

Sourcebook: Decentring the queer medical humanities

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Aim: The sourcebook will showcase methodological approaches to queer medical humanities, which employ a double decentring: a) it will advance the recent paradigmatic shift that analyses jointly and explicitly the critical medical humanities with approaches that **decentre Western-centric perspectives**; humanities and b) it will help diversify **intersectional** approaches to the queer medical humanities, by incorporating the voices and engaging with the lived theories of actors varying in terms of social class, gender, gender identity, race/ethnicity, religion, sexuality, age, while particularly attending to the under-researched dimensions of caste and/or dis/ability and neurodivergence.

Concept note: The sourcebook will engage with, and help enrich, the paradigm of **queer medical humanities**. As Dalton and Ledin (2024) have shown in detail in their analysis of this paradigm, the queer medical humanities entail research that may or may not use this label, but in any case ‘critically integrates queer experiences of illness and medical treatment within healthcare institutions and care practices, pharmaceutical innovation, and medical ethics, and insists on the centrality of queer ways of knowing, doing, and being with/in health, care, and medicine’. This paradigm embraces the variability and diversity of queer practices and desires, which may or may not feed into identities, and explores how their consideration helps rethink health and healthcare broadly understood, within or beyond conventional medical settings. In this vein, queer medical humanities interrogate several key aspects of healthcare. This paradigm critically evaluates biomedical narratives of success, which may sideline social struggles and the intricate experiences of people who have received treatment, like queer people with HIV (for instance, Spieldenner and Escoffier, 2023). It has also shown how queer theory can generate reflection on and help reshape healthcare environments (e.g., Mudford 2024). Works that Ledin and Dalton have also situated within this paradigm show that care can be queerly reappropriated (Preciado, 2022), and that the ethics of queer politics of care blur the boundaries between the queer cared for and carers (Nagington, 2023). Research on queer medical humanities has also drawn on theories of queer temporality to analyse experiences of time during the Covid-19 pandemic (Venkatesan and Joshi, 2022). Queer medical humanities have often taken an intersectional approach, examining intersections of gender, sexuality, race/ethnicity, and dis/ability and neurodivergence. This is an interdisciplinary paradigm that builds on research in English and comparative literature, history, cultural and media studies, anthropology, sociology, and arts-based research.

The queer medical humanities is an emergent subfield that brings together **critical medical humanities** and queer studies. Although critical medical humanities have cited queer studies as an important influence from the outset, systematic engagement with queer theory has only recently emerged. Critical humanities carefully consider ‘who and what are positioned as subjects and objects of enquiry, and with what effects’ (Whitehead/Woods, 2022; Viney, Callard, Woods, 2015, article available open access [here](#)). A core aspect of this paradigm is that

it ‘opens up possibilities’ for critical consideration. Such possibilities pertain to power asymmetries in medical humanities, linked to ‘race, class, gender, ability and disability’, the agency of various actors involved in those encounters, and the spaces where medical encounters take place, which may extend beyond hospitals. Thus, the critical medical humanities call for closer attention than in medical humanities so far on ‘whose voice is being deployed, how, and with what effects’ (Whitehead/Woods, 2022). This paradigm intersects with other critical turns, such as critical disability studies (see, e.g., Meekosha and Shuttleworth, 2009), in politicising the body and the ethics of care, while also critically exploring transcultural medical encounters in ways that are not shoehorned into a narrow dichotomy of ‘West and the rest’. Such possibilities for critical consideration align with the aim of the queer medical humanities to reshape notions of healthcare environments, care, and ethics. In foregrounding critical engagement, the critical medical humanities not only examine intersecting systems of power as objects of analysis, but also seek to recalibrate authority over the production and direction of medical humanities scholarship. Key in this respect of this paradigm is the notion of entanglement: it embraces the ‘heterogeneous and partial positions and practices that often define research in the field’, considering that contributors to the medical humanities are often ‘multi-taskers’ (Whitehead/Woods, 2022): those actors ‘move across and between disciplines, inside and outside clinical and para-clinical spaces’, and ‘from the position of patient to clinician to researcher to future patient’. Again, such entanglements are in line with works in queer medical humanities, like that of Nagington, that show the blurred boundaries between queer people who are cared for and queer carers.

The queer medical humanities also draw on key insights from **queer studies**, which, in turn, dovetail with the aims of the critical medical humanities. Similar to the latter, queer studies open up possibilities for critical consideration: they critically evaluate and historicise dichotomies, like ‘heterosexual’ and ‘homosexual’, encompass the fluidity and variety of genders and sexualities in different locations and eras, and develop ways of engaging with the often ‘covert’ ways in which queerness is transmitted (Muñoz, 1996; on the complex ways in which sexuality, not necessarily queer, is presented in archives, see also Arondekar, 2023). In this vein, research on queerness in gender and sexuality, has explored ways of addressing the issue of invisibility of queer lives in available sources, both as the outcome of their erasure but also as part of invisibility strategies that people with queer desires or practices pursued, including gender-nonconforming people and/or sex workers (e.g., Simonetto, 2024). This challenge to fixed categories of gender and sexuality feeds into queer medical humanities research, such as the aforementioned work of Preciado. To highlight such variability and fluidity, queer studies has been marked by a central debate, articulated by scholars such as historian Laura Doan (2013). One position advances a genealogical approach centred on “queerness-as-being,” which traces the historical emergence of identities associated with gender and sexual dissidence. Another adopts a “critical queer history” perspective, oriented towards “queerness-as-method,” which analyses the production and destabilisation of normative frameworks shaping gender and sexuality, without presuming that queer desires were necessarily articulated through fixed sexual identities. Nevertheless, as Andrea Rottmann (2023) has aptly remarked in her monograph *Queer Lives Across the Wall*, to some extent, ‘most recent work partakes in both approaches [genealogical and critical queer]’. Moreover, as with the critical medical humanities, reflection on the positionalities of its contributors is key to queer studies. The latter have witnessed frequent, in-depth collaboration among researchers, activists, and archivists, as well as people who hold more than one of those positions. In queer

studies, intense efforts have been made to promote ‘peer exchange’, namely a conversation without gatekeepers on how archives and libraries are ‘managed, utilised, entered, accessed and experienced’ (Smith-Cruz, Howard, 2024, p. 6). Similarly, queer and trans studies more broadly, and queer medical humanities in particular, have reflected on how to establish relationships of care, trust and mutual support between researchers and communities (e.g., Malatino, 2020; Summerskill, Tooth Murphy, Vickers, 2022). Thus, queer and trans studies, and queer medical humanities in particular, coincide with and complement the critical medical humanities in politicising care practices.

This sourcebook will make methodological recommendations that build on but also help **expand** the possibilities for critical inquiry in two interrelated ways. **First**, it sustains and advances the engagement of queer medical humanities and, more broadly, critical medical humanities with perspectives from the Global South. **Second**, it foregrounds the importance of intersectional approaches as a central analytic framework.

Although the critical medical humanities have long aspired to draw on diverse geographical and cultural viewpoints, the **explicit and joint conceptualisation** of the medical humanities with approaches that **challenge Western-centric** perspectives has only appeared very recently (for instance, Wurr, Chatterjee, Fürholzer, in preparation; see also the recently launched [Global Medical Humanities Map](#) which outlines research on the subject matter across the world), and is a paradigmatic shift that the sourcebook will help advance. The sourcebook will offer methodological recommendations in queer medical humanities that build on scholarship that actively challenges Western-centric paradigms in the study of gender, sexuality, and embodiment. The latter scholarship in queer studies, including the ‘queer of colour’ paradigm, makes visible power imbalances in knowledge production that reinforce contemporary white Western perspectives (for instance, Ferguson et al., 2024; Aizura 2018). Such decentring work stresses that contemporary white Western notions are not necessarily a reference point for practices and perceptions of gender and sexualities across time and space. Similarly, the sourcebook will offer methodological recommendations that consider context-bound notions of health, gender and sexuality and resonate with decentring analytical perspectives, like the work of scholars Howard Chiang (2020), Manuela L. Picq (2020), and Zabus and Dunton (2025), have challenged the dominance of English within queer studies by drawing attention to a wide range of linguistic contexts. In particular, they have foregrounded diverse terms from across the globe that articulate same-sex desires, practices, and forms of gender nonconformity. These categories that are frequently overlooked or marginalised within Anglophone academic discourse. In so doing, this body of scholarship often engages with creative methodologies, building, among others, on participatory theatre, as well as on combinations of interviews, participatory visual and audio collages, and the sharing of objects pertinent to desire and sexuality. Thus, these methodologies generate multiple ‘entry points’ through which interviewees may articulate experiences and perspectives on sensitive issues that they might otherwise be reluctant or unable to express only verbally (for instance: Morris, Frith, Boyce, Harvey, Cornwall, Huang, 2018). Finally, the sourcebook will also echo research in queer studies that challenges Western-centric while being attentive to not reinforcing a ‘West VS the rest’ binary: it shows, for instance, the variability of genders and sexualities also within the West, but also across the Global South, as well as the shifting notions of gender and sexuality in the latter (see, for example, Chiang’s criticism of nativism).

The sourcebook will also diversify the engagement of critical medical humanities and queer studies with **intersectionality** by addressing the relatively neglected dimensions of **caste and/or dis/ability and neurodivergence** while also exploring social class, gender, race, religion, and age. The critical medical humanities have, from the outset, adopted analytical perspectives from the critical disability turn and have shown sustained attention to dis/ability, social class, gender, and race. Meanwhile, queer studies have been increasingly critical of discourses employed by queer communities that prioritise the perspectives of gay white cisgender Western men (see, for instance, Jennifer Evans, 2023). Sébastien Tremblay (2023) has labelled such perspectives as ‘homosynchronist’, which is prevalent in the West, which he characterises as wishing to “save “non-European” queers allegedly trapped in the premodern era abroad, while fearing and demonising racialised queers domestically. Works like those of Evans and Tremblay have built on the queer of colour critique in pursuing intersectional approaches to queer studies that consider gender, sexuality, social class, and race. In this vein, queer medical humanities have also very recently engaged with neurodiversity studies (e.g., Bertilsdotter Rosqvist et al., 2020), helping to challenge dominant constructions of sensory experience for people who are queer and neurodivergent, and exploring the possibilities of cross-neurotype communication (Logan Smilges, 2022). Similarly, studies of sexuality that challenge Western-centric perspectives analyse in depth the material realities that relate to overlapping systems of power, like capitalism, ableism and racism, and restrict access to healthcare for people from the Global South, including migrants from Global South countries relocating to the Global North. Relevant research often takes a decolonising perspective, which illuminates First People’s cosmologies that deviate from a ‘mono-epistemic organisation around the modern west and its capitalist/heteropatriarchal/Christianised productions’ (Bakshi, Jivraj, Posocco 2016, p. 1), and for instance, challenge gender as a strict binary of male and female roles, but also the notion of progress, and the primacy of vision in Western cultures. Such work demonstrates the material and symbolic dimensions of colonisation, shaped primarily by Western institutions and the underlying systems of classification. However, queer experiences and practices of dis/ability and neurodivergence remain significantly underexamined within queer medical humanities, including sociopolitical responses to HIV and AIDS activism, at least in relevant scholarship on Europe published in English and German (see the relevant literature review in Biswas, Papadogiannis, 2025). This sourcebook seeks to offer a more comprehensive analysis of the intersections and entanglements of dis/ability, neurodivergence, and queer health contexts. In addition, it will engage with the relatively neglected dimension of caste among queer people in South Asia and within diasporic communities in the Global North, thereby further extending the field’s intersectional scope. Queer activism and queer studies have only recently begun to address the structural conditions that lead to queer practices among people from South Asia being articulated as independent of caste (for instance, see Vijayakumar’s important analysis of sex work with regard also to caste in 2020; and Rana 2026). The sourcebook will draw on such scholarship, which shows that caste is a resilient yet malleable category that has not remained unchanged since colonial times.

Scope of the contributions: Prospective authors could analyse one or more of the following:

- Diverse Global South contexts, including South-South and South-North interactions;
- Diasporas from the Global South living in the Global North;

- People of colour living in the Global North who have queer desires and/or engage in queer practices: A critical reflection on power asymmetries regarding caste, dis/ability and neurodivergence, social class, gender, gender identity, race/ethnicity, religion, sexuality, age, which have affected experiences and politics of health and wellbeing of those people.

We are open to works **across the arts, humanities and social sciences**, covering any era, and we are particularly keen on interdisciplinary contributions. In the spirit of entanglements, as mentioned above, among researchers, activists, and communities more broadly, we are very keen to receive proposals from people not affiliated with a university or another research organisation. We are also highly supportive of proposals including co-authors who are **not affiliated with an academic institution**. In this vein, we are happy to discuss contributions taking a **creative format**, being, for instance, arts-based.

Submission guidelines:

Prospective authors are invited to submit to Nikolaos Papadogiannis (np18@stir.ac.uk) a **narrative CV** of up to 2 pages, and a **500-word proposal**. We are particularly keen to receive submissions from potential contributors from minoritised groups in the Global South and the Global North.

Your narrative CV will show your experience in researching themes and issues pertinent to the queer medical humanities, including challenges you have faced; and the potential social impact of your work.

Your proposal should address all the following issues, please:

1. On which **particular source or sources** will your analysis build? Each contribution should closely analyse at least one primary source. A **good example** in queer history more broadly is offered by Griffiths (2025), which can be accessed here: [Craig Griffiths_Coming out in 1970s West Germany_chapter 5 Miniatures.pdf](#)
2. What is the **methodological approach** you would like to showcase? Such approaches may include, but not be limited to, the following: global microhistory, global conceptual history, translation studies, queer phenomenology, creative art-based approaches, participatory activist methodologies, and archaeology of the senses. Proposals on chapters that aim to transcend or complicate established disciplinary boundaries are also encouraged. The accepted chapters will need to closely analyse one or more primary sources. The type of sources that the chapters will address should be made clear in the proposal, and could be one or more of the following (indicative list): oral testimonies; written autobiographies; reports from various authorities, like hospitals, the police; drawings; audiovisual material, like documentaries; theatre performances; collages; material from online communities; literary fiction; objects like memorabilia; or any other type of source you deem important for showcasing your methodological approach. Reflection on methodologies (e.g., ones that combine interviews with arts-based research) as a means of generating multiple ‘entry points’ into the experiences of research participants, is also encouraged. Considering critical fabulation as a method would also align with the aims of the sourcebook.
3. How do you approach the **notion of ‘queer’**?

4. How will your chapter help **flip Western-centric** perspectives in the medical humanities? How will you engage with cosmologies from the Global South (potentially, but not necessarily, of First Peoples)?
5. How will your contribution take an **intersectional** perspective, addressing some of the following dimensions, like caste, dis/ability and neurodivergence, social class, gender, race/ethnicity, religion, sexuality, and age?
6. Please briefly reflect on how your **positionalities**, or the positionalities of the team of authors of your proposed chapter, affect your effort to help spatially decentre, but also make more intersectional, the queer medical humanities. Crucially, if you have been educated and/or work in the West, please address how you will engage with the tension between challenging Western epistemologies and having been influenced even to some extent by such epistemologies.

Your proposed chapter, if accepted, should not be longer than 4,000 words, including footnotes, references and the abstract. Please use as much material as possible from sources that do not require copyright clearance fees.

Deadline to submit a proposal: 30 September 2026

For any **questions**, please contact Nikolaos Papadogiannis (np18@stir.ac.uk)