

Disease, Desire, and Devotion: Mobilities and Becoming-(M)other in Jen Sookfong Lee's *The Better Mother*

[W]riting should produce a becoming-woman as atoms of womanhood capable of crossing and impregnating an entire social field, and of contaminating men, of sweeping them up in that becoming.

—Gilles Deleuze and Félix Guattari, *A Thousand Plateaus*

Introduction

In “Canadian Literary Representations of HIV/AIDS” (2013), Shoshannah Ganz points out that “to date there are very few Canadian novels that deal to any great extent with people living with or dying from HIV/AIDS” (2). Along with this lack of literary responses to the disease, Ganz goes on to argue, is the resonance of “peacekeeping” metaphors in Canadian cultural responses to AIDS (as opposed to the predominantly military metaphors in the American context), represented in texts which feature “the friend or relative caring for and loving the person with AIDS and watching rather helplessly as the person suffers and eventually dies” (3). While groundbreaking and thought-provoking, Ganz’s chapter does not explicitly examine factors such as race, ethnicity, sexuality, and, in particular, interraciality. AIDS, when represented in relation to these issues in literary works by ethnic writers—*The Better Mother* (2012) by Chinese Canadian writer Jen Sookfong Lee, for example—assumes a rather complicated appearance. Characterized by intersectionality, the manner in which *The Better Mother* treats AIDS not only aligns with the convention of its “peaceful” rendering in Canadian

culture, but also sheds light on the possibility for interracial love and care in times of pandemic.

The Better Mother tells the story of how Danny Lim, a gay Chinese Canadian man, negotiates the tensions between his sexual orientation and his patriarchal family, between his pursuit of art and beauty and the banality and monotony that permeate Vancouver's Chinatown, and between his desire for a glamorous mother and dissatisfaction with his homely and dowdy mother. Interwoven with these dilemmas are Danny's encounters with his white lover, Frank, and with Val, a famous white burlesque dancer, onto whom he projects his fantasies of a "better" mother. While Danny's particular interactions with Val seem central to understanding the title of the novel, in this article I focus on Danny's intricate romantic relationship with Frank, especially when the latter is infected with HIV/AIDS. Partly set in 1982, the year when the first case of AIDS in Canada was reported, *The Better Mother* reframes the disease through Danny and Frank's interracial love. As well as functioning as the historical background for the story, the depictions of AIDS scattered in Parts One, Three, and Five, when pieced together, produce in the reader a sharpened understanding of the novel's key themes of mobilities and interracial crossing. This article will use the lens of mobilities to discuss the physical and mental tensions between mobility and immobility that confront gay men in their favourite leisure spaces during the embryonic stage of what later develops into, and is officially named, the global HIV/AIDS pandemic. Drawing upon Gilles Deleuze and Félix Guattari's innovative philosophical concept of "becoming-woman," this article will further explore the "becoming-(m)other" of Danny, which is consequent upon the embodied micro-mobilities implicated in his devotion to his white, terminally ill ex-lover, Frank.

By virtue of its mobile nature, Deleuze and Guattari's concept of "becoming" fits well with, and even expands, what Mimi Sheller and John Urry establish as "the 'new mobilities' paradigm" (208). This new mobilities paradigm, while emergent in the social sciences, also builds, both theoretically and practically, upon a wide range of humanities-based disciplines, including literary studies, and focuses on multifarious mobilities that include the human and non-human, macro and micro, literal and figurative. Peter Merriman, in his call for an expansion of mobility studies

in “Micro-Mobilities in Lockdown,” further draws scholarly attention to embodied micro-mobilities, which are defined as “the myriad bodily movements and mobile embodied practices involved in all manner of actions, events, and systems, from the bodily movements involved in walking, driving, and flying, to the embodied movements involved in virus transmission and infection control” (54). Bringing the frameworks of becoming and embodied micro-mobilities into dialogue as a critical lens through which to address the issue of AIDS in *The Better Mother*, this article argues that interracial and queer forms of care have the potential to mitigate the impact of AIDS upon queer mobilities, both physical and metaphysical, and trouble heteronormativity.

Viral Mobility versus Embodied Micro-(Im)Mobilities

While current “new mobilities” scholarship has extensively examined physical, and thus visible, mobilities of both human and non-human beings, invisible mobilities—viral mobility, for instance—have not received sufficient attention.¹ In her chapter “Viruses” in *The Routledge Handbook of Mobilities*, however, Stephanie Lavau suggests that mobility is as central to human beings as it is to viruses (298). In this sense, it is worth exploring the interactions between human mobility and viral mobility, which are best exemplified in diseases and especially pandemics, such as COVID-19 and HIV/AIDS. Focusing on the initial stages of the HIV/AIDS pandemic, *The Better Mother* uncovers the nuanced transformation in gay men’s embodied micro-mobilities as a response, or lack thereof, to the mysterious mobility of the disease. The text, therefore, makes it possible to examine mobility, sexuality, and interraciality, a connection that is of particular significance at this crucial time of the COVID-19 pandemic. Notably, what threads through and underpins this connection is queer desire. This desire, however, is represented in the novel as not referring simply to gay men’s psychic urges for experience, connection, or pleasure, but to an agentic desire, in the innovative sense given to desire by Deleuze and Guattari. Against traditional notions of desire both as irrationality and as a lack, Deleuze and Guattari argue instead that “[d]esire does not lack anything; it does not lack its object. It is, rather, the *subject* that is missing in desire, or desire that lacks a fixed subject” (*Anti-Oedipus* 26, emphasis original). Desire is, in other words, an active and positive reality,

actualized through practice (Gao 407). In the novel, this agentic sexual desire, together with the physical mobility it induces among gay men, is shown to be in a dynamic relationship with the mysterious mobility of the disease.

“By the end of the 1980s,” Paula Treichler observes in her book *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS*, “the AIDS epidemic had been invested with an abundance of meanings and metaphors” (1). In *AIDS and Its Metaphors*, Susan Sontag identifies “plague” as “the principal metaphor by which the AIDS epidemic is understood” (44). Implicit in this socio-cultural metaphoric interpretation of the disease is precisely its overwhelming mobility from one human being to another, or rather, its intraspecies mobility. In line with the rejection of military metaphors that Ganz identifies in Canadian literary representations of AIDS, Lee reconfigures the metaphor of “plague” in *The Better Mother* in non-military but still aggressive terms to describe the mobility of HIV/AIDS. In the very beginning of the section entitled “The Plague” in Part One, Danny finds himself caught up in something insidious but unnameable: “There’s something creeping through the night, a faceless monster that breathes, damp and quick, on the back of Danny’s neck. . . . [T]he feeling that something menacing is following him has been increasing for months . . . and it will not disappear” (102-03). Although Danny cannot tell what exactly it is that bothers him, one striking feature of that omnipresent “something” is its mobility, as shown by the two verbs “creeping” and “following,” which is clearly a result of his imagination. The metaphor of the “faceless monster” might easily lend itself to being interpreted as Danny’s subconscious apprehension or dread. However, after his Chinese Canadian friend Edwin tells him that their friend Marco has contracted “that gay disease,” Danny’s confusion about the monster is immediately cleared:

In a flash, Danny knows what is chasing him, or at least he knows the shape of it. The havoc it creates with a touch of its invisible finger. Their friends are sick, shivering through pneumonia, a mysterious cancer, cold after cold. The monster, nameless and indiscriminating, captures a body and then another, felling each by a different method. (103)

What has been haunting Danny turns out to be the disease that has been stigmatized as “that gay disease,” which seems to be both invisible and visible, both absent and present, both physical and moral.

While this passage features Danny's observation of what is happening to his gay friends, it also presents the mysterious virus as what Lavau calls a "travel companion" and "companion species" (299, emphasis original). While not motile, viruses, like HIV/AIDS, are mobile, travelling from place to place, and from person to person. In the meantime, they are constantly mutating, being reconstituted through their interactions with their hosts. Viruses, as Lavau argues, "are promiscuous, forming intimate couplings with other viruses, and being intimately touched by hosts" (303). HIV, when intermingling with other viruses, modifies itself and impacts its hosts differently. Consequently, those infected, as Danny has noticed, show different symptoms and suffer from different diseases that result from HIV. Lee's tripartite virus-human-monster configuration of HIV/AIDS makes explicit not only its "ontological transformation" but, more importantly, its unnoticeable yet rapid multiplication within, and movement among, human bodies (Schillmeier 182). Originating in the multiple cross-species transmission of viruses that infect and afflict African primates, HIV/AIDS transgresses the boundaries between nature and culture, non-human and human beings. This boundary-crossing mobility of HIV/AIDS is congealed in Lee's virus-human-monster configuration. With this hybrid imagery, Lee, while adopting the same metaphor of "plague" as Sontag does, makes all the more concrete and dynamic the mobile and destructive nature of HIV/AIDS. Lee anthropomorphizes the disease, thus foregrounding its otherwise imperceptibility.

The fear of the inexplicable mobility of the stigmatizing disease generates in Lee's gay male characters correspondent embodied micro-mobilities in the particular spaces they frequent to seek pleasure. Through the eyes of the wandering Danny, the subtleties of these men's micro-mobilities are brought to light. Walking down Davie Street, Danny "sees that men move with their heads down, not looking up for fear of seeing yet another man newly infected, newly spotted with Kaposi's sarcoma" (Lee 103). Awareness of the infectious disease has enabled Danny to perceive anew the street that used to be familiar to him. Gay men walking along this street are weighed down by the mysterious disease. Their mobility in the street is, therefore, a type of refrained embodied mobility, which can, to some degree, be understood as an externalization of their destabilized psychic well-being. This apparent

refrained mobility may also imply the mobility of HIV as it moves among them as “an undesirable, unintended and perhaps unsuspected *travel companion*” (Lavau 299, emphasis original). With little knowledge of the infectiousness of the disease and how it moves from one person to the other, gay men entering into sexual relations become unwitting accomplices in accelerating its mobility among the gay community.

In the open space of Davie Street, as in the indoor spaces of the city’s nightclubs, gay men respond to the fear of the “gay disease” with their embodied micro-mobilities. In the space of the nightclub, however, Danny observes in these men extremely energized micro-mobilities:

In the nightclub, the dancing has become feverish, panicked, as if these nights of shaking their asses and arms to New Order could be annihilated mid-song. The night progresses, and the men move sombrely through the crowd, some drinking quickly, some doing lines in the bathroom until their faces reconfigure into a forgetfulness that doesn’t obliterate the confounding circumstances, but dulls their feelings, which is second best, but perhaps acceptable for now. (Lee 103-04)

Their highly agitated micro-mobilities gesture towards the same state of mind as is produced by their refrained walking in the street. Afflicted by the uncertainties of the mysterious disease, they seem to have no choice but to abandon themselves to music and dancing in the company of one another. Their micro-mobilities of quick drinking, crazy dancing, and secret drug-taking are meant to help them seek an embodied way, even if temporarily, to combat the anxieties that the life-threatening disease subjects them to. This series of embodied micro-mobilities works for them as the best possible response to the disease, leading them towards forgetfulness or numbness that passes for peace of mind. Confronted with the ignorance and uncertainties regarding the disease, they turn to their bodies for help. Unable to predict or control the outside world, they are entitled, at least, to the manipulation of their physical motile bodies. Their experience of wild, frenzied movements in the nightclubs, as the word “feverish” implies, can be thought of as “going viral” (Lavau 304). They seem to be suffering a spiritual virus, which, as the mysterious AIDS virus does, “moves” and “mutates” within their bodies and among their community. As the virus moves and mutates, so too do its potential hosts.

The fear of the mysteriously mobile disease experienced by men in the novel’s gay community is complicated by sexual desire, which in *The Better*

Mother is pursued primarily in Stanley Park, a natural space within the city, a space of leisure, violence, and surveillance. Cruising in Stanley Park, gay men run the risk of losing their lives or freedom. The novel begins with news of a corpse in the park—a man targeted for murder because he was gay—and mentions the threat of police patrolling when Danny is having sex with a man he encounters (17, 29). In her discussion of queering Asian American masculinity, Crystal Parikh, reading Leo Bersani's provocative argument that male homosexuality represents "a masochism . . . that is endemic to sexual pleasure itself" (870), further contends that "male homosexuality actually enacts the erasure of the ego" (871). While acknowledging Bersani's and Parikh's insights into male homosexuality, I would like to complicate their notion of "shattering" and "destructive" male homosexual sex by situating it within the context of the burgeoning HIV/AIDS pandemic as represented in *The Better Mother*. To this end, I refer to Deleuze and Guattari's view of desire as positive and productive, and argue instead that gay men's sexual desire, as shown in particular in Danny, is endowed with the ability to generate spiritual tranquility.

After several days' absence because of his puzzlement over the disease, Danny returns to Stanley Park again, and notices that everything in it is thirsty for fresh water. The extreme summer heat correspondingly evokes, and then intensifies, the deepest desire of his body to have sex: "The nerve endings in his fingers twitch as he aches for a fast blaze, instant combustion. If he doesn't touch someone soon, he will slowly smoulder" (Lee 104). Sex, therefore, seems to Danny a bodily reaction against both the unbearable summer heat and the threatening disease. As in the case of the nightclub frequenters, Danny's bodily reaction in Stanley Park is also a mobile one that aims to achieve inner peace. The interlinking of sex-induced micro-mobilities and spiritual tranquility is further explicated in Danny's reflections about seeking comfort in sex:

Sex is a consolation when nothing is certain. Though the men hold each other briefly, it is better than being alone in your apartment, where there is no protection against the shadows that fall across your skin until you are convinced you are dying. Here, in the park, everyone knows everyone else's thoughts. They don't need to be spoken. (104-05)

As well as offering a form of protection for gay men, the silence of the park, along with that of its nocturnal wanderers, forms a sharp contrast to their

embodied micro-mobilities implicated in their sexual intercourse. Rather than linguistic forms of expression, which are synonymous with human intellectuality and subjectivity, it is these micro-mobilities, produced by and producing the ontological homosexual body of desire, that confer on the subjects involved much more tangible spiritual mooring. More than providing company, the wordless inter-bodily micro-mobilities momentarily sedate gay men's flustered minds. Ironically, however, without scientific knowledge of the infectious disease, sexual interactions become a potential factor that enables the virus to circulate. Consequently, the city's leisure spaces in the novel, such as Davie Street, the nightclubs, and Stanley Park, become for gay men locations associated with both desire and fear, spaces where they escape or combat the mysterious stigmatizing disease through their fine-tuned physical mobilities of wandering and cruising.

AIDS, Racialized Masculinities, and Intensified Anxieties

Danny's experiences in public leisure spaces epitomize how the little-known yet increasingly menacing infectious disease impinges upon gay men's physical and embodied micro-mobilities in their struggle for spiritual tranquility. In highlighting and complicating the profound impact of HIV/AIDS upon this journey towards inner peace, *The Better Mother* further tethers the disease to issues of race and ethnicity, and in particular to the racialized masculinities of Chinese Canadian men. These issues, as we shall see, underlie and shape the (im)mobilities of Chinese Canadian gay men in fundamental ways as they gain increasing "knowledge" of the disease, and especially of its official name, AIDS.

Danny's cognition of the disease's mobility among, and damage to, gay men is mainly through the physical deformation it has wrought upon Frank's body, especially his face. Because of his previous observations and the spread of rumour in the public realm, Danny's perception of the shadowy disease is distant, indirect, and abstract, and his fear of it thus imaginary and groundless. However, seeing in person the decline of Frank, his white ex-lover, materializes his understanding of the disfiguring disease and exacerbates his fear. Three years after their breakup, Frank suddenly calls Danny and arranges for an urgent meeting in a café. Seated with head lowered, Danny brings himself to look up, expecting to see the charming Frank of his memory. Contrary to his

expectation, however, he sees a frail and fragile Frank, “hunched over a cup of coffee,” with collapsed eyebrows, dark red spots and grey stubble on his cheek, and glassy eyes (183). From these changes to Frank’s once impeccable face, Danny senses that his ex-lover has been infected with the mysterious disease. While Frank talks about his illness, Danny remains silent almost all of the time; this infuriates Frank, who urges Danny to say something. “All too often such experience of interruption through illness or disability,” as James Kyung-Jin Lee observes, “is accompanied by a break not only in communication, but more importantly in communicability, which renders interaction, say, between a wounded person and a healthy (read: not yet wounded) person, into awkward silence or creaky platitude” (“Illness” x). Danny’s lack of response also reflects his fear, as a “not yet wounded” person, of contracting the disease and particularly of facing the subsequent unavoidable problem of coming out to his Chinese Canadian parents.

Disease mobilities are, more often than not, symbolic of uneven mobility differentials, which are inflected by, among other categories, ethnicity, sexuality, gender, and class. In this regard, HIV/AIDS impacts gay men differently, and Chinese Canadian gay men differently. For Danny, as the narrator explains, “[t]he fear has many features—inexplicable scabs, bleeding gums, bowels that leak. But the one he returns to is this: if he gets sick, there will be no hiding it from his parents” (185). This latter concern fully captures Danny’s state of being caught in a cobweb—being placed, that is, at the intersection of the mobile disease, his sexual orientation, and, in particular, his Chinese Canadian identity. These factors, as we shall see, conspire to throw him further off balance and render him susceptible to spasms of melancholy and phantasm. Haunted by Frank’s illness and his own unbearable fear, Danny calls and meets his sister Cindy for advice. Besides her suggestion that he stop going to the clubs or baths, however, Cindy eventually asks, “What will Mom and Dad say?” (190). Her question immediately reminds Danny that his father once flew into a rage, blaming him for being a “sissy” and “useless” because he did nothing to stop a white boy, younger and smaller than he, from spraying the humiliating words “CHINKS GO HOME” on the front window of their curio shop (192). Cindy’s concern, albeit in the form of a question, actually brings to light the issues of Chinese Canadian identity and racialized masculinities that

inform the subconscious of many Chinese Canadian families, haunting and affecting, in particular, male family members. The formation of identities is, as Christopher Lee points out, “inseparable from the distribution of economic and social resources, from questions of power and domination” (2). In the context of Canada, these processes were initiated with, and thus embodied by, the earliest Chinese male immigrants. With their contributions to the building of the Canadian nation-state unrecognized, and deprived of opportunities for better-paid jobs, they were forced into the service industry, running laundries, restaurants, barbershops, and other businesses that were deemed to be beneath white men. Moreover, dominant discourses have portrayed Asian men as “womanly, effeminate, devoid of all the traditionally masculine qualities of originality, daring, physical courage, and creativity” (Chin et al. xxx).

In *The Better Mother*, it can be deduced that Danny’s father, Doug, born and raised in Canada roughly during the period of the humiliating Chinese Exclusion Act (1923-1947), would have experienced the emasculation of Chinese Canadian masculinity, either in person or indirectly in the form of postmemory or collective memory. The feminizing of Chinese Canadian men, in other words, is seared on his subconsciousness, and constantly impacts his emotions and behaviour. As Richard Fung notes, “Specific histories burden the term ‘responsibility’ for gay men and Chinese men” (296). The humiliating history of Chinese Canadian emasculation, combined with traditional Chinese patriarchy in Vancouver’s Chinatown, pressures Chinese Canadian men, here represented by Danny’s father, to assume the responsibility of (re)asserting their “heteronormative” masculinity and sexuality. Doug’s efforts to do so can be seen even in Danny’s childhood. Whenever he saw little Danny admiring department store catalogues that featured beautiful dresses or playing with paper dolls with his younger sister, Doug would lose his temper. Male homosexuality, in his opinion and that of the majority of his Chinese Canadian contemporaries, is an expression of insufficient masculinity and works, for that matter, as a stinging reminder of the history of their emasculation. In the novel’s later timeline, when television and newspapers have already begun to report on AIDS in a stigmatizing way, Danny’s father may well be no stranger to the disease and its association with gay men. Recalling these unpleasant experiences with his

sarcastic father, Danny simply answers, or asks, “There’s nothing to explain to them, is there?” (Lee 192). This disjunctive question is suggestive of Danny’s uncertainty. As the narrator remarks, “Danny wants to laugh at the way this mysterious disease has turned even the words they speak into something shifting and thin” (192). Yet, what really matters to him, as we have seen, is not the slippage of meaning that the disease has given rise to, but rather the possible response of his parents to his homosexuality.

Danny’s troubled state of mind is further demonstrated as he learns more about the mysterious disease, culminating in his eventual learning of its authoritative name, AIDS. Stumbling on Davie Street one day, Danny is attracted by a notice taped to the window of a clinic: “New disease affecting gay men and IV drug users now called AIDS. Information inside” (193). Together with the previous depiction of Frank’s disfigured body, this straightforward treatment of AIDS in the novel extends far beyond the classic metaphor of “plague,” rendering the disease all too visible and concrete rather than a phenomenon unseen and metaphoric. Danny is disappointed, however, when he reads a pamphlet given by the receptionist. Instead of receiving reassuring information on the disease, he encounters a bewildering and frustrating introduction that is characterized by professional uncertainty:

AIDS attacks the immune system. No one knows why, and no one knows how. Infected people are vulnerable to opportunistic infections and diseases, like Kaposi’s sarcoma and pneumocystis pneumonia. Doctors think it’s passed through bodily fluids, like semen and blood, but they’re not sure. There are only a few cases reported in Canada, but doctors suspect there are many more that have been undiagnosed. (194)

The “scientific” naming of the mysterious disease fails to provide Danny with a sense of mental refuge because the name AIDS itself is essentially “no different . . . from other linguistic constructions that, in the commonsense view of language, are thought to transmit preexisting ideas and represent real-world entities yet in fact do neither” (Treichler 11). The words on the leaflet turn out to be meaningless to Danny, for nobody seems able to prevent the mobility of the disease, which is “[l]ike an advancing tidal wave that you watch coming toward you, knowing it will consume you” (Lee 194). Therefore, Danny’s growing knowledge of AIDS immobilizes him physically while also mobilizing him psychologically:

The weight of the words and his thoughts seem to have rendered him immobile. What if his parents have already heard of AIDS? Seen it on the news, discussed it with Cindy? And if Edwin dies of a mysterious illness his grandmother never names, what questions will his parents ask then? He holds the back of his hand to his forehead. (195)

Considering the stigmatization of homosexuality in Canadian society at that time, Danny's anxiety can be said to originate less from the mysteriousness and incurability of the disease than from the possible ultimatum, as it were, to come out to his parents. If we take into account, again, the historical formation of Chinese Canadian identity and, particularly, its profound impact upon emasculated Chinese Canadian masculinity, Danny's apprehension in anticipation of his father's furious reaction to his homosexuality can be further interpreted as a product of the high pressure under which Chinese Canadian men strive to make claims on heteronormative manhood.

Danny's fear of AIDS and overwhelming stress operate to the detriment of his mental health. Disillusioned with the official information about AIDS, Danny continues to wander in the street, "feel[ing] worse with every passing pedestrian, every shiny car that speeds down the street" (195). When he makes eye contact with a tottering old woman, Danny sees in her eyes extreme fear, which is actually a reflection of his own, "that blazing fear that others can instantly recognize and be repelled by" (193). When a bus stops, he even has the illusion that people are trying all they can to avoid seeing his face. Danny becomes sensitive here to what used to be quite normal, and thus unnoticed, daily interactions with people. Mobilities that used to appeal to him now become sources of irritation and fear. Consequently, Danny's greater knowledge of the disease does not assuage his previous dread, but contributes to the resurfacing of the pressure that is sedimented in his racialized body as a kind of collective memory. With his intensified anxiety over AIDS, Danny retreats to the silence of his small apartment, which foreshadows his subsequent "quarantine" life of caring for Frank.

Interracial Care and Becoming-(M)other

If, as has been previously analyzed, the mobility/immobility tensions produced by AIDS are made all the more striking for Danny by the fundamental issues of Chinese Canadian identity and racialized masculinity,

the interracial love and care he offers ill Frank hold the potential, then, to disentangle him from this psychological thicket. Specifically, Danny's retreat into an immobile life from his formerly exhilarating mobile life of cruising is represented as concurrent with his unintended yet silently progressing mobility of identity, or his "becoming-(m)other." Essential to Deleuze and Guattari's philosophical thinking, the concept of "becoming" is theorized in their work as not only opposed to being/identity but also as an immanent event without any pre-existing foundation (Colebrook 125). Becoming-woman, in particular, is given paramount importance and regarded as the one becoming that underpins the series of becomings that Deleuze and Guattari theorize. Deleuze and Guattari's becoming-woman does not mean imitating a woman or adopting feminine features or qualities; its aim is rather to decentre man, subjectivity, and majoritarianism.² In other words, becoming-woman functions as a conceptual paradigm that aims to deconstruct normativities and fixed identities, to think beyond man as being, and to strive for and affirm a life of differences (Colebrook 140). Following Deleuze and Guattari's avenue of thought, I argue that, as with "becoming-woman," Danny's becoming-(m)other in *The Better Mother* is an ontological becoming; as such, it assumes the status of being "minoritarian" and unsettles essentialist notions of masculinity and heteronormativity in general and Chinese Canadian masculinity in particular.

Danny's becoming-(m)other originates in his love and sympathy for Frank. After Cindy learns about Frank's infection, she reports it to the branch manager of the bank where she and Frank work. Frank is then forced to quit. Furious, he goes to Danny's apartment building and blames him for exposing that he has AIDS. At the sight of an increasingly deteriorating and desperate Frank, Danny takes it upon himself to take care of his ex-lover. This decision works as a turning point in Danny's life—that is, as a prelude to Danny's becoming-(m)other. In the section entitled "The Nurse," the caregiving that Danny repeats every day is delineated in great detail:

He washes him carefully, scrubbing gently between all the wrinkles, every jutting bone. He dries him with a fluffy towel and rubs baby oil over his skin, over the rashes and Kaposi's sarcoma spots, over the boils that seem to multiply daily. Slowly, Danny buttons up Frank's flannel pyjamas and then they lie in bed together, Danny's head resting on the wall as he reads out loud from the pile of library books on the floor. Frank stares at him, his eyes big in his thin face, chuckling when Danny reads

something funny from his favourite comic-strip collection, tearing up a little at the sad parts in an old Russian novel. Eventually, he falls asleep, and Danny pulls the covers up and shuts the bedroom door behind him. (314-15)

This process of caring for Frank forms what David Seamon calls a “body ballet,” and the daily repetition of these serial acts, as shown by their description in the present tense, further constitutes a “time-space routine” (54). These micro-mobilities, however, draw attention less to the personal qualities (meticulousness, patience, gentleness) that allow Danny to become a motherly caretaker, than to the ontological becoming that he is experiencing. As Deleuze and Guattari assert, “[a] becoming is not a correspondence between relations. But neither is it a resemblance, an imitation, or, at the limit, an identification” (*A Thousand Plateaus* 237). AIDS has destroyed Frank’s body and rendered it susceptible to lethal infections. Through his hands and mouth, caressing and soothing Frank’s stricken body, Danny reconnects his body to Frank’s. Despite the fact that they are no longer lovers, this bodily, emotional, and spiritual reconnection provides him with the inner peace he has been striving for to confront the uncertainties and mental disquiet that AIDS causes:

In the morning, he can never remember if he’s been dreaming or not, and this comforts him. He wakes with no trace of the night clinging to his face or body, and he can be satisfied with the morning and the long list of tasks he knows he will complete. After all, for once in his life he is doing exactly what he’s supposed to. (Lee 315)

Danny’s spiritual tranquility, however, is born less of the micro-mobilities involved in attending to Frank, than of his determination and courage to come to terms with his queerness. During Danny and Frank’s romantic relationship, Frank’s parents were supportive, and what Frank used to want was for Danny to come out to his parents and to start a stable family. Danny objected because for him coming out would mean rebelling not only against his father, but also against the heteronormativity and patriarchy often embedded in assertions of Chinese Canadian masculinity—assertions that labour to restore a lost manhood in spaces (like Chinatown) constituted by histories of emasculation. Despite his dissatisfaction with the boring life he experiences in Chinatown, Danny was still unable to separate completely from his family and the larger community. Therefore, he chose to remain

closeted, which resulted in the couple's breakup. As the last sentence in the quotation above suggests, however, Danny is contented with this settled quasi-family life. "[D]oing exactly what he's supposed to" intimates that he is determined to face his homosexuality and his love for Frank. In other words, he identifies himself as Frank's lover/partner and caring for him as his responsibility. In caring for Frank, Danny is also caring for himself.

By taking on a caretaker role traditionally assigned to women, Danny's transformation is oriented towards a life of differences—that is, towards a repudiation of the essentialist notion of Chinese Canadian masculinity that people like his father re-establish and advocate as a reaction against their own emasculated manhood. In critiquing Frank Chin's efforts to restore Chinese masculinity, Gordon Pon astutely points out that Chin's anti-racism strategy not only suggests homophobia, but also glosses over "Chinese men's contradictory position—oppressed by racism themselves but also oppressing Chinese women" (144). Chin's reassertion of Chinese manhood, as Pon concludes, "leav[es] little room to grapple with how different, particularly heterogeneous, conceptions of Chinese masculinity might be valued and affirmed" (144). In the novel, Danny's father is exemplary of this troubling reassertion of Chinese masculinity, for he maintains absolute authority over his wife and daughter. When, for example, little Cindy asks Danny one morning if they are to help in the family shop, Doug scolds her and tells her to shut up (Lee 57). In a similarly dismissive way, after Danny runs away from home, Doug yells at his wife, Betty, and places all the blame on her (18). In this sense, by dedicating himself to caring for Frank and showing the kind of "domestic efficiency" that is disparaged as effeminate (Cheung 237), Danny is essentially rebelling not only against the traditional patriarchy that lingers in Chinese Canadian families, but also against the heteronormativity through which reclamations of a lost Chinese Canadian manhood are frequently articulated.

The stabilizing effect that Danny's ontological becoming-(m)other brings him is better illustrated through his repressing of the resurfacing desire to cruise in Stanley Park. For all of his love for Frank and all of the responsibility he assumes, Danny sporadically feels overwhelmed by the depressing and confining atmosphere in the apartment. The gloomy domestic space denies him the sensual experiences of an ordinary life. One evening, despite his

scruples over what may happen to Frank during his absence, Danny impulsively leaves the room, unable to resist the temptation of nighttime in Stanley Park. On his way to the park, however, Danny's newly assumed role as a nurse constantly weighs on his mind. Desirous as he is for mobility and excitement, Danny cannot take his mind off Frank. As he walks towards the park, upon seeing rolling clouds and hearing a boom, Danny "wonders if a thunderstorm is coming, if Frank will wake up, terrified by the crash and the crackling of lightning through the curtained windows" (Lee 318). Danny's paradoxical state of mind is further illustrated by his psychological activities on the most popular trail with gay men in Stanley Park:

If he finds someone here tonight, what will he bring home to Frank? A wayward, invisible germ on the sleeve of his polo shirt? The smell of another man so tenacious it won't wash off, and be smelled by Frank, who will understand, but whose understanding will make Danny feel smaller? Or will this be the time he catches AIDS through spit or cum or the unknown substances coating his one-night partner's body? (318)

Although he has managed to persuade himself to escape the room into this tantalizing space, responsibility for Frank and the fear of AIDS keep hovering over his head and affect his decision whether to satisfy his sexual desire or not. In this sense, together with the looming yet invisible mobility of HIV/AIDS, Danny's becoming-(m)other makes an alteration to his propensity to cruise and his mobile character in general.

More importantly, given his interactions with Chinese Canadian women, especially his mother, Danny's ontological becoming-(m)other takes on an added dimension. Later on the trail, Danny happens upon Edwin, who tells him about his mother in Chinatown. While they evoke Danny's memory of his mother, Edwin's words almost simultaneously make Danny's mind shift back to Frank, who is "struggling with the twisted blankets, calling for his own mother, hearing only the bounce of his voice off his apartment walls and nothing else" (320). He imagines the situation where a terminally ill child wants a caring and loving mother, who is nonetheless absent, and he is to fill this void. Danny's imagining of Frank's unanswered call for his mother prompts him to leave the park for the apartment. His choice, in spite of himself, is actually to answer Frank's call, which reinforces his process of becoming-mother which is already underway. Danny's mother is a homely

Chinese Canadian woman who busies herself cooking and cleaning for the family. Her care for Danny is only for the sake of his physical welfare, and, therefore, does not meet his expectations. The type of mother he desires to have is glamorous, affectionate, and loving, as represented by his friend Val, a burlesque dancer. To put it simply, Danny's mother provides care in the way of food, but without making him feel deeply loved. As a result, Danny always dreams of a better mother. By providing perfect motherly care to ill Frank, therefore, Danny has engaged in not just becoming-(m)other but becoming the "better mother" of the novel's title, and better than his own mother.

The last moments that Danny and Frank spend together exemplify and reinforce the abstract mobility of interracial bodily crossing initiated earlier when they fall in love at first sight. With his health further deteriorating, Frank finds it difficult to fall asleep and to keep from shivering. In response, Danny "curl[s] around him, warming him with his own body" (324) and "holds him tighter and puts his feet on Frank's icy ones" (325). What merits noting is that the entangling of their bodies recalls and revises a time when Danny and Frank were in love. Then, it was Frank's body that curled around Danny's, which sheds some light on Danny's feminized identity or status during their intimate relationship. Danny's becoming-(m)other, however, correspondently reverses that bodily posture. Despite its saddening context, the bodily (re)-fusion between Danny and Frank is spiritually comforting and "their breathing in tandem soothes Danny, and he sleeps undisturbed" (325). Despite the lack of romantic or erotic elements in their relationship, their bodily (re)interaction contributes to Danny's transformation from a lover to a caring mother.

Danny's becoming-(m)other, as has been shown, points us beyond a phenomenological shift of identity and towards an ontological change in his understanding of homosexuality, and thus a re-evaluation of his relationship with his parents, especially his father. He eventually musters up the courage to come out to his parents, as is suggested at the close of the novel, when Danny shows them a picture of him and Frank (347). His caring for Frank is an attempt to refuse the roles that patriarchy prescribes for him and his mother and sister; more importantly, it challenges the omnipresent impact of heteronormativity in society. For Danny, therefore, caring for ill Frank and coming out open up opportunities for a life of difference, of rebellion, of interracial love, and of truth.

Conclusion: Towards a Caring Response to the Pandemic

By representing Danny's psychogeographical experiences in public leisure spaces for gay men at a time when the AIDS pandemic was still in its infancy, Lee shows in *The Better Mother* her insight into how the mobile disease has exerted an (im)mobilizing effect upon this risk group, physically, psychologically, and especially on the micro-bodily level. To achieve mental tranquility and stability, characters in the novel have but to rely on their bodies, either the motile body or the desiring body. Intermingled with the HIV/AIDS pandemic, the interracial love and care between Danny and Frank generate the former's "becoming-(m)other," a form of abstract mobility, which is meant to challenge the patriarchy still in his family and heteronormative understandings of masculinity. Also, reading the novel in the current context of the COVID-19 pandemic enables us to see how humankind, as a community with a shared future, can cross racial and ethnic boundaries and make joint efforts to face the pandemic, which, with its mutating variants and unforeseen routes of transmission, may co-inhabit the world with us for what seems to be an unpredictable period of time. Danny's volunteering to take care of Frank, dying from HIV/AIDS, can shed light on the current response to the COVID-19 pandemic in Canada and beyond in terms of an interracial cooperation that promises to break down racial and other social barriers. As the call for papers for this special issue on pandemics reminds us, during the first COVID-19 lockdown in Canada, "much of the labour of caring for the sick, elderly, and other vulnerable populations . . . has come from low-paid, racialized, and/or temporary migrant workers" ("Call for Papers"). This is also a call for international and interracial co-operation during this difficult time. In this sense, Lee's narrative of Danny's devotion to the dying Frank aligns with this contemporary reality. Danny's consistent caring for Frank also suggests the significance of care for dealing with chronic diseases and long-lasting pandemics such as HIV/AIDS and COVID-19. In an interview with Tyrus Miller on the COVID-19 pandemic, James Lee, director of the University of California, Irvine Center for Medical Humanities, expresses his apprehension over the possible extension of the pandemic, and thus invites us to rethink our relationship to the pandemic as we do to chronic illnesses. We should, therefore, use the rhetoric and practice of care, rather than metaphors about

“fighting,” as the pandemic mutates and alters our way of living. In astutely pointing out the falsehood and fragility of the “restitution narrative” that is built into modern biomedicine, James Lee urges us to construct an alternative narrative of bodies. This different story requires “opening into your body’s vulnerability, an acknowledgement of that, and a kind of meditation on what meaning comes from this new relationship to one’s body” (“Race and Medicine”). We should try, in other words, to care for the chronically ill and to understand chronic illness not as something to be expunged but as that which we must learn to live with. In *The Better Mother*, Lee creates for us such a story that foregrounds interracial love and care as a long-term response to the HIV/AIDS pandemic. By avoiding the military metaphors of a “war” to be fought, and substituting those of caring, of adapting, and of interracial cooperation, *The Better Mother*, while joining in the Canadian literary trend to peacefully represent the HIV/AIDS pandemic, offers us an exemplary answer to the question of how people across the world could respond to the COVID-19 pandemic that still refuses to be subdued.

NOTES

- 1 After the outbreak of COVID-19, a few mobilities scholars began to reflect upon disease mobilities. Borrowing Deleuze and Guattari’s philosophical concepts, for example, Merriman makes a distinction between “molar” (perceptible) mobilities and “molecular” (imperceptible) mobilities and highlights their mutual “becoming” (50). In doing so, Merriman alerts us to viral mobility, specifically the mobility of COVID-19, as a type of “molecular” mobility; however, he focuses on human embodied micro-mobilities during the pandemic. Likewise, Peter Adey et al., in their recent introduction to pandemic (im)mobilities, also explore the impact that the COVID-19 pandemic has had on human (im)mobilities.
- 2 For this reason, Deleuze and Guattari’s concept of “becoming-woman” has been the subject of much debate by feminist and queer theorists, who discuss how the idealistic liberation of dualisms in Deleuzian “becoming” continues to centre “man” by fundamentally aligning woman with alterity. Sara Ahmed, for example, reads “becoming-woman” as “phantastic” and as “operat[ing] in relation to ‘the other’” (53). While to some degree, “becoming-woman,” as Ahmed argues, depends on the notion of womanhood, I still use this concept to help explain Danny’s destabilizing of traditional Chinese Canadian manhood.

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