1

Abstract
With the advent of effective anti-viral regimes ageing with HIV has become an increasingly common phenomenon, gay men being the largest sub-group. It has been examined from multiple academic perspectives, the most prominent of which are medical and sociological research. Within this literature HIV as well as a gay identity has been described as causing "accelerated ageing". However, any such acceleration has always been considered to be occurring in relation to the normative standards of heterosexuality and/or an HIV negative status, leaving HIV positive gay men viewed as somehow deficient to their HIV negative heterosexual counterparts. A queer theoretical approach is adopted to explore the potential ways in which ageing with HIV as a gay man could be conceptualised beyond the ideas of heteronormative deficiencies. In particular queer theoretical readings of vulnerability, temporality and kinship are explored to provide a theoretical basis for future empirical work into this topic.

Key Words Ageing, gay men, HIV, queer theory

The utility of queer theory in reconceptualising ageing in HIV-positive gay men

MAURICE NAGINGTON

Introduction

This article has two aims: to review the contemporary medical and sociological literature about ageing as a gay man with HIV; and, to review the utility of queer theory for rethinking the possibilities for living and ageing with HIV as a gay man. Whilst not wishing to ignore the wider range of literature, film and art that has arise around the topic of ageing as a gay man with HIV, fitting all of this into one paper is not achievable and instead merits subsequent paper(s).

HIV as a medical and social phenomenon has radically and repeatedly changed over its history. Possibly one of the most radical changes has been the ability for people to live with HIV, rather than die from AIDS through the introduction of highly active anti-retroviral therapy (HAART). This revolution in medical treatment has meant that many sections of the World's population are now for the first time beginning to age with HIV. This brings with it many medical and social challenges for everyone effected by HIV. However, in England[1] gay men remain the predominant social group who are affected by HIV and worldwide gay men continue to be disproportionately impacted upon by HIV with many countries still seeing an increase in HIV incidence amongst gay men rather than the decreases observed in other demographic groups such as women of a child-bearing age.[2] In addition the majority of gay men continue to live within societies which can broadly be understood as heteronormative or homophobic. The way in which this creates complexities and difficulties for older gay men has been considered in a number of different areas, but not for its impact on ageing with HIV as an older gay man.

However, before progressing further it is important to recognise that during the AIDS crisis when so many people

died, ageing with HIV was a 'problem' that many could only have dreamt of. Equally, ageing with HIV was and remains a dream for huge sections of the world's population with no access to effective treatments. Hence, there is potential for strong emotions to arise out of any critique around HIV and ageing. However, it is hoped that the utility of this article in critiquing HIV and ageing for older gay men may be the first step in helping developing services for this relatively novel but growing area. To be clear it is not the aim of this article to present specific recommendations for practice or policy. For this to take place robust consultation with all stakeholders, in particular older HIV positive gay men, would be required. Instead, what this article offers is a critique of the prevailing discourses that affect older gay men ageing with HIV.

Queer theory

Queer theory is often considered to have branched from post-structuralist philosophy with founding theorists including authors such as Foucault, Butler, and Sedgwick. Defining queer theory is likely lining oneself up to fail as one of queer theory's key tenants is to produce resistance(s) to definitions. However, it is possible to outline some key ideas that are relevant to the understanding of the medical and sociological literature that this article goes onto discuss, namely: queer theory's approach to sexuality and gender; and queer theory's understanding of the relationship between subjects and society as a whole.

Queer theory has always had a primary aim to deconstruct contemporary Western understandings of sexuality and gender.[3,4] Authors such as Sedgwick have argued that there is a foundational inadequacy in the social categories that describe individuals stating simply that "people are different from one another"[5 p22] and that despite a plethora of modes of positioning people socially through categories such as gender, class, nationality, sexuality, ability/disability "even people who share all or most of our positionings along these crude axes may still be different".[5 p22] As such Sedgwick is arguing that gender and sexuality cannot be deployed as ultimately meaningful categories in themselves. Instead as argued by Foucault[6] categories of gender and sexuality have continually been differentially constructed by and in relation to the range of different discourses (though most significantly religious and medical) which allow gender and sexuality to be knowable within society at large. However, regardless of the discourses that make gender and sexuality knowable there remains an important interaction between knowledge and power:

> Knowledge linked to power, not only assumes the authority of 'the truth' but has the power to make itself true. All knowledge, once applied in the real world, has effects, and in that sense at least, 'becomes true'. Knowledge, once used to regulate the conduct of others, entails constraint, regulation and the disciplining of practice. Thus, there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time, power relations.[7 p27]

Whilst such an argument helps understand how power and knowledge work on a societal level it is not always productive in developing an insight into the ways that power and knowledge function on a more individual level. Butler[3,4] expands on Foucault's work through developing the concept of performativity which suggests that subjects are only recognised as subjects by others when they take on and perform socially acceptable discourses of gender and sexuality; this may include but is not limited to ways of dressing, talk, working, grooming, socialising, and social interests. In this respect Butler argues that these ways of knowing gender and sexuality and the power that enforces them has a foundational involvement in creating subjects who can both enter into society and simultaneously construct it. This is not to say that there is an entirely deterministic approach to subjectivity and society. Instead, key to the concept of performativity is the continual requirement for performance and whilst this could be viewed as merely being continually subjugating, Butler argues that it's the continual requirement to perform one's identity that allows for novel performances to be explored and enacted.[8] However, such a process of constantly becoming a subject can result in an "uneasy practice of repetition and its risks, compelled yet incomplete, wavering on the horizon of social being".[9 p30] Thus the nature of the performative process whilst producing and reinforcing subjectivity also brings with it a degree of vulnerability, especially for those who push and challenge the current horizons of how gender and sexuality are made knowable in society.

Building on the flexibility theorised in the concept of performativity, queer theorists have attempted to develop ways to resist normative discourses of sexuality and gender. For example, Dean[10] theorises that kinship can be brought about by a sharing of the HIV virus amongst gay men which in turn both resists heteronormative structures of kinship as well as re-writing HIV not as a pathological entity but as a way of creating community and connections. Contrastingly, Edelman[11] has suggested that any consideration of the future and reproduction is itself symbolic of the heteronormative desire to reproduce and thus the queer

political struggle must be to remove oneself from any aims to reproduce identities (be that gay, lesbian, male, female) into the future. However, Muñoz has argued that such a radical deconstruction of societal categories requires in itself a privileged position.[12] Thus such a radical form of queer politics may itself be argued to be caught up with homonormative privileges associated with whiteness, physical abilities, social class, gender expression and of course youthfulness. In addition Summerskill highlights in her British oral history of older gays and lesbians that whilst some people long for the days in which queers were essentially placed outside of society by being criminalised (until 1967 in England and Wales) enabling them to "just be and do without having to have an identity",[13 p59] the gaining of a viable and decriminalised identity allowed a generation of gay men to "escape the amorphousness… it allowed us to express our identity".[13 p59] Hence, both theoretically and empirically expression of one's sexuality in a way which allows connection and sociality with others is fundamental to human experience and the radical political approaches like Edelman's are empirically disconnected from research on contemporary queer lives.

Successful ageing

In addition to sexuality and gender, ageing has also been critiqued using post-structural philosophy. On its most basic level successful ageing has been most frequently defined in biomedical terms generally focussing on the absence and/or amelioration of disease and disability.[14] Such a narrow focus has been critiqued and developed to encompass multiple components of ageing such as: life expectancy, life satisfaction, mental wellbeing, autonomy and maintaining a sense of self, maintaining social connections and social engagement.[14] However, the creation of discourses of success, despite their potentially laudable aim of suggesting that ageing can be a positive process ultimately results in also producing those who are unsuccessful. Such a lack of success is then frequently suggested to be the result of individual choices thereby side-lining how systematic inequality negatively affects the ageing process.[15] Alternatives have been suggested such as 'harmonious ageing' which critiques 'successful ageing' as constantly trying to defer the natural processes of ageing.[16] Instead, harmonious ageing emphasises interdependence and suggests different roles and responsibilities arise for those who are older. For example particular reference is made to the role in which elders play in the family as the repository of wisdom and guidance. However, whilst such a concept frees ageing from ideas of success and failure it continues to connect particular bodies with particular societal roles. Queer theory has for some time criticised the processes by which certain bodily anatomies are read as being certain genders and similar critique has begun to be applied to ageing, with Twigg arguing that the ageing body is "not natural, is not prediscursive, but fashioned within and by culture".[17 p60] Such critiques combined with queer theoretical insights can be used as the basis for a more in-depth consideration of ageing with HIV as a gay man.

Summary of theoretical background

In summary queer theory can be used to critique and deconstruct the way in which discourses on a societal level simultaneously make subjects knowable whilst reinforcing the power that discourses have to construct. This deconstruction and critique is often achieved by theorising and empirically exploring performances of gender and sexuality that draw on non-heteronormative discourses, hence it is well suited to critically exploring gay men ageing with HIV and producing alternative ways of knowing.

Section I – literature review

Introduction

The methodology for this review can broadly be described as a critical discourse analysis approach.[18] A queer approach to discourse analysis recognises a tension when writing and researching about social categories such as "gay" or "male". Yet, as discussed above, whilst some authors such as Edelman have argued for the deconstructions of all categories, such a nihilistic approach doesn't seem to be one that can be productive in the short to medium term when social disparities exist for those who currently identify with particular gender and sexual identities. Instead the productive approach appears to be to analyse the ways in which these social categories become knowable via medical and sociological knowledge. For simplicity and readability the first part of the literature review is sub-divided into two areas, namely: gay male ageing, and ageing with HIV. These two themes will then be summarised towards the end. The discussion section after this then attempts to reframe this knowledge by reading it against queer theory to enable an alternative way of knowing gay male ageing with HIV. Hence, it is not possible at the beginning of this review to provide a clear definition of any of the key terms used, but it will be possible to explore the meanings commonly ascribed and the possibilities that exist for alternative meanings to be utilised.

The literature was identified by searching three key databases, MEDLINE, CINAHL and ASSIA. Key search terms used were: gay, queer, MSM; old, older, ageing, aging, aged, elderly; HIV, AIDS. Inclusion criteria were: papers about adults; medical, nursing, epidemiology or social science papers; primarily about older gay, queer or MSM; papers concerned with ageing; papers written after HAART was available. Exclusion criteria were: papers primarily arts based; non-peer reviewed papers; pre-clinical lab based studies of ageing using either human or animal cells. Fourteen articles were found: MEDLINE n=7, CINAHL n=2, ASSIA n=4, one additional article was found by reviewing reference lists. These fourteen papers form the core of the literature review, other relevant books, international reports and journal articles were also integrated into the review to give context and critical analysis where appropriate.

Gay male ageing

It has been suggested that gay men may age more successfully because over many years of experiencing prejudice they have developed coping strategies such as developing self-supporting community groups.[19,20] However, the literature that is concerned with healthcare outcomes suggests that whatever coping strategies are developed fail to prevent the increased poverty, poorer psychological and medical outcomes as well as increased social isolation that older gay men experience.[21] These worsened outcomes have for a long time been conceptualised as 'accelerated ageing'.[22,23] Whilst 'acceleration' is frequently prized as successful in Western societies,[24] acceleration towards ageing is notably an unsuccessful outcome with models of successful ageing constantly trying to slow down the ageing process.[15] As with successful ageing it is only possible to construct an accelerated form of ageing if one makes recourse to some normative notion of what 'aged' is in order to lay a claim as to what is being accelerated towards. It is not satisfactory to merely state a chronological age (as is so often done) and call everyone beyond this 'old' and everyone before it 'young', then to define what is 'normal' for the old, and by logical extension call everyone exhibiting these characteristics outside of these confines as somehow exhibiting inappropriate, unsuccessful, or accelerated ageing. However, as suggested in the introduction, theories on performativity enable a critical stance to be taken to gay male ageing by considering what discourses and performances maintain the notion of 'normal' ageing and what knowledge allows abnormalities to be identified as 'accelerated ageing'. Within the sociological literature the following themes appears to be considered contributory to accelerated ageing and are reviewed below: heteronormativity, ageism in the gay community, social networks, and homophobia.

Against a wider heteronormative society gay men (and in particular those with HIV) frequently lack the legitimising life narratives present within broader society of marriage, procreation, rearing children and supporting grandchildren to perform ageing in a way that is recognisable as successful.[25] There is a 'natural' and 'successful' flow in heteronormative life courses where ageing is given context within such broader social structures primarily linked to family and reproduction. One could argue that older gay men have no requirement to measure themselves against heteronormative forms of society and that ageing should be contextualised within one's own social groupings. However, the gay male community has also been suggested to be problematic for older gay men where it has been argued homonormativity links discourses of 'youth' with performances of partying, alcohol, drug consumption and liberal approaches to sexual activity[26] with any performance of a sexuality outside of these discourses becoming stigmatised and undesirable. In this respect heteronormative and homonormative approaches to ageing both come to restrict older gay men with contemporary studies of gay male communities confirming that ageism is extensive with few spaces (literal or metaphysical) that affirm older gay male identities[27] leading to reduced social support networks.[28] In addition to the lack of socially viable discourses that are accessible to older gay men, some of the remaining narratives such as cruising which remain a part of many older gay men's lives are tied with notions of shame so that they become suppressed within broader public discourses.[29] Increasing social support via generic services is problematic because of gay men's previous experiences of homophobia at an institutional or individual level often means that many that do access generic support services fear a pressure of going 'back into the closet'[30,31] (i.e. to begin to hide their sexuality having previously lived relatively open lives with regards to their sexuality). Recent anecdotal evidence from hospices suggests that the representation of services in information leaflets and posters is key to encouraging access and that inclusion of same-sex couples in generic literature is an appropriate way to ameliorate the anxieties that exist.[32] However, even if statutory and charitable support is made more accessible the literature suggests that older gay men more frequently rely on social support from their peers, primarily to avoid homophobia, however their peers are also ageing and hence may require care themselves making such social networks more vulnerable to decay than some of the

intergenerational support available within heteronormative networks.[28]

In summary, the sociological knowledge about older gay men suggests several difficulties in relation to ageing, including: a lack of formal and informal social support; a lack of identifiable social structures to understand one's ageing within; prejudice from within and without the gay community; and an acceleration to ageing which is ultimately stigmatised.

Ageing and HIV

Medical ageing with HIV

Since the advent of highly active anti-retroviral therapy (HAART) it has become possible for many in the West to live with HIV rather than await one's likely death from AIDS. However, this has had the knock on implication of the HIV positive population ageing. For example in 2010 in the United States 35% of all people living with an HIV diagnosis were over 50,[33] this is expected to rise to 50% by 2015.[34] A similar trend can be seen in the UK[35] and any other country where HAART is becoming common place and widely accessible.[36] It has been regularly stated in the medical literature[37] that HAART allows HIV positive individuals to achieve a 'near normal' life expectancy; with 'near normal' meaning that individuals diagnosed with HIV live on average seven to ten years less than their HIV negative counterparts[38] and that many of the problems associated with 'old age' occur at a younger chronological age for HIV positive individuals, including: liver cirrhosis, renal disease, heart disease, neurological complications, immuno-senncense (weaker immune system), osteoporosis, muscle mass/fat distribution changes, and microbial translocation in the gut (leaky gut).[39] As one can see the list covers almost the entire body and in the medical literature (as with the sociology studies) this has been referred to as 'accelerated ageing'. However, despite the apparent consensus on the lower than average life expectancy uncertainties exist around the possible mechanisms for the medical 'accelerated ageing' exists.[40] Currently in the literature particular prominence is given to the theory that chronic inflammation via long term activation of the immune system has overarching damaging effects to an HIV positive body.[41] Hence it has been argued that in order to incorporate this new understanding of the mechanisms of HIV and ageing there needs to be a move away from focussing solely on the amount of virus in a patient's blood (normally termed viral load, with success being deemed once levels become undetectable) and CD4 cell count (the main immune cells that HIV infects and destroys), towards the measurement of a wide array of different biomedical markers needing to be measured and corrected such as: blood pressure, cholesterol, eGFR (a measure of kidney function), liver function tests, tests for diabetes, as well as monitoring lifestyle factors such as smoking and alcohol intake.[41,42] The measurement of these metrics then results in interventions to normalise the biochemical markers which it has been argued makes lives more enjoyable for those ageing with HIV.[43] However, almost all interventions suggested in the HIV medical literature with regards to ageing are pharmaceutical ones.[41] This goes against the broader medical literature on (non-HIV specific) ageing which clearly suggests medication is at best an adjuvant treatment, if not a last resort, with interventions such as diet and exercise being given at least equal prominence.[44,45]

Sociological aspects to ageing with HIV

Alongside the medical conceptualisations of ageing there are a number of ways in which ageing with HIV has been conceptualised within the sociological literature. Much of the literature highlights the additional difficulties faced by gay men when ageing with HIV, as well as confounding simple cause and effect physiological models of how HIV accelerates ageing.

Maintaining social networks has been suggested to be key to maintaining wellbeing in later life.[46] However, this is problematic for people with HIV as many people living with HIV may have lost many of their close friends to the AIDS epidemic and been estranged from their families due to HIV stigma.[47] This is reflected in a study by Shippy et al.[48] who found that 36% of HIV positive people feel that someone was never or only occasionally available for 'instrumental assistance' (covering practical day to day living tasks), and only 21% felt that they received all or most of the support they needed. In addition only 61% disclosed their status to biological family members which may result in accessing help when the reasons(s) for poor health remain hidden.

Another key protective factor for 'successful ageing' is remaining above the poverty line.[49] However, people with an HIV positive diagnosis more frequently have low socioeconomic statuses and the literature suggests that people from lower socioeconomic backgrounds are both at a greater risk of HIV infection,[50,51] as well as being more negatively impacted on should they be infected with HIV.[52] In addition, recent reports suggest that food poverty (an increasing problem in the UK and many Western countries)[53] disproportionately impacts people taking HAART as many regimes require relatively strict dietary regimes to be effective.[54]

There are several mechanisms proposed for why socioeconomic disparities exist. It has been suggested that prolonged illnesses prior to HAART becoming available prevented many long term infected people from progressing in their careers due to poor health.[55] In addition, overt discrimination by employers has also been reported when a persons' HIV status is found out resulting in discriminatory treatment and even being fired.[56,57] Whilst it is positive to note that such discrimination is now outlawed in many countries enforcing such rights is becoming increasingly problematic with the cuts to legal aid systems.[58] In addition to this, discrimination by healthcare workers may have been experienced personally or been reported via social networks.[49] This makes individuals reticent about seeking healthcare and has been suggested as a mechanism for late presentation and hence poorer outcome both for HIV[59] as well as poorer health and wellbeing in general.[60]

Summary of the empirical literature

In summary the concept of ageing with HIV as a gay man is complex. Whilst attempts have been made to explain the mechanisms for how HIV accelerates ageing in both the medical and sociological literature no single study has accounted and controlled for the plethora of factors that enhance or diminish the experience of ageing for older HIV positive gay men; probably because such a study is not possible. There is however one unifying theme to the above literature, whether one is considering morbidity, mortality, social standing, psychological well-being, or integration into society; older HIV positive gay men are represented as somehow deficient when compared to the older heterosexual and non-HIV infected 'norm' thus making life less liveable by consistently constructing the HIV positive ageing gay male as residing in a social deficit. This is not to suggest that heteronormative HIV positive people don't experience difficulties, prejudice, and medical implications of being HIV positive. However, the additional complications of queer sexualities may frequently be avoided for those presenting as non-heteronormative. Therefore, heteronormativity confers social advantages and protects against some disadvantages. However, this may have less to do with one's self-identification and instead more to do with being identified by others as failing to perform the idealised heteronormative relationship and being treated as somehow less worthy as a result of that identification. Finally, measuring people's functional ability against their chronological age is not something that the older gay male HIV positive population feels is appropriate as many have had different life courses to hegemonic heteronormative ones.[61,62] Queer theory may offer ways of constructing subjectivities without recourse to the normalising processes of medical or heteronormative society.

Part II – Queer Kinship and temporality for older HIV positive gay men

As outlined in part I, the medical and sociological literature can be analysed such that the hegemonies apparent in ageing with HIV as a gay man can be opened up and challenged through utilising alternative forms of knowledge. This will be undertaken by utilising three concepts in queer theory: vulnerability, temporality and kinship in reference to a number of questions: Why is it we see HIV represented as a collection of social and medical deficiencies? What other ways may we be able to understand ageing with HIV so as not to trace its definitions constantly to deficiencies? How may we be able to connect HIV to discourses that allow a movement away from deficiencies and towards one that embraces more than what is 'wrong'? What may this do for our understanding of ageing with HIV as a gay man? Through writing in reference to these key questions the underpinning deficiencies that continually link to ageing with HIV may instead allow a linking to other ideas, other discourses, ones not linked to deficiency; hence the ageing gay male with HIV maybe become knowable in other ways, ways that are more liveable. It is hoped that this will form the basis for novel empirical research examining the cultural as well as phenomenological understandings of ageing with HIV without the implicit idea that deficiencies need normalising in order to bring about 'good' for those gay men ageing with HIV.

Vulnerability

There are of course limitations to these arguments. No amount of queer theory can remove the physiological effects of HIV has on the body, or the side effects of the medication. If one wishes to stay alive there is only one path available – anti-retroviral medications (save the very small numbers of long-term nonprogressors and those who have had bone marrow transplants that confer immunity). Hence, any radical movement away from medical treatments as a discourse in HIV and ageing seems a relatively fruitless polemic. However, it may be possible to turn this limitation into a point of departure that allows a critique of the deficiency discourse apparent in much of the medical and sociological literature by reading the notion of deficiency against Bulter's[63] understandings of vulnerability. For Butler, vulnerability forms a social understanding of the body. All bodies she argues are constantly exposed to others and constantly relying on others

for their survival. For example, in an interview with Sunaura Taylor (an artist and disability rights activist), Butler explores this idea by examining the concept of 'going for a walk' for someone in a wheelchair. In it, she argues that "nobody takes a walk without there being a technique of walking, nobody goes for a walk without there being something that supports that walk outside of ourselves. Maybe we have a false idea that the able-bodied person is somehow radically self-sufficient".[64] They go on to argue that we are all vulnerable and constantly having to rely in each other and the space and social processes that society constructs around us. In thinking about the unifying force of vulnerability Butler specifically refutes the idea of subjects who are "radically self sufficient" from the state. Hence, she suggests consideration must be given not only to what makes subjects vulnerable but also to what sustains subjects. In relation to older HIV positive gay men this raises the question that whilst HIV may produce a vulnerability, we are all vulnerable to the effects of illness, poverty and social isolation. What matters therefore is how vulnerability is responded to. For HIV positive older gay men the literature suggests that the primary way that vulnerability is responded to is by medicating. This appears the only logical way to ameliorate ageing with HIV as it engages with the profitable enterprises of the pharmaceutical industry who have repeatedly demonstrated their ability to make medicating problems the first and most natural way of dealing with a raft of deficiencies.[65] Hence, in a similar way to other problems that individuals face ageing with HIV is increasingly becoming a problem with pharmaceutical solutions with little research addressing what it is that can sustain older HIV positive gay men outside of medical-pharmaceutical notions. A turn to queer theory's understandings of temporality and futurity can help break away from these medical-pharmaceutical models towards something distinctively different in the response that can be made to the vulnerability that HIV produces in the ageing gay male HIV positive body.

Temporality

Being vulnerable and the reciprocal nature of being sustained by one another inherently suggests a survival into the future. However, many queer theorists have raised concerns about the heteronormative structuring of the futurity. Put simply:

> Straight time is seen to regulate sexual orderings through legitimizing particular social processes and institutions, which organise how we live and imagine everyday life. By way of contrast, queer theorists have turned to those whose lives have placed them on the edge of sociality organised through heteronormative temporalities, to harness instead the temporal pull of queer (sub)cultures, queer subjects, and queer artistic and literary practices.[66 p6]

In this sense 'time' can be thought of as a structuring aspect to the way in which we imagine ourselves and go on to live our lives but as Stacey highlights time has inherently normative structures. Heteronormativity therefore has the potential not only to rewrite one's current experiences, but also to legitimise what future paths are viable ones to pursue and as demonstrated in the literature the future for HIV positive older gay men is one where there is a constant but essentially unachievable aim of normalising deficits. One potential response to resisting this normalising process is to pursue Edelman's arguments around resisting any notion of pursuing future orientated goals which he suggests are intrinsically heteronormative. He suggests such an approach would achieve jouissance, essentially a kind of nirvana where one just exists in a purely queer moment with no care for the future, the passage of time and certainly not the reproduction of heteronormative social structures.[11] However, there remains a fundamental flaw to Edelman's work, at least in relation to its ability to challenge ageing with HIV; if one were to reject the future and enter into a state of jouissance there is essentially little left that supports the bodily vulnerability that HIV produces. Hence, if the future of ageing with HIV as a gay man is to be theorised in a meaningful and operationalisable way then avoiding a nihilist approach to the future is necessary and alternative queer theoretical concepts require exploration.

Kinship

Theorising older gay male HIV positive subjectivities in relation to queer forms of kinship offers a resolutely embodied and socialised production of the future whilst simultaneously situating the meaning and structuring of vulnerability within queer rather than heteronormative frameworks. In many ways the concept of kinship ties the concepts of vulnerability and temporality together. If we are to survive into the future and have our vulnerabilities responded to it is frequently those who we are closest to that we rely on. However, the notion of proximity may be altered for ageing HIV positive gay men. As already explored in the sociological literature, many older HIV positive gay men feel isolated from tradition heteronormative models of kinship, but queer theory offers alternative readings of kinship.

Tim Dean's work offers a starting point in thinking about kinship in relation to HIV. He suggests that HIV allows one to "viscerally connect a body in the present to a period… of socio-sexual relations in the historical elsewhere".[67 p93]

HIV in this sense is not just conceptualised as pathological, creating deficiencies in one's body, but instead can be considered to form kinship networks that give meaning and identity. Dean then extends this line of thinking suggesting that such practices which knowingly expose oneself to HIV "connect their participants to unlived futures… [that] have never occurred to anyone".[67 p94] Hence, HIV can be considered to form networks and connections that extend both into the past and the future. Dean argues that because they have never occurred to anyone (i.e. HIV is a relatively new disease where social practices and norms are constantly evolving) the future is blasted wide open through the virtue of the uncertainty. However, it is on this point that a departure from Dean is necessary. Whilst Dean's aim of reconceptualising HIV beyond its pathological discourses is valid, suggesting that the future is blown wide open because of the vulnerability that HIV creates is questionable. As already suggested, for the future to be sustainable for HIV positive older gay men in the medium to long term some form of medical discourses are required in the shape of HAART treatments. As such Dean's argument about the transmission of HIV create kinship is distinctly curtailed when HAART has been empirically demonstrated to radically reduce the transmission of HIV.[68] There is also the increasing introduction of effective chemoprophylaxis (administering anti-retroviral drugs as prophylaxis) which prevents the seroconversion to an HIV positive status even if inoculation with HIV occurs during sexual activity.[69] Hence there remains a tension between medical discourses that respond to the bodily vulnerability that HIV produces and the possibilities for kinship based on viral exchange. In addition Dean's focus on the necessity for a physical-sexual foundation for queer kinship also acts in a way to exclude those with differential sexual functioning who may not be able to or want to engage in semen exchange and the HIV transmission that accompanies it. Therefore, exploration of wider aspects to kinship networks to include the practical and emotional may also be productive.

Freeman whilst accepting the physical interactions that form kinship also places emphasis on the emotional basis for creating connections between one individual and another.[70] However, she goes on to challenge that such an understanding of kinship easily collapses into a heteronormative framing of a mother-father relationship caring for their children's physical and emotional well-being. Despite this even if we accept a heteronormative writing of kinship it is clear there are temporal aspects that result in one's kinship relations altering over time. For example, one may begin as a son, and will according to a heteronormative temporality orientate one's future self towards becoming a father (with a wife) or other masculine roles such as an uncle. However, within a heteronormative framework one may not 'switch' the gender of these roles to become a mother or an aunt. Whilst one could argue that acts such as adoption alter one's kinship networks, such alterations still require that adoptees who are older than the adopted person (as well as some countries requiring parents and children 'match' in terms of race/ethnicity etc.); as well as many countries still denying same-sex couples adoption rights. However, such heteronormative framings become irrelevant for Freeman who cleaves to the realisation that kinship is inherently malleable and performative which in turn opens up the possibility of building queer kinships that engage in a crossings and mixing of genders, gender roles, and even the temporal directions of kinship. Therefore, if there is to be a true queering of kinship and temporality in relation to HIV positive older gay men it becomes important to question how queer forms of kinship may help re-theorise ageing with HIV without making implicit references to heteronormative temporalities. In summary the performance of being an older HIV positive gay man must be disconnected from its relationship to the heteronormative non-HIV positive subject as well as freed from the delegitimisation of non-heteronormative forms of kinship and kinship must be allowed to respond to vulnerability alongside medical and pharmaceutical measures.

Alternative futures via queer kinship

It is clear that kinship plays an important role in the ways in which older HIV positive gay men live out their lives. However, it is also clear that many HIV positive older gay men do not discuss their diagnosis (and in some cases their sexuality as well) with their heteronormative kinship networks, yet in light of the discussion of queer kinship, the initial question seems to be: what is kinship? If, as Freeman argues kinship can be queered to incorporate many kinds of physical and emotional ties then kinship could become based around many other aspects of one's identity thus resisting the heteronormative temporality of kinships relations. This is not to say one can purely choose who one's kin is. Instead Freeman insists kinship is a performative act that requires social structures to make any performances recognisable as kinship, whilst simultaneously facilitating their continued performance in a reciprocal way into the future. Hence, the final more substantive question is as follows: what ways can a queer form of kinship be made recognisable so that one can imagine a future self interacting in socially viable

and recognisable ways that are transmitted through time without reliance on and restriction by heteronormativity? This may be in part achieved by rejecting the discourses that maintain the heteronormative basis for 'older' and 'younger' as being chronological, or the biological basis for kinship, and instead foster kinship and familial ties that are based on more universal social values such as mutual care and support. However, as Freeman suggests there are few alternative terms that can be deployed to describe kinship relations that have the same impact and life-long legitimacy as heteronormative terms. For example, 'mentor' lacks the implied longevity imbued in traditional forms of kinship such as son, or sister. Further research and challenging of these linguistic restraints may be fruitful but examples do already exist within queer cultures of claiming terms like sister, brother, father and mother as meaningful categories to create kinship ties such as in the film Paris is Burning[71] which explored the lives and culture of drag queens in New York in the mid to late 1980s. The kinship relations depicted in this film demonstrate how queer families offered not only a discursive identity, but also mutual care and practical support in the face of the AIDS crisis, poverty and racism in the drag community. However, this film in some respects continues to highlight the way in which kinship frequently continues to exist within homonormative frameworks with very few examples of kinship crossing lines of ethnicity and social class; contemporary research on queer communities continues to highlight the prejudices that continue to fracture queer communities[72] as well as highlighting how performances of gender are policed amongst gay men.[73] There is however evidence in Summerskill's[13] oral history that in the UK before the legalisation of homosexuality, socialisation occurred for some gay men and lesbians with less reference to social class primarily because a camaraderie was engendered that crossed such social divides. It therefore remains thinkable that kinship can occur within queer communities without being disrupted by various privileges of race, class, gender and physical ability, but greater work is needed to understand how these kinship networks can be formed and sustained.

Conclusion

HIV positive older gay men are constructed as in a deficit relationship to those identified as non-HIV positive and heteronormative. The solutions thus far put forward to normalise that deficit and achieve successful ageing are primarily pharmaceutical in nature with few culturally appropriate solutions for how the social difficulties experienced by gay men may be ameliorated. Queer theory allows for alternative readings of ageing with HIV as a gay man and allows for the rejection of heteronormative discourses and thus removes the need to make constant referrals to 'deficients'. Queer forms of kinship offer an opening up of older gay male subjectivities and provide a broad framework for understanding and responding to the social difficulties of having a queer sexuality when ageing with HIV. However, there remain significant prejudices in queer communities that frustrate the formation of kinship networks. In addition, whilst generating kinship amongst older HIV positive gay men is desirable, possibilities for kinship across lines of gender, sexuality, race, physical ability and other social categories should be further explored. Empirical research is now needed to explore what social structures would help the propagation of alternative types of kinship into the future as well as practical actions on breaking down prejudice in and outside of queer communities.

References

1.Public Health England. Sexual and reproductive health in England. London: Public Health England, 2014

2.UNAIDS. The Gap Report. Geneva: United Nations, 2014

3.Butler J. Gender trouble: feminism and the subversion of identity. London: Routledge, 1990

4.Butler J. Bodies that matter: on the discursive limits of sex. New York: Routledge, 1993

5.Sedgwick E. Epistemology of the Closet. Berkeley: Univeristy of Calafornia Press, 1990

6.Foucault M. The history of sexuality: volume 1 an introduction. New York: Random House, 1990

7.Foucault M. Discipline and Punish: The Birth of the Prison. London: Allen Lane, 1977

8.Butler J. Excitable speech: a politics of the performative. London: Routledge, 1997

9.Butler J. The psychic life of power: theories in subjection. Stanford: Stanford University Press, 1997

10.Dean T. Unlimited intimacy : reflections on the subculture of barebacking. Chicago: University of Chicago Press, 2009

11.Edelman L. No future : queer theory and the death drive. Durham: Duke University Press, 2004

12.Muñoz JE. Cruising utopia: The then and there of queer futurity. New York: NYU Press, 2009

13.Summerskill C. Gateway to Heaven: 50 years of Lesbian

and Gay oral history. London: Tollington, 2012

14.Bowling A and Dieppe P. What is successful ageing and who should define it? British Medical Journal. 2005; 331: 1548-51.

15.Calasanti T. Combating Ageism: How successful is successful aging? The Gerontologist: 1-9 2015) doi: 10.1093/geront/gnv076

16.Liang J and Luo B. Toward a discourse shift in social gerontology: From successful aging to harmonious aging. Journal of Aging Studies. 2012; 26: 327-34.

17.Twigg J. The body, gender, and age: Feminist insights in social gerontology. Journal of aging studies. 2004; 18: 59-73.

18.Cheek J. At the margins? Discourse analysis and qualitative research. Qualitative Health Research. 2004; 14: 1140-50.

19.Kimmel D. Adult development and aging: A gay perspective. Journal of Social Issues. 1978; 34: 113-30.

20.Harrison A. Primary care of lesbian and gay patients: educating ourselves and our students. Family Medicine. 1996; 28: 10-23.

21.Heaphy B. Sexualities, Gender and Ageing Resources and Social Change. Current Sociology. 2007; 55: 193-210.

22.Weinberg M. Male Homosexual: Age-Related Variations in Social and Psychological Characteristics, The. Soc Probs. 1969; 17: 527.

23.Bennett K and Thompson N. Accelerated aging and male homosexuality: Australian evidence in a continuing debate. Journal of Homosexuality. 1991; 20: 65-76.

24.Charlton BG. The busy shall inherit the earth: The evolution from 'hard work' to 'busyness' in modern science and society. Medical Hypotheses. 2006; 67: 1003-5.

25.Hammack PL and Cohler BJ. Narrative, identity, and the politics of exclusion: Social change and the gay and lesbian life course. Sexuality Research and Social Policy. 2011; 8: 162-82.

26.Harry J and DeVall W. Age and sexual culture among homosexually oriented males. Archives of sexual behavior. 1978; 7: 199-209.

27.Simpson P. Alienation, ambivalence, agency: Middle-aged gay men and ageism in Manchester's gay village. Sexualities. 2013; 16: 283-99.

28.Heaphy B, Yip A and Thompson D. Ageing in a non-heterosexual context. Ageing & Society. 2004; 24: 881-902.

29.Munt S. Queer attachments: The cultural politics of shame. Ashgate Publishing, 2012

30.Price E. Gay and lesbian carers: ageing in the shadow of dementia. Ageing and Society. 2012; 32: 516.

31.Almack K and Simpson P Care Home Survey: Knowledge, Attitudes and Practices Concerning LGBT Residents http://blog.policy.manchester.ac.uk/wp-content/uploads/2014/03/RespondentsReportDEF.pdf (Accessed 25/03/14)

32.Pounds D What have we learned from our LGBT friends? http://www.ehospice.com/uk/Default/tabid/10697/ArticleId/15430/ (Accessed 29/07/15)

33.Centre for Disease Control. HIV Surveillance Report. Atlanta: U.S. Department of Health and Human Services, 2011

34.Luther V and Wilkin A. HIV infection in older adults. Clinics in geriatric medicine. 2007; 23: 567-83.

35.Health Protection Agency Survey of Prevalent HIV Infections Diagnosed www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1203064766492 (Accessed 30/03/4)

36.Negin J, Bärnighausen T, Lundgren J and Mills E. Aging with HIV in Africa: the challenges of living longer. AIDS. 2012; 26: S1-S5.

37.Lohse N, Hansen AE, Gerstoft J and Obel N. Improved survival in HIV-infected persons: consequences and perspectives. Journal of Antimicrobial Chemotherapy. 2007; 60: 461-3.

38.Nakagawa F, Lodwick R, Smith C, et al. Projected life expectancy of people with HIV according to timing of diagnosis. Aids. 2012; 26: 335-43.

39.High K, Effros R, Fletcher C, et al. Workshop on HIV infection and aging: What is known and future research directions. Clinical Infectious Diseases. 2008; 47: 542-53.

40.Martin J and Volberding P. HIV and premature aging: A field still in its infancy. Annals of Internal Medicine. 2010; 153: 477-9.

41.Justice A. HIV and aging: time for a new paradigm. Current HIV/AIDS Reports. 2010; 7: 69-76.

42.Deeks SG and Phillips AN. HIV infection, antiretroviral treatment, ageing, and non-AIDS related morbidity. BMJ: British Medical Journal. 2009; 338: 288-92.

43.Schmid GP, Williams BG, Garcia-Calleja JM, et al. The unexplored story of HIV and ageing. Bulletin of the World

Health Organization. 2009; 87: 162-3.

44.Brook R, Appel L, Rubenfire M, et al. Beyond Medications and Diet: Alternative Approaches to Lowering Blood Pressure A Scientific Statement From the American Heart Association. Hypertension. 2013; 61: 1360-83.

45.Park Y-H, Song M, Cho B-l, Lim J-y, Song W and Kim S-h. The effects of an integrated health education and exercise program in community-dwelling older adults with hypertension: a randomized controlled trial. Patient Education and Counseling. 2011; 82: 133-7.

46.Adams K, Leibbrandt S and Moon H. A critical review of the literature on social and leisure activity and wellbeing in later life. Ageing and Society. 2011; 31: 683.

47.Owen G and Catalan J. 'We never expected this to happen': narratives of ageing with HIV among gay men living in London, UK. Culture, health & sexuality. 2012; 14: 59-72.

48.Shippy R and Karpiak S. The aging HIV/AIDS population: fragile social networks. Aging & mental health. 2005; 9: 246-54.

49.Lyons A, Pitts M, Grierson J, Thorpe R and Power J. Ageing with HIV: health and psychosocial well-being of older gay men. AIDS care. 2010; 22: 1236-44.

50.Booysen F and Summerton J. Poverty, risky sexual behaviour, and vulnerability to HIV infection: evidence from South Africa. Journal of Health, Population and Nutrition (JHPN). 2011; 20: 285-8.

51.Centers for Disease Control Prevention. Characteristics associated with HIV infection among heterosexuals in urban areas with high AIDS prevalence: 24 cities, United States, 2006-2007. Morbidity and mortality weekly report. 2011; 60: 1045-9.

52.McMahon J, Wanke C, Terrin N, Skinner S and Knox T. Poverty, hunger, education, and residential status impact survival in HIV. AIDS and Behavior. 2011; 15: 1503-11.

53.Oxfam. Walking the Breadline: The scandal of food poverty in 21st-century Britain. London: Oxfam, 2014

54.Terence Higgins Trust HIV charity sees 15% rise in people seeking financial help for basic living costs http://www.tht.org.uk/our-charity/About-us/Media-centre/Press-Releases/2014/February/HIV-charity-sees-15_percent_-rise-in-people-seeking-financial-help-for-basic-living-costs (Accessed 25th March 2014)

55.Schönnesson L. Psychological and existential issues and quality of life in people living with HIV infection. AIDS care. 2002; 14: 399-404.

56.Dray-Spira R, Gueguen A and Lert F. Disease severity, self-reported experience of workplace discrimination and employment loss during the course of chronic HIV disease: differences according to gender and education. Occupational and environmental medicine. 2008; 65: 112-9.

57.Brooks R, Martin D, Ortiz D and Veniegas R. Perceived barriers to employment among persons living with HIV/AIDS. AIDS care. 2004; 16: 756-66.

58.Reynolds R. Social Discrimination Against Men Who Have Sex With Men (MSM) Implications for HIV Policy and Programs. Global Forum on MSM & HIV. 2010

59.Earnshaw V, Smith L, Chaudoir S, Amico K and Copenhaver M. HIV stigma mechanisms and well-being among PLWH: A test of the HIV stigma framework. AIDS and Behavior. 2013; 17: 1785-95.

60.Benjamins M and Whitman S. Relationships between discrimination in health care and health care outcomes among four race/ethnic groups. Journal of behavioral medicine. 2013: 1-12.

61.Robinson WA, Petty MS, Patton C and Kang H. Aging with HIV: Historical and intra-community differences in experience of aging with HIV. Journal of Gay & Lesbian Social Services. 2008; 20: 111-28.

62.Sankar A, Nevedal A, Neufeld S, Berry R and Luborsky M. What do we know about older adults and HIV? A review of social and behavioral literature. AIDS care. 2011; 23: 1187-207.

63.Butler J. Frames of war: When is life grievable? : Verso London, 2009

64.Taylor A. Examined Life. UK: Zeitgeist Video, 2009

65.Moynihan R, Heath I and Henry D. Selling sickness: the pharmaceutical industry and disease mongering. BMJ : British Medical Journal. 2002; 324: 886-91.

66.Stacey J. Embodying Queer Temporalities: The Future Perfect of Peggy Shaw's Butch Noir. Queer Now and Then. University of Manchester2013

67.Dean T. Barebacking Time. In: McCallum EL and M. T, (eds.). Queer Times, Queer Becomings. New York: SUNY, 2011

68.HIV Modelling Consortium Treatment as Prevention Editorial Writing Group. HIV treatment as prevention: models, data, and questions–towards evidence-based

decision-making. PLoS Med. 2012; 9: e1001259.

69.Burns DN, Grossman C, Turpin J, Elharrar V and Veronese F. Role of oral pre-exposure prophylaxis (PrEP) in current and future HIV prevention strategies. Current HIV/AIDS Reports. 2014; 11: 393-403.

70.Freeman E. Queer belongings: Kinship theory and queer theory. In: Haggerty G and McGarry M, (eds.). A companion to lesbian, gay, bisexual, transgender, and queer studies. Wiley Online Library, 2008

71.Livingston J. Paris Is Burning. Off White Productions, 1990

72.Eng DL. The feeling of kinship: Queer liberalism and the racialization of intimacy. Durham: Duke University Press, 2010

73.Jones RG. Queering the Body Politic: Intersectional Reflexivity in the Body Narratives of Queer Men. Qualitative Inquiry: 2015, (accessed February 24, 2015) doi: 10.1177/1077800415569782

Acknowledgements
I am grateful to all the staff and students at the University of Manchester Sexuality Summer School for providing a wonderfully collegiate atmosphere where the initial nuggets of ideas expressed in this paper were explored and critically debated.

To Contact the Author:
Maurice Nagington, RN, Ph.D.
Lecturer
School of Nursing, Midwifery, and Social Work
University of Manchester
Manchester, M13 9PL
England
Email: Maurice.Nagington@manchester.ac.uk