Critical Approaches to Thinking about HIV & Aging

Towards a Social Gerontology Lens for Research with Older Gay Men Living with HIV
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BACKGROUND AND SIGNIFICANCE

- People living with HIV/AIDS (PLWAs) are living longer thanks to effective antiretroviral therapies (ARTs)
- People over age 50 comprise a growing proportion of PLWAs in Canada (Public Health Agency of Canada, 2010) — a significant shift in the age demographics of HIV/AIDS
- HIV and aging characterized by chronicity, episodicity, and complexity (i.e., comorbidities, complex chronic illness, episodic disability)
- 2010s: Mixed sense of optimism and caution—medical advancements and complications that may happen
- Diversity in HIV and aging—gender, race, class, sexual orientation, substance use
- Improved visibility across HIV and aging research sectors
- Increased uptake of work in HIV in social gerontology
- Older gay men, while remaining disproportionately impacted by HIV, are somewhat marginalized within existing HIV/AIDS industries and establishments

ISSUE

- The majority of substantive and conceptual work in this field view aging with HIV through a biomedical lens, however, aging with HIV is also socially and culturally constructed

OBJECTIVES

- To ask how critical social gerontology can be useful to address aging with HIV
- To link current thinking in contemporary gerontology to a doctorate study of older gay men living with HIV/AIDS in Ontario

CRITICAL SOCIAL GERONTOLOGY PERSPECTIVES

- Lifecourse model (Elder, 1989; Greiner, 2010) — Historical time and place, timing of lives, linked or independent lives, human agency, diversity and narrative lives experiences
- Radical gerontology (Marshall, 1978)
- Discipline and old age (Katz, 2003)
- Feminist perspectives (Wilson, 2011; Colasanti, 2003)
- Empiricist and/or critical-reflexive perspectives (Fulla-Winton, 1991; Baars, 2005) - Espouse self-sufficiency, human dignity and solidarity
- Sociocultural perspectives (Bligh, 2003) and performativity: We do age (Wilson, 2001)
- Political economy perspectives (Estes, 1999; Baars, 2005; Aronson, 2006)
- Postmodernism and aging (Powell & Longino, 2001)
- Gender, sexual orientation, race, class, disability and colonialism and globalization are under-addressed in contemporary gerontology

SEXUALITIES AND QUEERING THE LIFECOURSE

- Queer identities are considered "subaltern" (Gomzi, 1999)
- Gay men as "the ultimate capitalist subjects" (Duncan, 2010)
- "Coming out" as liminal, often life-long experiences that challenge dominant forms of transition traditionally considered in research about late-life (Breiner, 2011; Sedgwick, 1990)
- Diversity in social networks, "interconnectedness of lives" (Breiner, 2011)
- Intersectionality (Berger, 1998) - Older gay men and "multiple stigmatized identities" (Silver & Linneman, 2010)
- Double stigma is associated with old age and living with HIV/AIDS (Emlot, 2006)
- Lifecourse perspectives may be visible diverse queer life milestones/expectations that exist outside hegemonic heterosexuality, including how HIV/AIDS impacts these for older gay men

BODIES AND MASCULINITIES

- The body is an underexamined topic in social gerontology (Twigg, 2004)
- Critical approaches view the body less from a medical perspective and rather as a cultural construction
- Hegemonic masculinities contribute to controlling older gay men’s bodies
- Internalized homophobia and agenism within gay communities (Silver & Linneman, 2010)

TIME

- Time and temporality (Baars & Visser, 2007; Katz, 2005)
- Chronological time, individual time and narrative articulation (Baars, 2007)
- Gay lives as "tinned" (Martin, & D’Augelli, 2009)
- Time and life expectancy with HIV/AIDS (Davies, 2003; Furlotte, 2012)

AGE AND CONCEPTUAL CONSIDERATIONS

- What does chronological age really tell us about the lived experiences of diverse queer people living with HIV/AIDS in late-life?
- Functional versus chronological age considerations for older PLWAs
- Cohort effects reflect social change that differentiates different birth-cohorts of people
- Period effects occur when historical events "produce changes that are consistent or uniform across birth-cohorts" (Breiner, 2011)
- HIV/AIDS is an example of a period effect which created resonant cohort effects for older gay men (Martin & D’Augelli, 2009)
- AIDS deaths caused a significant cohort effect, "decimating ... gay men’s social networks, and shaping their personal and social lives during the epidemic, throughout their lifecourse, and into later years" (Roosen, Bard & Smith, 2012, p. 285)
- Historical constructions of finitude and chronology
- Gay men from different cohorts and periods may construct multiple and different meanings about their experiences of living with HIV/AIDS—increased longevity due to effective ARTs, and viewing HIV as a chronic disease, impact how present and future cohorts of gay men construct meaning and make sense of their experiences.
- As such, pre- and post-ARV eras should be critically examined in research with older gay men living with HIV today

CONCLUSIONS

- HIV and aging can be seen through critical social lenses that complement biomedical discourses
- Lifecourse models account for diversity, multiplicities of experience, liminality, intersectionality and the impact of neoliberalism across late-life, and therefore, are particularly useful to critical approaches to thinking about older gay men living with HIV
- Such frameworks provide a lens to interpret diverse experiences of living with HIV in late-life
- Tensions—e.g. Do older gay men living with HIV/AIDS experience the Third and Fourth Age as described in the lifecourse model?
- Critical social gerontology can be used in tandem with queer theory to produce a new Radical Rainbow Gerontology that exposes critical-reflexivity, social change; and acknowledges heterogeneity, multiplicity of identities and experiences, and boundless possibilities for a deeply embodied, age-affirming, queer late-life
- HIV and aging challenges service providers and researchers to conceptualize and respond to the AIDS epidemic in new ways
- Critical approaches to aging with HIV and other analogous complex chronic illness will generate knowledge to assist in developing improved services older PLWAs may require
- Integrating critical social gerontology into community-based HIV research, including dissemination to policymakers and caregivers, is needed