

The Intersection of Neurodivergence, Race and Diagnostic Barriers in British Columbia: A Personal Reflective Journey

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Abstract

This paper was originally written for Dr. A.J. Withers GSWS 315 course *Critical Disability Studies*. The assignment asked students to write an in-depth analysis of a disability issue and relate it to our local context. The paper uses MLA citation style.

In British Columbia, disparities in seeking an autism diagnosis stem from a range of challenges, including financial barriers and systemic racism. Through an intersectional lens, this essay critiques the medical model of disability and Western narratives to expose ongoing inequities in diagnostic practices, particularly for marginalized groups. I argue that meaningful change requires integrating Indigenous worldviews of disability and neurodivergence. This approach would address the harm caused by late or misdiagnoses by improving access and creating a more inclusive, culturally sensitive diagnostic practice.

I respectfully acknowledge that I currently reside on the unseeded territories of the Musqueam, Squamish, and Tsleil-Waututh Nations. This acknowledgment is only one small part of addressing the genocide committed against Indigenous Peoples in Canada. True reconciliation requires more than recognition; it demands affirmative action and respect for the rights and history of the people who have cared for and first lived on this land for millennia.

For my grandmother, Miyuki Lowe: may you continue to unapologetically be yourself without constraint and may love find you wherever you are. With deep appreciation and fondness for the colour green, I will continue to live for you. I love you, B.

My grandmother passed away on December 3rd, 2024, at 1:39 PM, surrounded by family and holding a stuffed penguin I bought her from the hospital's gift shop - his name is Daniel. Before she passed, I reassured her that I would try to keep her plants alive, that I would spoil the cats, and feed them exactly at 8:30 sharp (never a minute later). She was beautiful, cranky, and particular about so many things that often reminded me of myself. For years, I quietly wondered if she, like me, might have been autistic. This was never a discussion we had; in fact, autism was not a word in our family's vocabulary. My mother would dismiss the possibility; despite my grandmother's detailed logs of her garden with blooming timeframes and precise measurements updated every year. "Everyone acts the way we act, we're normal," my mother would say in rebuttal to my claim. These assumptions - that neurodivergence could not exist in families like ours - are barriers that continue to prevent marginalized groups from recognizing and seeking a diagnosis.

In British Columbia, systemic inequalities in the diagnostic process disproportionately exclude marginalized groups, including women, racial minorities, and individuals from lower socioeconomic backgrounds. These inequities are rooted in the medical model of disability, which views neurodivergence as a problem to "fix" rather than an aspect of human diversity. Drawing on A.J. Withers' critique of this model, this essay argues that the current diagnostic system in BC excludes marginalized groups through systemic inequities and colonial ideologies. Using an intersectional lens, I explore how race, class, and gender compound these challenges, demonstrating the urgent need for a shift towards inclusive and accessible diagnostic practices.

Background

Autistic individuals in British Columbia face systemic issues in healthcare and education. Autism diagnoses rely on the Western medical framework that often pathologize neurodivergence rather than recognizing it as an integral part of human diversity. These frameworks are frequently inaccessible to marginalized communities whose cultural understandings of disability differ from Western norms.

The BC Autism Assessment Network (BCAAN) offers free diagnostic services for children and youth, but wait times can stretch up to three years, leaving adolescents at risk of aging out. For adults, private assessments cost \$3,000 to \$5,000, a significant financial barrier for lower-income individuals (Hopkinson). My experience of pursuing a diagnosis involved financial privilege

due to savings from my past employments, which granted me a private assessment, though I have yet to receive my results. However, my experience is far from the norm. Financial barriers are aggravated by the fact that only 33% of autistic adults have stable employment, compared to 80% of neurotypical adults, making assessments financially unattainable (Laube). These statistics illustrate how the medical model of disability frames autism as a personal deficiency rather than a systemic issue requiring institutional change.

The Medical Model and Intersectionality

The medical model dominates British Columbia's healthcare system. As A.J. Withers (55) argues, this model pathologizes natural human differences and reinforces disablement by treating neurodiversity as a problem to solve. For instance, the experiences of racial minorities and women in the autistic community often differs drastically from white, middle-class males, who have historically dominated the autism discourse (Calvo). This perspective fails to account for the lived experiences of marginalized autistic individuals, whose intersecting identities compound their exclusion from the diagnostic process.

Women and girls are particularly at risk of delayed diagnoses due to masking, a coping strategy in which autistic traits are consciously concealed to fit societal expectations (Ogden et al. 521). Growing up, my struggles in elementary school with friendships and poor grades were misinterpreted as shyness or laziness, leaving me without support. Similarly, racial minorities face systemic barriers rooted in cultural biases and racism. Dr. Calvo notes that autism is underdiagnosed in racialized communities because healthcare providers misinterpret or completely dismiss symptoms.

Economic Barriers and Self-Diagnosis

Economic disparities exacerbate barriers to diagnosis. The cost of private assessments and prolonged wait times for publicly funded services disproportionately affect lower-income individuals. Many turn to self-diagnosis, as it becomes a valid step toward understanding neurodivergence when formal routes are inaccessible. For me, my journey toward understanding myself began with Hannah Gadsby's Netflix special *Douglas*, which resonated deeply and led to hours of research into autism spectrum disorder (ASD). For the first time, I felt seen, and by 19 - I had self-identified as autistic. Critics may question the validity of self-diagnosis, but Ghanouni and Seaker emphasize its role for marginalized groups facing systemic barriers (7).

Self-diagnosis is not without its challenges. It requires access to information and resources, which are often unavailable in lower-income communities. However, it also represents a form of resistance against systems that prioritize profit over accessibility. Community movements and local advocacy groups allow individuals to share experiences and validate their identities and challenge exclusionary norms, paving the way for systemic change.

Colonialism and Intergenerational Trauma

Colonialism has had profound intergenerational effects on access to healthcare and diagnostic services. Western frameworks have historically erased Indigenous and other non-Western understandings of health and disability. These erasures contribute to cycles of misunderstanding, intergenerational trauma, and delayed diagnoses. Reflecting on my grandmother's life, I am struck by how her unwavering routines and preferences - like calling her sister every night at 9 PM, eating the same meals on a strict rotation, and her infatuation with the colour green (from objects to clothing, even to her house, which was painted a deep forest green) - were trademarks of her personality. Her incredible attention to detail, especially in her garden journals, reflects a mind deeply attuned to patterns and order that could have been understood through the lens of autism. Instead, these traits were not celebrated, but rather dismissed as quirks or stubbornness, mirroring my experiences growing up in a family that lacked awareness of autism. This intergenerational cycle underscores the urgent need for systemic change, not only to improve diagnostic access but also to foster greater understanding and acceptance of neurodivergence across generations and cultures.

Indigenous, Black, and POC communities have historically been denied access to mental health resources and diagnostic services, resulting in the continued pathologization and erasure of neurodivergent identities. In Indigenous worldviews, the concept of disability is often rooted in the idea of balance, rather than deficiency. In this context, balance within the human body and experience does not require the elimination of that "difference," be it physical or mental (Lovern 118). Instead, it involves learning to live with and accommodate these differences. Balance is achieved through the acceptance of the difference and the cultivation of both individual and community skills that allow a person to participate equally in their community. The focus on recognizing the inherent value of each person, understanding how their uniqueness contributes to the overall balance of the community, and providing support enables them to thrive in their environment.

Self-Discovery and the Importance of Representation

As I navigated the complexity of my identity and not yet confirmed autism diagnosis, I experienced a revelation through the guidance of an autistic and ADHD counsellor. This counsellor, who is almost finished with her practicum, became a pivotal figure in my life toward self-acceptance. In conversations that bridged my internal struggles with larger systemic realities, I began to see that my differences were not a burden to the people around me, but a crucial part of my strengths and personality. I am very self-aware and extremely empathetic - always allowing people to be emotionally vulnerable by encouraging their emotions to come forth. I am also extremely honest, and love to participate in the concept of “pebbling.” In the autistic community, autistic people tend to give their loved ones small random items that bring forth positive associations (such as a rock or leaf). The support I received from my counsellor emphasized the importance of embracing neurodivergence and that my “quirks” are actually strengths that connect me to the global neurodivergent community.

This revelation was transformative for me, especially as I had (and still) struggled with self-doubt for much of my life. The hope they instilled in me was profound, not just for my growth, but for the broader movements towards inclusivity and accepting society. Even if the system is slow to change, there are spaces where neurodivergent people can thrive and be understood. This realization reflects the concept of transnational feminist disability perspective, which emphasizes the importance of solidarity and shared experiences among disabled individuals across cultural, national, and social borders (Erevelles 16-17). It challenges the exclusionary practices of dominant systems and instead promotes a vision where neurodivergent people can find empowerment and validation within global movements.

Conclusion

My grandmother’s life and my journey toward the discovery of autism remind me of how deeply rooted systemic inequities in diagnostic practices shape not only individual lives but also family narratives. My grandmother’s routines, love of green, and meticulous record-keeping could have been understood as expressions of a neurodivergent mind, but instead, they were dismissed. Similarly, my traits were overlooked and misunderstood for years due to biases embedded in cultural, social, and medical systems. These firsthand experiences illustrate how

inaccessible diagnostic systems fail individuals and perpetuate intergenerational cycles of misunderstanding and exclusion.

The diagnostic system in British Columbia, rooted in the medical model of disability, continues to exclude marginalized groups through financial barriers, prolonged wait times, and cultural biases. These challenges are compounded for racial minorities, Indigenous populations, and women, whose experiences often fall outside the narrow frameworks used to identify autism. Addressing these systemic failures requires more than incremental changes; it demands a radical shift toward inclusion and culturally responsive diagnostic practices.

This change begins with policy reform. Publicly funded diagnostic services must be expanded to reduce wait times and increase accessibility for adults, particularly those from low-income and racialized communities. Indigenous perspectives, which emphasize balance and community integration, must be integrated into diagnostic frameworks to counter the erasure of non-Western understandings of neurodivergence. Additionally, self-diagnosis should be recognized as a valid and necessary step for those excluded from traditional Western systems, and resources for self-diagnosed individuals should be made widely available.

Communal and local movements also play a crucial role in driving change. Communities of autistic individuals, particularly those led by marginalized groups, have already begun challenging the dominance of the medical model and creating spaces for validation, empowerment, and solidarity. These movements must be supported and amplified, as they represent a powerful force for systemic transformation.

Reflecting on my grandmother's life, I am filled with a profound sense of gratitude that she shared her love and passion with me for so many things. Though she did not have the language to articulate fondness and infatuation through a neurodivergent lens, her life and love showed me an incredible sense of satisfaction in individuality and routine. If she had been given the tools to understand herself better, perhaps she could have been kinder to herself and embraced her uniqueness, just as I have learned to do. In honouring her memory, I am committed to advocating for a world where neurodivergent individuals are not just accommodated but celebrated for who they are.

Ultimately, achieving a more inclusive and equitable diagnostic system is not just about fixing a broken process; it is about transforming societal attitudes, fostering a culture of acceptance, and understanding. My grandma's story, like my own, is a testament to the resilience and richness of neurodivergent lives. It is a

call to action to ensure that future generations of marginalized groups can live authentically and unapologetically, free from barriers that have constrained so many of us.

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