pink ribbons on products to increase sales without making significant contributions toward breast cancer research and prevention—or worse, use the ribbons to sell products that may actually increase the risk of cancer—bears some similarity to the growing production of films and TV programs that center on the lives of transwomen (e.g., *Transparent, The Dallas Buyers Club, The Danish Girl*) but garner awards and acclaim solely for the White men who play transwomen and the largely White, cisgender staff who write the scripts. This similarity highlights the ways in which both groups' identities have become marketable but have done little to stymie the tide of breast cancer deaths (King; Klawiter; Ley; Lubitow and Davis; Mart and Giesbrecht; Pezzullo) or lower the murder and suicide rates of transwomen (Richards; Vincent). In addition, both groups have been incorporated into regimes of medicine that use their bodies as the grounds for the advancement of new realms of science and their conditions as the means for producing ready consumers for their wide swath of prosthetics as well as reconstruction and reduction products and procedures.[3] But despite these common, shared interests, breast cancer patients and transwomen are rarely, if ever, put into conversation with each other or encouraged to see each other as potential allies in the fight for more just treatment from medical, legal, and social institutions.[4]

Undoubtedly, the obstacles blocking affiliation between the two groups are substantial. However, in this article I argue that there remains a potent possibility for a coalition between breast cancer patients and transwomen that unites them against shared axes of discrimination arising from the most unlikely of places: the Transportation Security Administration (TSA) airport security checkpoint. In what follows, I offer the unanticipated moments of state scrutiny experienced by White, middle- and upper-class breast cancer patients at the hands of the TSA as a case study for the ways that affective ruptures of the quotidian can be harnessed by scholars and activists to foment coalitions across substantial lines of difference. Specifically, I show how the TSA's unintentional "outing" of breast cancer patients using prostheses to present themselves as "healthy," "normal" women in TSA security checkpoints creates unanticipated moments of vulnerability for cisgender women. These moments, I argue, can help build coalition campaigns that attempt to redraw lines of affiliation between those patients and transwomen.[5]

For those familiar with the histories of both movements, the long-standing divide between transwomen and breast cancer patients should not come as a surprise. Despite substantial work attempting to bridge the distance between trans and disability movements (Clare; Kafer; McRuer; McRuer and Mollow; Puar; Spade; West), trans advocates remain reticent to join coalitions with disability advocacy groups.[6] Given the history of medicalization and pathologization of trans bodies and clear pattern of justifying the mistreatment of trans people as ill, psychotic, or perverse, and therefore necessarily subject to medical intervention—which was often deleterious to the health of the patient—trans advocacy groups remain wary of terms like *disability*. As Isaac West explains, "LGBT [lesbian, gay, bisexual, and transgender] advocates have invested considerable time and energy in countering the medicalization and pathologization of their identities and desires, a struggle that continues today with campaigns against religiously based reparative therapies and the continued classification of transgender identifications as 'gender identity disorder'" (156). Unfortunately, this resistance to medicalization has resulted in the integration of ableism into the ranks of trans advocacy's strategies. For example, Alexandre Baril explains that at trans advocacy events "poster slogans supporting the depsychiatrisation of trans

identities … such as 'Trans, not disabled' and 'Trans, not ill', distance trans people from disabled people and relegate them to the status of 'Others'" (64). This move toward ableism as a way to distance trans experience and identity from medicalization is similarly critiqued by a bevy of scholars in cultural, communication, and queer studies (Chess et al.; Clare; Kafer; Puar; Spade; West). Despite these scholarly contributions, the reluctance to join with disability rights advocates and the utilization of ableist rhetoric continue to limit the possibilities for coalitions between trans and other rights movements based in physical health concerns.

Similar to trans advocates' reticence to link themselves to disability rights advocacy, breast cancer patients (particularly those who identify with the mainstream breast cancer prevention movement) tend to disidentify with the disability rights movement in large part due to the depoliticizing individuality of breast cancer prevention discourse. Several critics have noted the ways in which modern breast cancer rhetoric encourages individual women to prevent cancer through lifestyle changes and regular screening (Gibson et al.; Ley; Polzer). This focus on individual responsibility fails to account for the structural inequalities that may prevent women from changing their lifestyles or accessing breast cancer screenings and subsequent care for cancer. For instance, while many women would like to meet with doctors for regular screening and access cancer treatments, the high cost of these services and the inability of many to purchase affordable insurance coverage preclude them from accessing them. Furthermore, some women are unable to avoid engaging in certain unhealthful behaviors—eating meat, dairy, and produce treated with pesticides and hormones; using beauty and cleaning products with chemicals that may contribute to breast cancer; breathing air laden with pollution; making choices about their reproductive health—due to their financial, social, and physical locations. As a result of this allocation of cause to the choices of individuals, women who are diagnosed with cancer in some cases disidentify with disability rights discourses addressing structural causes and institutional patterns because they are encouraged to see their disease as the result of their own failings.

The allocation of culpability to individual women, rather than to the systemic inequality that inhibits access to prevention and cancer treatment resources for all potential breast cancer patients, is reinforced by the discourse of survivorship that encourages women with breast cancer to face their illness with stoicism and persistent cheerfulness. The sea of pink ribbons every October, the smiling women on regular rotation on the Komen Foundation website, and the cheerful greetings at Race for the Cure events all emphasize how modern breast cancer prevention discourse continues to encourage women to be optimistic and feminine in the battle against breast cancer.[7] This "cult of cheerfulness" often belies the complex reactions women have after diagnosis, instead presenting breast cancer as a rite of passage for women (Gatison; Pitts; Skelly; Sulik). Such discourse similarly codes anger or resistance to hiding one's illness through reconstructive surgery or prosthetics as a political act that violates the dictates of femininity and is symptomatic of an unwillingness or inability to grapple with one's illness appropriately (Crompvoets; Rubin and Tanenbaum; Rubin et al.). Even in simple instances of emotional negativity or a failure to veil the physical effects of breast cancer treatment, this preemptive critique of resistance to the survivor narrative as aggressively political encourages breast cancer patients to experience their cancer as an individual phenomenon and engage only in sanctioned community activities with other "survivors."

Sadly, even if breast cancer patients deviated from the survivor narrative and countered the individualism of the mainstream breast cancer movement, it remains unlikely that they would readily seek solidarity with transwomen in the face of transphobic narratives casting trans people as deceptive, perverse, and not "real" women. As Talia Mae Bettcher explains: "Gender presentation is generally taken as a *sign* of sexed body, taken to *mean* sexed body, taken to *communicate* sexed body. And it is precisely for this reason that transpeople who 'misalign' gender presentation and sexed body are construed as either deceivers or pretenders" (52). Put simply, even if breast cancer patients recognized that transwomen used many of the same medical procedures and were subject to a similarly constraining notion of "healthy" femininity, the discourse of transpeople as deceivers would likely stymy that affiliation in many instances. The "trans as deceiver" discourse implies that while breast cancer patients' use of prosthetics and surgery is a restoration of their authentic selves, trans people's use of prosthetics and surgery are at best pathologically driven by illness and at worst attempts to infiltrate women's spaces for nefarious purposes. Whereas breast cancer survivors' efforts to reclaim their femininity through surgery, hormones, or prosthetics are simply affirmations of their true identities, trans people's use of the same technology is characterized as a choice to deceive and deviate from the biological "truth" of their sex.

Given these staunch political and social divides, it comes as no surprise that little has been done to draw connections between these groups for the purposes of political action. Taken together, the limitations to affiliations between breast cancer patients and trans people seem daunting and may lead scholars and activists to question whether attempts at building such coalitions are even possible or practical. However, using the unanticipated "outing" of gender-normative breast cancer patients at airport security checkpoints as a case study, I show how moments of scrutiny and vulnerability can be used to facilitate new affiliations between groups with asymmetrical privileges and conflicting agendas. To elucidate the contours of that argument, I begin by explaining how experiences of inflicted insecurity create affective ruptures in the quotidian and explore how those ruptures can be used in the context of coalition building. Next, I illustrate how the TSA's introduction of advanced imaging technology (AIT) in the form of devices colloquially known as "body scanners," as well as enhanced pat-down procedures that require TSA security staff to touch the groins and chests of travelers, unintentionally expose normative breast cancer patients to the surveillance often reserved for trans people. These moments of unexpected exposure to cissexist state surveillance, I argue, allow for new affiliations and potential coalitions between breast cancer patients and transwomen to form. I conclude by highlighting the possible contours and constraints of such a coalition. Through this argument, I aim to theorize how affect and emotion can be harnessed for progressive politics and to offer preliminary examples of what such politics might look like when adapted to campaigns uniting breast cancer patients and transwomen.

The political possibilities of affect

Several scholars in the humanities have recently returned to the study of affect to discern what, if any, political potential remains in theories of affect and emotion.[8] This is particularly true in the aftermath of what Lauren Berlant labels the rise of sentimental politics, wherein civic engagement is repositioned as the practice of national unity through feelings

like sympathy and desire, rather than through public demands for recognition and rights. In this new, sentimental political arena, emotion has arguably been co-opted by regressive movements to make individuals believe they have done their duty simply by *feeling* as a good citizen would feel rather than *acting* against causes of bad feeling, like racism, sexism, and institutional violence. Marita Sturken updates Berlant's sentimental politics in the wake of September 11 with the theory of comfort culture. She argues that citizens are encouraged to engage with memorial objects and perform rote rituals of grief rather than reflect on the causes of conflict or pursue actions that might mitigate the possibility of future trauma. Not prepared to hand over affect and emotion without a fight, many theorists, even those critical of its political potential, have attempted to map the contours of affect and emotion to highlight the possibilities that remain for progressive politics.[9]

In one such examination, Sara Ahmed argues that it is through an affective economy—the circulation of bodily sensation—that the contours between bodies and objects are drawn. This circulation of affect in turn draws lines of affiliations and anti-affiliations between those bodies and objects. She argues that, in their circulation between bodies, affective responses attach to some bodies and objects and mark them as the causes of feelings while simultaneously constructing the individual as the subject who feels (5–12). In this way, affect is a bodily phenomenon experienced by the individual but also always already a response to the physical and social environment in which that body circulates. She explicates this form of "affective economy" by examining the way it aligns bodies toward and against one another through an analysis of Audre Lorde's story of her childhood encounter with a White woman on a train as a young Black girl. On the train, Lorde is seated next to a White woman in a fur coat. When the woman's coat meets the edge of Lorde's "new blue snowpants," the woman jerks her coat closer to her own body to avoid contact. Lorde assumes that the woman has seen something disgusting between them—perhaps a roach—and moves away from the woman as well. When Lorde looks up and sees the woman's disdainful gaze directed at her, rather than the space between them, she realizes there was no roach; the woman was moving her coat away from Lorde.

In that single moment, two complex things occur. First, the White woman responds affectively to the presence of Lorde. The woman's pulling away is an automatic response to the presence of a body that, as a result of a racist symbol system, is articulated to a number of negative connotations—dirty, contaminating, and evil (Ahmed 54). It is this "stickiness" of Black bodies to negative associations that in turn dictates the flow of affect around and between objects, causing the White woman to abruptly shift away from Lorde's Black body. Second, through the nonverbal exchange, lines of affiliation are drawn (89–92). Not only does Lorde become the stimuli for the White woman's response, she also ultimately understands herself as the object of that disgust, thereby becoming a subject in opposition to the woman. In sum, the process of affiliation with and against others occurs for Lorde in the moment that affect—the presymbolic bodily feeling, the automatic pulling away from the roach—is communicated and ascribed to self or other.[10] In Lorde's case, she is now the "I" that is an object that is pulled away from. In the case of the White woman, she is now the "I" that pulls away. Thus, they not only become subjects through this exchange, but they are defined against each other, establishing an anti-affiliation.

If affective flows, then, are what construct the boundaries between bodies and objects, it follows that a disruption of those flows could actually redraw boundaries between bodies

and objects. It is within such disruptions that the possibilities for affiliation and coalition emerge. One cause of a disturbance of this order is an unanticipated moment of exposure in which one's body is unexpectedly subject to the affective flows that typically circulate around and "stick" to other and "othered" bodies. For instance, were the White woman in Lorde's narrative to change trains and sit down next to a staunch anti-fur advocate, he might pull himself away in disgust from someone with such flagrant disregard for animal life. Noting his abrupt movement, she too might suspect a roach only to find that she herself is the object of disgust in the eyes of the anti-fur advocate. This moment of unanticipated scrutiny has the potential to redraw the lines of affiliation between the staunch anti-fur advocate as the "I" who is disgusted and the White woman as the object of disgust—or at the very least, trouble the existing flow of the affective economy that would traditionally prevent a well-dressed, White woman from becoming the object of disgust. It is this rupture of the woman's previous frames of whiteness and class privilege that is the grounds for affiliation between different identity groups.

This analogy is not without its flaws. It would be too idealistic and reductive to claim or hope that the White woman's momentary experience as the object of disgust could be grounds for affiliation with Lorde, given the entrenched nature of racism as a political system. The example also relies on troubling asymmetries, because people of color are unable to throw off the external signifier of difference they are seen to wear, unlike the White woman's coat, and because the atypical disgust of the anti-fur advocate is unlikely to threaten the White woman's psychological, social, and material well-being. However, this example does highlight how affective ruptures may work to redraw lines of affiliation in unanticipated moments where an individual's understanding of self and its relationship to other bodies and objects is momentarily fractured, creating the possibility for new affiliative ties.

In the following section, I explicate how the TSA's new security protocols (and their reliance on gender normativity in the structure of those protocols) can cause a similar, unanticipated affective rupture for breast cancer patients. Specifically, I show how breast cancer patients are subject to scrutiny and suspicion often reserved for the non–normatively gendered in the moments that these patients' prosthetics or implants set off alarms. This unanticipated scrutiny at the hands of the TSA can serve as grounds for affiliation between differently privileged yet similarly affected groups, particularly breast cancer patients and transwomen.

Airport outings

Several scholars have made significant advances in explaining the biopolitical and legal ramifications of the TSA's security operations, particularly by considering its influence on behavior outside of the airport (Amoore and Hall, "Border Theatre"; Hall; Parks; Salter; Schaberg). Mark B. Salter argues: "There is a pedagogical function of airports … . Passage through airports condition and normalize particular identities, certain authorities, and normalize ways of managing the mobility of a population" (xii). Going further, Lisa Parks contends that "in the context of the US-led war on global terror [the airport] has possibly become 'the place,' a charged and volatile domain punctuated by shifting regimes of bio-power" (185). As such, this site should be investigated to explore how the TSA regulates bodies in ways that may unintentionally disrupt the affective flows of the post-9/11 security

regime. Furthermore, scholars should consider how those disruptions might be used to work in coalition against that regime, not only informing political possibilities within the airport but also arguably extending to reconsiderations of other spaces and institutions policed through biopower.

The TSA checkpoint incorporates two of the foundational assumptions that undergird post-9/11 security: namely, the elevation of willful practices of transparency before state actors as a key element of citizenship and the reduction of identity to a bodily phenomenon that can be determined absolutely given the appropriate use of requisite technology. Both of these features have direct implications for how bodies navigate the airport security checkpoint and for which bodies are coded as "good citizens" and which bodies are "stuck" with suspicions of nefarious purposes.

Rachel Hall fleshes out her theory of transparency effects and their implications for practices of citizenship in her recent book, *The Transparent Traveler*. She explains, "Transparency effects refer to attempts by the US security state to demonstrably exclude passengers from the presumptive status, terrorist, by 'clearing' their opaque bodies, bags, and belongings for takeoff" (8). The methods of making travelers transparent are familiar to those who have traveled recently: materials that are too thick (shoes, heavy coats, carry-ons) or likely to set off the sensitive X-ray or AITs (metals and plastics) are removed and placed on the conveyer belt to be screened separately by TSA agents. Bodies themselves are then scanned by body scanner devices that the TSA claims can "detect weapons, explosives, and other metallic and non-metallic threat items concealed under layers of clothing without physical contact" ("TSA Unveils"). Should the scans note an anomaly, travelers must then undergo a pat-down to reveal what remains opaque and potentially dangerous.

Not only must a traveler undergo this screening—this flattening out into transparency, in order to access the airport—the practice of such willful transparency is a new form of "good citizenship." Hall continues her analysis of transparency effects, arguing, "Transparency is the new white, if you will. The presumption of innocence is a luxury no longer available to even privileged citizens; or, rather, it turns increasingly on whether those citizens are willing to routinely submit to physical and virtual search and disclose digitally captured information about their bodies" (13); put more simply, "[a traveler's] performance of voluntary transparency doubles as a performance of good citizenship" (49). This new transparency continues to be marked by privilege and limits the practice of "civic duty" to a narrow few who are capable of reducing their bodies to approximate a transparent traveler.

This move toward transparency as the primary means of protecting against terrorism is supported by a conception of the body as the site of true identity. In other words, one can determine who someone is, who someone is not, and the nature of their intentions through the careful physical examination and virtual dissection of their bodies and their belongings (Amoore and Goede; Amoore and Hall, "Taking People Apart"; Kruger et al.). Louise Amoore and Alexandra Hall note that, while the AITs of the TSA security checkpoint are novel in their technology, the drive to produce knowledge about identities and the capacities of those identities through analysis and dissection of diverse bodies is not new. Rather, this drive is part of the long:

> conjoined histories of visualisations of the body in the fine arts and the medical sciences …
> [where] knowledge of the human body dissected, dismembered, displayed for expert viewing

has been thought to reveal something of the human soul itself, making the most intimate aspects of human life and motivation transparent. ("Taking People Apart" 447)

In other words, the move toward increased transparency as a fail-safe against terror is only the most recent manifestation of the assumption that identity is, once and for all, housed in an individual's body and can, through thorough analysis, be parsed out into its truths, desires, and intentions.

Just like the medical experimentation that created the visualization strategies now used in security procedures, these new TSA security protocols have deleterious effects for those whose bodies fall outside of anticipated norms. Hall explains, "Like whiteness or heterosexuality, transparency claims the ground of neutrality, while in fact the transparent body desired by the security state is not neutral but, more accurately *normate*, the term Rosemarie Garland-Thompson has used to refer to what is understood as the generalizable human being or the body type thought to be normal" (80). This normate body, for security protocol, is able-bodied, cisgender, and White (Currah and Mulqueen; Hall; Magnet and Mason; Magnet and Rodgers; Shepherd and Sjoberg). Those who deviate from these norms are "registered visually in the form of stigmata" and necessitate additional security measures (Hall 81).

This is particularly true, and often disastrous, for those whose gender performance fails to adhere to the TSA agents' anticipation of cisgender body normativity, the standard upon which the AITs and pat-downs are based (Abini; Beauchamp; Currah and Mulqueen; Magnet and Rodgers; Shepherd and Sjoberg). This additional security for non–normatively gendered travelers began long before the introduction of AIT devices and pat-down procedures. For instance, the Secure Flight program used gender as a way to cross-list passengers against no-fly lists, and gender markers as well as photographs on personal identification (ID) were used to compare the body presented at the security counter to the body coded on the ID to determine travelers' identities and (by extension) their veracity. One consequence of these earlier practices is that the "truth" of gender has been articulated to other "truths" of identity, morality, and allegiance. Despite this long history of gender-based scrutiny, the introduction of the AIT devices and enhanced pat-down procedures marked a notable amplification of the importance of gender in discerning who travelers are (good citizens) and who they are not (terrorists). Currah and Mulqueen point out:

> When travelers do get whole body scans or undergo intrusive pat downs (touching breast and genital areas), in some cases TSA agents are seeing in the image or feeling in the pat down things they do not expect to be there—male genitalia on female travelers, or breasts on male travelers. They are also not seeing or feeling things they do expect to be there: men without penises, women without breasts. These atypically gendered bodies tend to trigger security responses. (564)

In May 2014, Alissa Bohling, an Al Jazeera America correspondent, published documents from the Department of Human Services Office for Civil Rights and Civil Liberties and the Transportation Security Administration, acquired by a freedom of information request, which fleshed out the increased scrutiny predicted by Currah and Mulqueen. Bohling writes that "trans people have been required to undergo pat-down searches by officers of the opposite gender, reveal or remove items such as chest binders and prosthetic penises and defend challenges to their gender identities and their right to opt out of body scans."

This undue scrutiny is part of a long history of mistreatment of trans people by state surveillance operations, particularly in airports. Several trans people recount experiences

of anxiety, confusion, and harassment at the hands of airport security, some beginning long before the formal creation of the TSA (Gillespie; Morris; Rawson). The case of Shadi Petosky in September 2015 is illustrative of the continued precarity of transpeople when traveling through the security checkpoint. Petosky set off the AIT device, as the generic outline of a female body on the AIT screen marked an anomaly in her groin region.[11] A series of tweets sent by Petosky recount the events that followed:[12]

> The TSA has left me in a room alone. There is an officer holding the door.

> TSA agent Bramlet told me to get back in the machine as a man or it was going to be a problem.

> TSA agents are now saying there are explosives alarm from my hands and the officers gloves when she gave me a full body pat down.

> I asked TSA agent Bramlet if he had any training in trans issues. He said "I know what I am doing."

> I fly all the time and this has never happened. I really thought the TSA was good about trans issues. I am so dumb.

Petosky was ultimately released, but only after two police officers, an explosives expert, and four TSA agents gathered around and consulted on Petosky's screening results. Unfortunately, by the time of her release, her flight had left and she was then kicked out of the airport terminal, sent to the American Airlines check-in counter, and sent back through security again once she was rebooked. During her second foray in the security line, she tweeted:

> Back in the TSA line. Here goes nothing.

> The TSA agent said "step back in please" and the manager ran over and was like "no no, you're good!"

> I am finding out this completely routine for so many trans people.

During her hours-long ordeal, which included a prolonged struggle to rebook a flight to her destination at the American Airlines check-in counter, Petosky tweeted her progress in a series of 82 tweets. As a well-known comic book author and television animator, Petosky boasts almost 9,000 Twitter followers. As a result of her live tweeting to such an extensive audience, her story was quickly picked up by several news sources. While the response on Twitter was largely positive and supportive, the same could not be said for the responses to subsequent articles published across a large variety of news sources including *Salon*, NBC, *The Advocate*, *Buzzfeed*, *Newsweek*, *The Daily Mail*, *The New York Times*, and *The International Business Times* (Bussel; Eng et al.; Ennis; Holden; Mosendz; Robinson; Rogers; Varandani). Not only did the articles themselves often use language that conferred suspicion on Petosky's account with headlines like "Transgender Woman Alleges Unfair Screening" (Mosendz), but commenters on the articles attribute blame for the incident to Petosky. Commenters primarily argue either that Petosky was "really" a man and could have prevented her ordeal by acting like the man she is or that the TSA was right to pull her aside because she was lying about her sex and therefore suspicious. In either case, commenters fixated on Petosky's body and gender as the primary cause of her ordeal rather than the

security procedures and their gender-normative framing. Such arguments ignore the ways that this framing precluded Petosky from flattening her body into transparency, thus instigating and validating her mistreatment. It seems that rather than create the possibilities for more just treatment for trans people in airports or promote an empathetic response to their mistreatment by the state, coverage of trans experiences in airports—which is notably sparse—actually reifies the association between transness and deviance and endorses the call for willful transparency of the body's "truths" as the primary means of protection against state aggression.[13]

Arguably, were this invasive scrutiny reserved solely for those already exposed to elevated state surveillance (trans people, people of color, the differently abled, or persons perceived to be Muslim), the introduction of the AITs and enhanced pat-downs would have garnered substantially less attention than it did. However, since the launch of the AIT devices and advanced pat-down procedures, a growing number of White, normatively gendered breast cancer patients wearing prostheses have been stopped and subjected to advanced screening by TSA as a result of their prostheses setting off the scanners. Although these women wear prostheses to hide their postmastectomy breastlessness and maintain the appearance of a "normal" female body, they are subject to the same gendered algorithm that marks trans deviation from the norm as suspect.

Unlike the public apathy regarding the mistreatment of trans people at the airport, public responses to narratives of breast cancer patients' mistreatment have been widespread and angry. The most popular narrative of a breast cancer patient's mistreatment at the hands of the TSA was that of Lori Dorn. In September 2011, Dorn was stopped at the security checkpoint after the AIT device noted an anomaly in her chest area. Like Petosky, Dorn attempted to explain the cause of the anomaly. Dorn was a breast cancer patient who had recently undergone a bilateral mastectomy in April and had tissue expanders in place to facilitate a future reconstructive surgery. Like Petosky, her attempts to explain herself were ignored and she was told to submit to further searches or risk missing her flight. Like Petosky, Dorn's belongings were thoroughly screened without her present. Unlike Petosky, Dorn's narrative (and the public outcry that followed) firmly shifted responsibility for the incident to TSA workers and the government's disregard for individual privacy rather than to Dorn's gender performance.

In response to numerous articles, including those published by *Jezebel*, *The New York Times*, and *The Stir*, writers and commenters frequently attribute the problem to screeners who were "hopped up" on power and "got off" on harassing travelers (Hartmann; Parker-Pope; Sager). Others simply blame the TSA's failure to take passenger privacy seriously. The Stir's Jeanne Sager writes that Lori Dorn's experience "is not a case of one of the myriad TSA protestors who are there simply to start trouble, Dorn was prepared. She knew what she had to do to get through the airport." This construction of Dorn's narrative emphasizes her attempt to pass through security like a good, transparent citizen and highlights the ways in which that attempt was thwarted by individual TSA agents rather than the cissexist technology undergirding the protocol that "outed" Dorn in the first place.

Reclaiming affective rupture

The differential responses to breast cancer patients and transwomen's experiences in airports detailed above illustrates how disruptions caused by their mistreatment have been

incorporated swiftly into existing narratives of transpeople as deceptive and breast cancer patients as victims (in these cases doubly victimized by an uncaring and increasingly invasive state). However, by returning to the role of affective rupture in experiences of unanticipated scrutiny, like those experienced at the security checkpoint, it is possible to theorize an alternative narrative—one that facilitates new coalitions against gender-based discrimination.

Judith Butler suggests that rather than use the inevitability of vulnerability to others' actions as justification for building political and social borders (as the responses to the breast cancer patient's experience discussed do) unanticipated scrutiny by the state can be used as a site of connection to the "other's" humanity. Butler states: "To foreclose that vulnerability, to banish it, to make ourselves secure at the expense of every other human consideration is to eradicate one of the most important resources from which we must take our bearings and find our way" (*Precarious Life* 30). She continues to state that grief "can be a point of departure for a new understanding if the narcissistic preoccupation of melancholia [dwelling in one's own grief and loss] can be moved into a consideration of the vulnerability of others" (30).[14] In the case of the breast cancer patients and trans travelers I discuss in this article, the issue is not whether those lives are apprehended as lives worthy of grief at all, as is the case in Butler's analysis of post-9/11 War on Terror discourse, but the ways in which that grievability is asymmetrically distributed between breast cancer patients and trans travelers based on existing frames of heteronormativity, and the extent to which vulnerability—as an emotion that, like grief, can expose one to the humanity of the other—can be used to disrupt the existing affective economies and facilitate coalitions against gender-based discrimination across the board. In this section, I investigate the extent to which unanticipated moments of vulnerability at the security checkpoint and the affective ruptures that attend them might be used as a site of connection and resistance against gender-based discrimination.

Just as Lorde's experience with the White woman on the train instigated an affective rupture that positioned the woman as the "I" who was disgusted and Lorde as the "I" who was disgusting, a similar event unfolds when trans travelers go through airport security checkpoints. The existing cissexist symbol system, which marks sex and gender as a priori and unchanging characteristics of travelers, functions as the interpretive frame that positions the presence of anomalous sex and gender markers as indicative of deviancy. The transphobic affective flow that encourages a "stickiness" between non–normatively gendered bodies and deviance then prompts a negative affective response to those bodies. Because transphobia is so ingrained, these responses often go unacknowledged and the existing associations between trans travelers and deviancy are reified. However, in the moments that breast cancer patients' attempts to perform their femininity through the use of tissue expanders and prostheses are marked as deviances worthy of inspection, the TSA temporarily articulates breast cancer patients—often idealized in popular culture as exemplars of feminine sacrifice—to the dangerous deviancy traditionally reserved for non–normatively gendered travelers. This new and unanticipated articulation of breast cancer patients to insecurity undermines their understandings of themselves as "good," transparent, gender-normative travelers. This derailing of expectation at the security checkpoint is affectively felt by travelers—particularly gender-normative travelers— through the reversal of existing flows in the affective economy and its concomitant relationships between subjects. This reversal operates as a rupture that opens up new opportunities to redraw affiliations between subjects.

Peter Adey as well as Amoore and Hall have articulated the importance and political possibilities of affective flows and their disruption in the airport and at other border environments (Adey; Amoore and Hall, "Border Theatre"; Amoore and Hall, "The Clown at the Gates"). Amoore and Hall advocate for a form of rupture that "makes strange," defined as "the process of denaturalizing political practices that appear inevitable or natural." They continue:

> In the context of the border [or the airport], the exercise of sovereign power relies on the routine enunciation of multiple distinctions—between legal and illegal, between secure and insecure, between authorized and unauthorized. The invisibility of these designations is intrinsic to their mode of governing and becomes part of a distinctive scopic regime of security. ("The Clown at the Gates" 102)

It follows then that, as Amoore and Hall argue elsewhere, "in arresting sequences and repetition we locate a capacity to bring back into visibility those elements and security practices that had slipped below the visual register" ("Border Theatre" 313). This exposure might arguably be used to redraw boundaries between breast cancer patients and transwomen. However, the political possibilities of this rupture largely hinge on how it is taken up and articulated to existing narratives and emotions by breast cancer and trans activists.

In the past, such incidents have been used to reify transpeople as deviant and breast cancer patients as hapless victims of individual power-mad TSA agents, but their political potential remains fertile ground for reinterpretation. Amoore and Hall explain that, when ruptures of the quotidian occur, the residue of that disruption remains and "echoes through other everyday encounters" ("Border Theatre" 307). Thus, while the immediate affective experience may fade, a remainder persists that activists can draw on to reignite the political possibilities of breast cancer patients' encounters with unanticipated scrutiny. To do so, scholars and activists must attend to affect's symbolic counterpart, emotion. Put simply, if affect involves presymbolic sensation (the instinctive pulling away of the White woman from Lorde), then emotion is the socially constructed labeling of that affect (disgust). This distinction between affect as presymbolic and emotion as symbolic is key, because it necessarily marks the divide between the material reality of affect and its equally material but also symbolic interpretation as emotion. In other words, while a breast cancer patient's experience at the airport may trigger a negatively valenced affect, that affect can be symbolically interpreted into a number of different emotions: shame, anger, sadness, and so on. Therefore, the distinction between affect and emotion and between differing emotions is necessary in that each emotion encourages/dissuades particular affiliations and actions. For instance, anger is an "approach" emotion that encourages angry individuals to confront the object of their anger (Halperin and Gross; Matheson and Anisman; Pivetti et al.). Sadness is often a "retreat" emotion that encourages those who are sad to withdraw from the saddening situation (Lauckner). Therefore, the ways that affective ruptures are interpreted and explained by activists, scholars, and reporters have direct bearing on the types of affiliations that emerge in response to a given rupture.

Of particular interest for connections that might emerge between breast cancer patients and transwomen in response to shared experiences of vulnerability at the hands of the TSA are the political possibilities of shame. Several scholars have theorized the ways in which shame can function as grounds for coalition and resistance to the incorporation of social movements into neoliberalism or homonationalism (Rand; West). West poses a productive

question about the possibilities of shame, asking: "Instead of trying to rid ourselves of shame, might we mobilize it instead as a nodal point for broader-based critique that refracts social processes and projections of shame?" (171). Several of the breast cancer patients and trans travelers subjected to TSA scrutiny noted feelings of embarrassment, discomfort, humiliation, and shame (Brait; Bussel; Choney; Parker-Pope). Left to themselves, those who experience shame are likely to internalize the emotion and attribute the cause of that shame to their own failings (Declerck et al.; Matheson and Anisman; Pivetti et al.). However, when experiences of shame are shared and communicated with similarly shamed others, they are more easily externalized and used as grounds for coalition (Frischherz; Hammers).

West's analysis of People in Search of Safe and Accessible Restrooms (PISSAR)—"a genderqueer and disability coalition composed of college students and staff dedicated to providing safe and accessible bathrooms" (158)—is particularly illustrative in this regard. The story of PISSAR is one in which trans students and students with disabilities had to grapple with and overcome "multiple forms of shame directed at them, including internalized shame of their own bodies, the shame associated with bathroom activities and politics, and the potential sources of shame created by the articulation of their stigmatized identities together" (158). West recounts how, in the process of inspecting bathrooms for their accessibility and safety for both queer students and students with disabilities, members of the coalition confronted their shared shame and in doing so relocated the source of that shame from personal failings to a heteronormative physical landscape that fails to accommodate the needs of diverse bodies (167). This recognition of shared experience encouraged PISSAR to push forward with their plans to document the flaws in bathrooms on campus and submit their findings to the administration.

From the example of PISSAR, it becomes clear that through the process of externalizing shame—when the cause of shame is understood not as the fault of the self, but as the fault of another person or object's attempt to discipline or shame—it can quickly turn into anger and encourage action against the shaming person, object, or belief (Pivetti et al.). In the case of the TSA security checkpoint, both breast cancer patients and trans people are disciplined through a politics of shame. Their inability to pass through security unencumbered is ascribed to their individual bodies and the ways that the comportment of those bodies fails to adhere to the expectations of the transparent traveler. However, were the source of shame externalized as a flawed security regime—rather than internalized as individual failures to perform gender normatively—an opening would emerge for new emotional responses and new coalitions against a common foe: TSA security protocols. In other words, by redirecting the shame of being "outed" by the TSA from an internal critique of oneself to an external critique of TSA practices causing feelings of shame, it becomes possible to alter action tendencies from shame-driven isolation to anger-driven action.

Coalitional possibilities and constraints

The question remains of how to begin the work of redirecting breast cancer patients and trans people's shame and facilitating coalitions against the source of that shame. Undoubtedly, should the affective ruptures of breast cancer patients be effectively recalled by activists and put to use in coalition with transwomen, the forms and goals of such a coalition become manifold: from interpersonal support in airport checkpoints, to shared campaigns

for changes in security protocols, to advocacy against discrimination in medicine, media, and other arenas beyond the airport. While it is beyond the scope of this article to lay out detailed strategies for overcoming and redirecting personal shame into political coalition, examples used by past coalitions (like PISSAR) offer a starting point for this work to begin. I conclude this article by attending to a few of those strategies, exploring their limitations, and considering the long-term implications of affect and emotion based coalitions.

To redirect shame in the context of airport security, activists can utilize recent technological advances in smartphone technology to promote interpersonal connections and protection against harassment. For example, Cell 411 is a new app and "micro social network" created by a "small group of developers, scientists and designers who believe that technology can facilitate peaceful human interaction" (Cell 411). This smartphone app, available for both Android and iOS, allows individuals to send out real-time alerts to family, friends, or surrounding Cell 411 users in cases of emergency. Specifically marketed to activists for when "police brutality, illegal searches and other government abuses" occur, Cell 411 could be used by trans travelers, breast cancer patients, and any number of individuals predisposed to TSA harassment—including persons who are differently abled, people of color, and individuals wearing head coverings for religious purposes.

This strategy is not without flaws. For one, the TSA security checkpoint is structured to isolate passengers from one another and from their own belongings. Therefore, even if Cell 411 does put travelers in contact with one another, they can do little for one another beyond acting as "designated companions" during TSA private screening. Further, the limited modes of resistance and redress—resistance in the checkpoint ends in fines, delays, and expulsion from the airport—offer little possibility for individual experiences to fundamentally change the security protocols of the TSA. In addition, these experiences are marked by class and race privilege. Privileged travelers are more likely to be able to afford the types of high-end prosthetics, makeup, and clothing needed to achieve the appearance of a "good," transparent traveler. These travelers are also more likely to be able to pay for TSA programs like Flight PreCheck and Homeland Security's Trusted Traveler Program that streamline security processes and lower the chances of being stopped for body scans or pat-downs. Despite these constraints, Cell 411 could allow activists and other travelers familiar with the TSA's regulations and "travelers' rights" to join together quickly, both in and outside of the security checkpoint, to work against screener overstep. More importantly, Cell 411 could put individuals who rarely have cause to engage with one another into cooperative situations. These situations could facilitate the externalization of shame that is necessary for its redirection.

Small bonds between individuals can act as grounds for larger coalitions. For example, I want to draw attention to the past organizing of Pride at Work, a constituency group of the American Federation of Labor and Congress of Industrial Organizations (AFL-CIO), which supports lesbian, gay, bisexual, and transgender (LGBT) union workers and their allies ("Pride at Work"). In their analysis of Pride at Work's strategies to get cisgender, majority-male unions to incorporate transgender health equity into their union platforms, Maura Kelly and Amy Lubitow reveal how coordinated efforts by Pride at Work members to put together panels of health educators and transgender community leaders at union chapter meetings "were extremely impactful on the [non-trans] folks in the room. [One organizer] got dozens of text messages afterwards from people saying how moved they

were by the presentation and how they want to help get labor more engaged in leading the way on fighting for health equity for transgender people" (269). If leaders of trans advocacy organizations, like the National Center for Transgender Equality (NCTE), and leaders of breast cancer prevention advocates, like Breast Cancer Action or The Komen Foundation, host similar panels and meetings between different state and local chapters, they can use the shared experience of harassment at airports as a starting point for mutual recognition and collaboration. Should such coalitions take root, their efforts could extend beyond the airport security checkpoint to include advocacy against medical malpractice, challenging gender ideals that require breast cancer patients to "pass" as healthy—despite the pain, frustration, and discomfort that comes with reconstruction and prosthetics—and reject expectations that trans people pass as cisgender to access employment and navigate social space free of harassment.

But the potential for coalition work is not without considerable constraints. The long-term efficacy of rights-based claims for recognition to end gender-based discrimination is tenuous. In the case of airport security, were breast cancer patients and transwomen to work together to demand more rights for prosthesis-wearing and non–normatively gendered bodies, they would only be shifting the boundary between which bodies deserve privacy rights and which bodies do not. Toby Beauchamp argues that similar strategies to incorporate new groups into the camp of "good" citizenship "are often used in conjunction with the scapegoating of other communities." Unfortunately, trans advocacy groups, such as the NCTE, are guilty of attempting to "normalize themselves precisely through distinguishing themselves from other marginalized groups" (364). In an early posting regarding traveling while trans, NCTE offered the following statements, attempting to familiarize trans travelers with the new procedures: "Transgender people have as much right to travel as anyone else and we have a right to express any gender we want, any way we want while traveling (with the exception of some head and face coverings)," adding:

> Consider carrying all your luggage with you on the plane to avoid ID issues with baggage check-in personnel—unless you have too much luggage or are carrying something that you are not allowed (e.g., scissors) or would prefer not to carry-on [sic] that might be subjected to search (e.g., syringes or particular items of clothing). (NCTE)

Both statements address exceptions to the rule without discussing how those exceptions—which have religious and cultural implications—might affect trans travelers, nor do they acknowledge the fact that many trans travelers are also people of color and/or disabled. A brief parenthetical reference to "some head and face coverings" fails to address the doubled implications prejudices might have on trans travelers of color and shows insufficient attention to the ways that particular religious symbols and practices (especially those targeted by Islamophobia) have come under attack in the "war on terror." In addition, the suggestion to carry on your luggage disregards differently abled trans travelers for whom mobility is difficult. By making note of the exceptions but failing to address their racial, religious, and ableist undertones, this particular advocacy organization continues to marginalize voices for whom gender variance is only one aspect of potential discrimination, (re)instituting the problematic construction of trans bodies as normative in other ways. Thus, rights-based claims, while productive in limiting discrimination for some breast cancer patients and trans travelers, do little to undermine the sex/gender binary, racial and religious profiling, and ableism that undergird security policy.

In addition to the logistical and structural limits of a coalition between breast cancer patients and transwomen, any coalition between the two would have to take exemplary care not to collapse the complex and divergent lived experiences and asymmetrical privileges accorded to members of these two groups. As the previously noted accounts make clear, trans travelers' experiences are marked with the dual stigma of failed transparency and willful deviancy—forms of resistance not attributed to breast cancer patients. Such an erasure of the groups' differences would ignore the history of abuse suffered by trans travelers due to their perceived gender *and* sexual deviance by simply presenting the mistreatment of breast cancer patients as equivalent to the traumas inflicted on trans bodies. Indeed, Shoshana Magnet and Tara Rodgers argue that the stakes for exposure at the security checkpoint are considerably higher for a trans traveler than a breast cancer patient. In their view, being "outed" as a breast cancer patient might have an outcome as mild as a sense of discomfort and embarrassment, but being "outed" as a trans person, "particularly those who are closeted and living in small towns," can have severe or even "devastating consequences" (111).[15]

A coalition that casts trans travelers as simply another group mistreated by the TSA, without recognizing how that mistreatment is tied to a history of transphobia and much higher chances for further mistreatment, would give an anti-TSA movement more power and voices, but would ultimately fail to address the core problem of normativities that inform state aggression. For a coalition to take hold it must be situated within a frame recognizing the very different histories and privileges accorded these two groups. Failure to acknowledge the legacies of transphobic state abuse might allow those enraged by the mistreatment of breast cancer patients to exploit trans travelers' experience to secure superior treatment for breast cancer patients without resisting the distinct forms of violence trans travelers experience.

Despite these substantial constraints, the possibilities for a coalition between transwomen and breast cancer patients remain promising. The long history of trans advocacy with its manifold strategies and the elevated social capital of breast cancer patients make the prospects of a coalition between the two an exciting opening for public protest and political action. As my analysis illustrates, one way to overcome those divides is through the strategic harnessing of affective rupture in airport security checkpoints. Arguably, it is when undergoing a moment of unanticipated scrutiny by the TSA that breast cancer patients experience an affective rupture that could serve as grounds for cross-identity affiliation and coalition. Were activists and scholars to harness such a rupture it would present not only an opportunity to combat some of the more troubling turns of the recent past via post-9/11 security protocols, but also a chance to strategize the reclamation of vulnerability and emotion from regressive sentimentality and give way to more progressive coalitional possibilities that are sorely needed for the future.

Acknowledgments

Notes

1. For this article, I adopt the term *breast cancer patient* to designate the array of women who are currently in various phases of breast cancer—from diagnosis, surgery, chemotherapy, and radiation to reconstruction, prosthetics, and remission. I do this not only to highlight the fact that the discourse of breast cancer medicalizes women's bodies by figuring people as patients but also to avoid the political valences of the competing labels of "breast cancer survivor" and "breast cancer victim." I use the word *transwoman* to designate those individuals who identify with this term or to those designated male at birth who do not identify with that designation. This category comprises an array of individuals, including those who identify as transwomen without modifying their gender performances or undergoing gender-affirming surgeries, those who modify their gender performances to reflect their gender identity, those who engage in hormone replacement therapies or gender-affirming surgeries, as well as those employing any combination of this list. Used as an umbrella to cover a full spectrum of gender performances that deviate from normative gender/sex binaries, the term *trans* can include transwomen, transmen, transgender, transsexual, androgynous, genderqueer, genderfluid, and queer bodies.

2. Baril explains: "In trans studies, the prefix 'cis' is the antonym of 'trans.' A cissexual and cisgender (cis) person is one who has not undergone a sex/gender transition (Serano, 2007). Some authors speak of transphobia (Shelley, 2008), some of cissexism (Serano, 2007), and still others use the terms 'cisgenderism' and 'cisnormativity' (Bauer et al., 2009; Baril, 2013, pp. 396–397; Baril and Tevenen, 2014; Baril, 2015). While these terms are different … they are variations on a theme designating the material, normative system of oppression that affects transgender/transsexual (trans) people, whom it considers inferior and less normal than cis people" (111).

3. Klawiter and Lerner argue that it was through their ability to claim surgery as a cure for breast cancer that surgeons elevated their position within the field of medicine (Klawiter 63; Lerner 30).

4. The exception to this disassociation between transwomen and breast cancer patients is largely reduced to instances where LGBT groups offer support services to and advocacy for members of the LGBT community affected by breast cancer.

5. Here "unanticipated vulnerability" marks the moments of scrutiny that deviate from the expectations of the breast cancer patient traveler. In other words, while White, heteronormative breast cancer patients may be accustomed to some forms of security—having luggage screened, removal of belts, hats, and shoes—the AIT devices and enhanced pat-down procedures extend those methods of surveillance onto the patient's body in ways unforeseen. This unforeseen surveillance of one's body and identity, rather than just one's possessions, is what generates such potent experiences.

6. *Disability* as a unifying term for those with bodies that deviate from an ableist norm is highly contentious. Many advocates distance themselves from the term on the grounds that it reifies the differently abled as the outliers to a body norm. Furthermore, the implication that *disability* connotes some flaw that should be corrected, often through medical intervention, rather than a simple difference that merits accommodations, creates a stigma separating different groups and discouraging affiliations.

7. The relentless focus on breast cancer and its relationship to femininity—pink, cheerfulness, colorful headscarves, and so on—belies the significant number of men who develop breast cancer.

8. This list of scholars advancing work on the political potential of affect and emotion is substantial. In lieu of a lengthy list, I offer a small number or works crucial to this article's deployment of theorizations of affect and emotion. This list includes Ahmed; Berlant; Brennan; Condit; Smith and Hyde.

9. In addition to Sturken and Berlant, see Cloud and Feyh's theory of "emotional fidelity" as a proposed method for discerning progressive from regressive uses of affect and emotion.

10. Ahmed recounts this story in her chapter on hate, "The Organization of Hate"; however, the woman's response, while perhaps situated within a culture of racial hatred, seems to more closely resemble what I would label disgust. Regardless of the specific emotion deployed in that

moment, the process of subjectivation through affect works the same. The woman is positioned as a subject who hates or is disgusted and Lorde is positioned as a subject who is hated or disgusting. Thus, through the exchange, both individuals are positioned as subjects within an existing affective economy.

11. This likely occurred because, prior to going through the scanner, Petosky passed as a cisgender female. As a result, the screener operating the machine pressed the pink scan button. This button then deployed one of two algorithms used by the machine to determine any anomalous object on the traveler's body. The two algorithms, designated as pink and blue on the machine, are set to scan individuals based on the "typical" female body and the "typical" male body, respectively. Therefore, while the outline the screener sees is generic, the scan itself is gendered. The presence of Petosky's penis, then, registered as an anomaly.

12. All of the following tweets were posted to Shadi Petosky's twitter account between September 21, 2015, at 1:08 p.m. EST and September 22, 2015, at 1:25 a.m. EST. In lieu of citing each tweet separately, I have included Petosky's first tweet about the experience in Works Cited. Direct links to individual tweets can be found in *The Advocate*'s report on her experience (located in Works Cited under Ennis).

13. Prior to Petosky's experience at the airport, most accounts of trans people's mistreatment by the TSA were published only in trans advocacy publications or LGBTQ-news based blogs and forums.

14. This theory of affective rupture draws heavily from Butler's theory of grievability and precarity. She argues that, because of existing epistemological frames of power, some lives "cannot be apprehended as injured or lost [because] they are not first apprehended as living" (*Frames of War* 1). For Butler, this apprehendability as vulnerable to injury or loss—as precarious and grievable—is the grounds for recognition as a life and the foundation for making demands on a given system to change to protect life and mitigate precarity. Like Ahmed, Butler states that the line between grievable and ungrievable is marked by affect and affective responses. Therefore, an affective response to the way the world "impinges" upon us unexpectedly shifts the allocation of grievability and the possibilities for how we see and relate to others (*Frames of War* 34).

15. Their point is well made, although such generalizations should not discount the possibility that the mildness or severity of the emotional outcome depends on radically different individuals and contexts involved.

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