwards.

A PERFECT STORM AND ITS AFTERMATH

Several factors came together to create this aberrant event. Urooj went to the march in a deeply deteriorated state. She felt loathsome, desperate, disempowered, sad and angry. At the march, she was flooded by additional traumatic feelings and associations. This intensified the low-grade dissociation that had plagued her throughout her life and which had become more acute during the weeks leading up to May 29 with [REDACTED]. She also experienced the events of the day through the lens of her prior personal trauma, [REDACTED], in relationships and abroad. These prior, unresolved experiences freighted her experience that night with vivid and painful feelings and associations. Frightened to be alone, she was highly motivated to feel close to Colin and to avoid any conflict with him. Drinking and engaging in a mutual activity was an expression of this need. Getting drunk was also an effort to numb her feelings of anxiety, which

it did. Numb, dissociated and inebriated, she was disconnected from a meaningful awareness of what the consequences of her actions might be.

After her arrest, Urooj had two stints in jail of 3 days and 25 days. This consequence was entirely unexpected and frightening. Her time in detention, however, offered her a meaningful learning opportunity. Initially, even though she is a lawyer, she was unable to sense of why she was in jail. She was confused at language calling the Molotov cocktail a bomb, and didn't understand how her conduct could be considered an act of terrorism. Returning to jail for the second stint (25 days) was devastating. She was so overwhelmed, and her proclivity to dissociate in the face of stress is so persistent, that she nearly fell asleep while the police were handcuffing her. As soon as she was placed in her cell she fell asleep, waking into a full blown panic attack: she was having trouble breathing and thought she was dying. Women in nearby cells calmed her. Subsequently, she continued to have waves of panic, despair and suicidal feelings. Unlike in the past, there was nothing she could do except wait for the feelings to pass. She discovered that even the most awful feelings come and go, intensifying and then diminishing. This is a central tenet of affect tolerance -- feelings pass and can be borne -- and it is a signifier of maturity and the self-control and perspective that comes with psychological maturity.

Detention provided Urooj with the experience of tolerating intense and painful emotions without dissociating or discharging her feelings through action. In Urooj's words:

The first few days I thought I would not live, would not survive my panic. But I realized two things: the women I was surrounded by had lived with it for years and also, there was no immediate rescue and so I had to weather these waves of panic and discover there was another side. I learned that I was stronger than I thought and that if I waited a while, the feelings that I didn't think I could survive and that made me feel I needed to drink or suppress or distract, that in fact, it could be endured, like a wave. I learned that part of processing a feeling was letting it just flow through me . . . without reacting to it. I also learned that until the worst has happened, it hasn't happened.

In detention, Urooj reflected on what she had done in, as she describes it, "a crazy state of mind." She came to re-evaluate lighting and throwing the Molotov cocktail:

And in the end I recognized that what we did had no utility. A sit-in is useful but damaging an already damaged car is reckless and stupid. At the time, my drunken mind wasn't focused on the recklessness or the long-term political utility or risk to us but it was more like I was thinking in very immediate terms around being close to Colin and supportive of him and trying to participate in an emotional way.

Following her release from detention, Urooj has focused on her mental health, her spiritual life, and appreciating her freedom. She has stopped drinking alcohol and joined Alcoholics Anonymous; she is taking Lamictal, (a medication used for mood instability) and she has begun Dialectical Behavior Therapy, a primary modality used with people who are suffering the consequences of complex developmental trauma. DBT focuses on learning to tolerate one's feelings and enhancing one's capacity to thoughtfully evaluate one's actions before taking them.

CONCLUSION

Urooj Rahman's political ideas sit squarely in the middle of the beliefs held by mainstream lawyers devoted to social justice. For example, she supported Bernie Sanders in the 2020 election and voted for Joe Biden in the presidential election. She has never had a connection to a radical group. Her siblings, Shagufta and Naseem, are squarely in the middle of the road politically. Her commitment to helping and not hurting people, even those she disagrees with, is sincere, notwithstanding her inebriated rhetoric. Had she been motivated to do real harm, she has the intellectual wherewithal to do more than throw a primitive device into an unoccupied police vehicle in full view of nearby police officers after giving her name to a journalist and permitting her photograph to be taken holding the device.

Urooj's actions that night highlight the central findings of this report, namely, that on May 29, 2020, Urooj was a psychiatrically impaired young woman unable to think clearly. Her deteriorated emotional state, as well as the traumatic memories that were activated that night, and her proclivity for dissociation which was heightened by drinking came together to engender behavior that was out-of-character and unlikely to ever be repeated. Specifically, that night she was disconnected from the broader implications of her actions and from the risks of acting near so many police officers, even as she acted.

The events of that night, and their consequences, have shocked Urooj into realizing that her substantive psychological impairments require treatment and ongoing attention. She has work to do, but I believe that, with effort, she can attain a significantly higher level of mental health and ongoing stability. It is also my firm opinion that Urooj does not pose a threat to public safety.



Leslie Lebowitz, PhD

APPENDIX

Materials Considered

1. Mental Health Records for Urooj Rahman (and Phone Call with Prior Clinician and Phone Call with Prior Clinic's Mental Health Administrator)
2. Loud Labs Livestream available at https://www.youtube.com/watch?v=6FEIgw5_wUE
3. Text Messages from Colin Mattis' Phone
4. Photo of Urooj Rahman (from Government's June 1, 2020 Submission to the Court)
5. Photos of NYPD Auxiliary Police Car
6. Surveillance Video from outside the 88th Precinct