



Intersectional perspectives on vulnerability: Analysing layers of anxiety disorders in older adults

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Abstract Old age and ageing has a predominantly negative connotation in societies of the Global North. Not only is it strongly associated with physical and mental decline but older people are often perceived as inherently vulnerable. The label of vulnerability associated with old age draws a homogenous picture of this population group and disguises the complexity of ageing. Furthermore, it conceals the impact of positive and negative experiences throughout the life course and social categories, such as gender, race or class on ageing. In this paper, we aim to develop an analytical approach to deepen the ethical understanding of vulnerabilities in the context of the diversity of older age, including aspects such as gender, migration, and mental health. By combining the approach of layers of vulnerability with the feminist concept of intersectionality, we focus on how the inclusion of intersectionality can support the analysis of layers of vulnerability (as proposed by Luna) at a theoretical and descriptive level for the group of older people with anxiety disorders. Using the example of anxiety disorders in old age, we examine how categories of difference and inequality intersect to shape vulnerabilities in later life. Our findings reveal that gender, socio-economic background, and migration history influence the experiences of older adults with anxiety disorders significantly, introducing various layers of vulnerability. This critical evaluation facilitates more targeted and effective

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tive interventions to address vulnerabilities in older age, ultimately contributing to a nuanced understanding of vulnerability and improving care strategies for the very heterogeneous group of older adults.

Keywords Ageing · Vulnerability · Intersectionality · Mental health · Anxiety · Bioethics

1 Introduction

Older adults with anxiety disorders, who are often subject to marginalization, are especially prone to discrimination and face cumulative disadvantages over the life course. This exposure may be understood as vulnerability, a reason why this group is often characterized as paradigmatic example for this concept (ten Have 2016).

Health science and ethical research both recognize that older people are vulnerable due to the risk of marginalization and discrimination (Langmann 2023; Schweda 2022), emphasizing the need for specific protective measures (Beauchamp and Childress 2019). Despite being acknowledged as a vulnerable group (Bozzaro et al. 2018), there has been little attention paid to the diverse experiences and backgrounds of older adults. This oversight includes failing to see how structural discrimination based on various identities (such as race, gender, or class) affects the perception and experience of vulnerability. The conventional practice of categorizing certain groups as vulnerable in health care and bioethics has sparked controversy due to its inherent assumption of a standard baseline, potentially overlooking individual differences and the dynamic nature of vulnerability (Bozzaro et al. 2018; Langmann 2023; Levasseur et al. 2022; Lonbay 2018; Luna 2014).

Intersectionality, which originated in the Black feminist movement of the 1970s in the United States, addresses the multiple, overlapping categories of discrimination faced by individuals. Kimberlé Crenshaw then used the notion of intersectionality to describe the workplace discrimination Black women faced in the United States (1989, 1991). Addressing the central problem of feminist research (Davis 2010) intersectionality developed into a travelling concept that scholars use to describe discrimination based on more than one social category. Initially focusing on the intersection of the categories of race and gender, intersectionality is now directed towards various, multidimensional discriminations, which are not visible in one-axis descriptions of discrimination such as sexism, racism, or classism, or in a merely cumulative perspective. Yet, the origins as well as the use in predominately WHITE feminist research has been critical addressed and need to be seriously considered when employing it as an analytical tool (Carastathis 2016; Nash 2019).

Intersectionality has been introduced in bioethics discourses to highlight multicategorical, structural discrimination towards groups affected by marginalization (e.g. Grzanka and Brian 2019; Weßel and Schweda 2023; Rogers and Kelly 2011; Weßel 2022; Langmann 2023; Wilson et al. 2019). When feminist bioethics previously put a focus on mainstream thinking as well as the lack of relational aspects in conceptualizing justice and autonomy, intersectionality highlights the complexity of injustice and contributes in this way to a more nuanced view on discrimination and inequality

(Scully 2023). Bioethical debates about intersectionality are mostly framed around questions of social justice (Langmann and Weßel 2023; Rogers and Kelly 2011; Wilson et al. 2019) and therefore about access to and appropriate diagnosis and treatment within the healthcare system. Nevertheless, the main categories analysed are race and gender (Collins 2019; Crenshaw 1989). The diversity of ageing and its implications on medicine and health care have only recently been introduced into the discourse (Weßel and Schweda 2023; Langmann and Weßel 2023; Weßel 2022; Kainradl 2023).

Recognizing the diverse experiences within older age and among older adult populations, adopting an intersectional approach offers a more nuanced and comprehensive understanding of vulnerability. This approach allows for a more precise examination of the risks associated with applying a uniform label of vulnerability to older individuals. Such labelling may obscure other vulnerabilities that arise not only from age but also from the intersection of age with other social categories.

Building on existing critiques of labelling older people as a vulnerable group in the context of health (Langmann 2023), we advocate for a paradigm shift towards understanding vulnerability from a more dynamic and relational standpoint. To achieve this, we propose adopting Luna's conceptualization of interpreting vulnerability as a dynamic collection of various layers rather than a label (2009). Expanding on this framework, our aim is to analyze these layers of vulnerability in older age from an intersectional perspective, in order to gain a deeper understanding of them in the context of the diversity of older age, including aspects such as gender, migration, and mental health. We suggest an analytical approach by combining Luna's conceptualization of vulnerability and intersectionality to demonstrate the significance of diversity in vulnerability. To demonstrate our analytical approach, we examine anxiety disorders in older people to show how the intersecting layers of vulnerability are manifested. We argue that social categories such as gender, class and migration as well as the life course influence the experience and perception of anxiety in older age in different ways. In this paper, we focus on the role of migration rather than race as a social determinant of mental health. This choice reflects recent debates on the entanglement of race, racism, and migration (Ang et al. 2022; Erel et al. 2016) and how the experiences of migration relates to mental health as a process and status. The category of migration provides a complex and nuanced insight into the role of race and migration in experiencing mental health issues throughout the life course, particularly in older age.

In a first step, we discuss how intersectionality and the concept of layers of vulnerability work together as an analytical approach. We show that the entanglement of dynamics of injustice enhances a heterogeneous understanding of vulnerability. By emphasizing temporal and situational variables within the categories of intersectionality, we demonstrate how experiencing and perceiving vulnerability is shaped not only by social structures and categories but also by time and space. In a second step, we use the example of older people with anxiety disorders to put our analytical approach into practice in context of older age and mental health. This discussion is grounded in the analysis of different social categories, such as gender, class and migration, and examines the adequacy of applying the concept of vulnerability to older adults experiencing anxiety disorders. In the discussion we provide further

insights how vulnerability and intersectionality can be helpful to understand the complexity of vulnerability as well as the dangers of a homogenous, not diversity sensitive theorization of justice. We argue that this approach enriches both the theoretical and descriptive analysis of vulnerable populations, ultimately contributing to a more comprehensive and nuanced understanding of vulnerability in old age.

2 Developing the analytical approach of intersectional vulnerabilities

2.1 Intersectionality

Ethical analyses of groups experiencing multiple forms of discrimination face the challenge of adequately analysing and representing the interplay of factors of discrimination at both the individual and structural level, as well as the interactions between individuals and social structures. The concept of intersectionality attempts to consider both the emergence of differences in relation to individual identity negotiations and the structural conditions under which they emerge. Due to its origin, intersectionality aims at perceptions already contained in the critique of Black feminism and addresses the heterogeneity of the—in this case female—population (Crenshaw 1989). Moreover, it allows for a critical examination of exclusionary processes within (feminist) research, positioning itself critically in relation to its feminist tradition (Lutz et al. 2010).

If it is assumed that each of the multiple categories of inequality can have cascading effects on experience and reflection, especially in times of upheaval, then health experiences, behaviours, choices, and individual access to health care are also subject to these influences (Abel and Benkert 2022). When applied to bioethical analyses, the concept of intersectionality, therefore, focuses on both the heterogeneity of populations and the processes of exclusion and attribution in the context of scientific discourse and research (Rogers and Kelly 2011).

Building on these considerations, the concept of intersectionality can be used as an analytical lens in an attempt to focus on both the heterogeneity of individual identity negotiations and the structural conditions under which they arise (Collins 2019). The concept succeeds in analysing and mapping the contradictory entanglements between the categories against the backdrop of their negotiations on an identity, representational, and structural level (Winker and Degele 2009). Consequently, it challenges traditional descriptions of discriminatory factors and how these operate within prominent bioethical theories such as in principlism (Kainradl 2024). Also, it pursues to longstanding feminist critique on bioethical discourses such as principlism or universalism, for their lack of relational theory and understandings of mechanism of privilege and oppression (Sherwin and Stockdale 2017). This makes it possible to identify and name dynamics of marginalization and, thus, potential layers of vulnerability that occur in different contexts to this population group.

2.2 Vulnerability

The concept of vulnerability is multifaceted and has been discussed extensively in philosophical and bioethical literature (Boldt 2019; Luna 2009; Mackenzie et al. 2013; Mergen and Akpınar 2021; Rogers et al. 2012). The main perspectives on vulnerability can be divided into two main categories: vulnerability as a *conditio humana*, and, vulnerability as situational. While vulnerability as a human condition understands ageing and older age as a condition that inherently increases vulnerability, the situational perspective emphasizes that vulnerability might increase with ageing and older age but mostly due to external factors contributing to the individual experience of situations of vulnerability (Langmann 2023). These external factors, such as limited accessibility or ageism, can exacerbate an individual's vulnerability, creating and adding specific layers of vulnerability to their experience. Thus, understanding the specific factors that lead to increased vulnerability in older age is critical to developing targeted interventions and support systems to address the specific needs of and prevent such triggers.

Within the debate about vulnerability and the terms usage, Luna's approach of focusing on vulnerability rather as layers than labels (2009) plays a significant role in reshaping its understanding. While for example Mackenzie et al. (2013) offer an influential taxonomy that distinguishes between inherent, situational, and pathogenic vulnerability, this taxonomy risks creating fixed categories for vulnerability, which can be too rigid. Such rigidity can limit the ability to capture the fluid, evolving and overlapping nature of vulnerability, particularly as it changes over time and in response to various external factors. In contrast, Luna's approach offers a more nuanced understanding by emphasizing how different layers of vulnerability interact dynamically. She argues that vulnerability should not be understood as a fixed characteristic but rather as relational and dynamic, interacting with various contextual factors, such as socio-economic status, age, or gender. Based on this interpretation, layers of vulnerability can coexist and be mitigated individually (Luna 2009). Thus, Luna's proposal aims to move away from defining groups of people based on stereotypes and, instead, focuses on identifying internal and external conditions that trigger vulnerability. This layered view helps to explain how vulnerabilities can compound, making some individuals more vulnerable than others in similar situations. Providing concrete guidance for addressing layers of vulnerability effectively, Luna suggests evaluating each layer by considering its risk of harm and probability of occurrence (Luna 2009, 2023; Victor et al. 2022). Thus, it becomes visible that labelling the very heterogeneous group of older adults as inherently more vulnerable than younger adults is not helpful, neither for older adults themselves nor for health care professionals (Langmann 2023).

2.3 Vulnerability through an intersectional lens: An analytical approach

Intersectionality, with its focus on the multiple dynamics and entanglements of inequality, can support the process of identifying layers of vulnerability in marginalized groups. It enables a more precise analysis of both the multiple and heterogeneous individual, representational, and structural factors as well as the complex



interplay of various social identities and factors that contribute to vulnerability. Through this lens, it becomes evident that vulnerabilities are not singular but influenced by multiple intersecting situational factors, such as gender, migration, socio-economic background, disabilities, and other also temporal variables, such as migration and age. As such, a person's experience of vulnerability may be shaped not only by their gender but also by their migration experience, socio-economic background, and ability status, among other factors. By considering these intersecting dimensions of identity and social structures, intersectionality provides a more nuanced understanding of how vulnerabilities are constructed and power differentials affect vulnerability within marginalized groups.

Therefore, incorporating situational and temporal variables into the concept of intersectionality enables us to consider temporal dimensions of discrimination and, thus, to analyse how vulnerabilities may change over time and across the life course. This perspective is crucial for recognizing the profound impact of marginalization on the experiences and trajectories of individuals. This becomes visible for the category of age, which is particularly characterized by its multiple affiliations. Age serves as a category that can assess both current risks of discrimination and the long-term effects of vulnerability (van Dyk 2020). In terms of vulnerability, therefore, the category of age can both address current ageism and identify threats due to vulnerability. In its temporal dimension, however, it can also conceptualize the entanglements with other categories of difference in a life course perspective.

As we have seen, intersectionality plays a crucial role in identifying specific layers of vulnerability in marginalized groups by shedding light on the interconnected nature of social identities and factors that contribute to vulnerability that could be avoided. The multiple dynamics that intersectionality can reveal go beyond additive interaction. Rather than assuming a simple accumulation, intersectionality reveals that discriminatory factors can reinforce each other or render invisible when considered in isolation. This means that one discriminatory factor is no longer perceived due to other factors, as Knapp (2010) explains using the example of ethnically categorized women whose experiences of discrimination are attributed solely to gender categories. When applied to Luna's concept of layers of vulnerability, intersectionality allows for a more nuanced analysis of how multiple interactions among different social identities and factors contribute to vulnerability as well as about their dynamics over the life course. By examining these interactions in greater detail, intersectionality enhances our understanding of the complex dynamics at play within groups affected by marginalization, thereby facilitating more targeted and effective interventions to address vulnerability. The analysis of older adults living with anxiety disorders exemplifies the value of using vulnerability and intersectionality as analytical frameworks. Their vulnerability stems not just from their illness but also from the complex interplay of factors such as gender, age, socio-economic background, and migration, and other axes of oppression.

3 Anxiety as an intersectional health issue among older adults—A case study

In the following, we discuss anxiety disorders in older adults as an example of how the concept of layers of vulnerability and intersectionality are relevant and can function together as analytical approach to show a more nuanced picture of mental health in old age and develop from there on a better medical care. To advance our analytical approach in the discussion section, we will use this case study to unravel the complexity of the experience of anxiety disorders in old age as vulnerability in connection with the social categories of gender, age, migration and socio-economic background. This will demonstrate that vulnerability in old age is not only influenced by ageing but are a complex entanglement over the life course and must be seen in this light.

Anxiety is a common mental disorder experienced by many people at some point in their lives, with approximately 14 to 18% diagnosed during their lifetime (Agorastos et al. 2012; Marks et al. 2021). What is more, anxiety disorders are a growing mental health problem in older age that have not received much attention in terms of appropriate diagnosis and treatment (Grenier et al. 2019). Despite the notable prevalence of anxiety symptoms reported by older adults, diagnostic rates remain comparatively low (Schuurmans and van Balkom 2011; Wolitzky-Taylor et al. 2010), and upon diagnosis, one-third express dissatisfaction with the adequacy of the treatment received (Grenier et al. 2019). Diagnosing anxiety in older adults poses significant challenges to medical and health care practice. Primary care physicians often lack an understanding of anxiety in later life, which is exacerbated by the social stigma surrounding mental health issues as well as by ageism (Bodner et al. 2018). This lack of recognition is compounded by the complexity of diagnosis, which is intertwined with medical comorbidities, cognitive decline, and changes in living arrangements due to retirement or caregiving needs (Wolitzky-Taylor et al. 2010; Weissman and Levine 2007).

Also, anxiety disorders in older age are complex in terms of prevalence along lines of gender, race, class, and other social categories. Studies have found that older women generally experience anxiety more often than older men (Barrett and Toothman 2018; Grenier et al. 2019; Weissman and Levine 2007). The reasons for this are still unclear, and several aspects seem to contribute to the fact that gender constitutes a specific stressor in the context of mental health. On the one hand, social factors and social roles may exert particular pressures on women throughout their lives, potentially leading to a higher propensity for developing anxiety disorders. Weissman and Levine (2007) suggest that parental styles towards girls and social gender roles might contribute to the fact that women develop anxiety more often than men. A tendency for negative affectivity and the interplay between physiology and behaviour could also play a contributory role (Weissman and Levine 2007). On the other hand, the experience of ageing is different for women compared to men, with evidence indicating significant differences in social physical challenges for women than for men (Barrett and Toothman 2018; Choi et al. 2020). Women often have more negative attitudes towards ageing, impacting their psychological well-being and potentially leading to cognitive decline and depressive symptoms over time



(Choi et al. 2020). The negative social image of female ageing and older women as less desirable and socially relevant contributes to feelings of social exclusion and personal rejection of the ageing body (Barrett and Toothman 2018). Older women face greater risks of poverty and workplace discrimination, which can lead to feelings of personal inadequacy and social exclusion. Fears about losing attractiveness and reproductive ageing also contribute to the ageing anxiety of women (Barrett and Toothman 2018).

However, not all women experience anxiety about ageing homogeneously, but their experience is coined by different intersecting dimensions of inequality. Women from racial minority groups or who identify as non-heterosexual might experience ageing differently than white, heterosexual women, potentially with less anxiety. According to some studies, individuals from minority groups may develop enhanced crisis competence over their lifetimes. Whilst this insight must be considered carefully, because it runs the risk to mask the anxiety of women from minority group falsely as racialized resilience it nevertheless points to competences potentially stemming from unique experiences (Barrett and Toothman 2018).

As previously noted, the socio-economic background is a significant factor in ageing and contributes to the occurrence of anxiety related to ageing or the development of anxiety disorders in older women. While older women are generally at a greater risk of poverty than men, older women's health outcomes are significantly influenced by their socio-economic background. This phenomenon is rooted in traditional gender roles, which frequently result in women being excluded from the labour market during their reproductive years, primarily due to the demands of unpaid care work. Consequently, women often have fewer opportunities for economic participation, resulting in comparatively fewer economic resources in their older age in relation to men. The experience of a lower socio-economic status often cumulates over the lifetime, and poverty in childhood or adulthood can increase the risk of mental disorders such as anxiety in older age (Stansfeld et al. 2011). The cumulative experience of lower socio-economic status and exposure to negative life events over the life course can increase the risk of mental health issues, including anxiety (Stansfeld et al. 2011).

A further layer of heterogeneity in older age relates to migration status, which can impact the ageing process and mental well-being of individuals significantly. Research indicates that migrants face elevated risks of poorer health outcomes compared to non-migrants, with a greater likelihood of depressive symptoms (Marin et al. 2022). The experience of migration is considered as a stressor for mental health throughout life (Agorastos et al. 2012; Silveira and Allebeck 2001). The stressors of separation from the country of origin, loss of social networks, uncertain residence status, substandard housing, and working conditions, along with feelings of guilt and ambivalence, have long-lasting effects (Agorastos et al. 2012). These stressors may intensify during ageing and retirement, presenting substantial changes in social environments and routines. People with a migration experience face heightened risks of social isolation, racial discrimination, and marginalization. These issues, compounded with a lower socio-economic status and gender disparities, increase the likelihood of experiencing anxiety significantly (Agorastos et al. 2012).

4 Discussion: Examining intersecting layers of vulnerability with their individual, representational, and structural influences

As demonstrated in our case study, anxiety disorders are a prime example of the intersecting layers of vulnerability since they are a significant concern in later life but the experience of them and if they lead to vulnerability is marked by various situational and temporal factors. To place this example in a broader theoretical context, we draw on Luna's concept of layers of vulnerability and the concept of intersectionality (Luna 2009; Weßel and Schweda 2023; Langmann and Weßel 2023; Weßel 2022; Kainradl 2023). In this way, we demonstrate that an illness is not a per se sign of vulnerability but is influenced by current and past experiences and situational contexts, such as age, gender, migration and also societal positioning. The example of anxiety disorders will guide our discussion to exemplify our analytical approach.

As shown in our case study, the experience of anxiety in old age is far from being homogenous; it is influenced by various intersecting social factors such as socio-economic background, gender and migration history (Marin et al. 2022; Grenier et al. 2019). Yet, anxiety in older adults is often subsumed under the general notion of vulnerability and rarely addressed by mental health specialists. Furthermore, the influence neither of the life course nor the variety of situational and contextual factors are recognized. When anxiety in older age is acknowledged, it is often viewed through a generalized lens focused solely on ageing, overlooking the nuanced ways these factors shape individuals' experiences as well as the influence societal images of ageing may have.

Relating the example of anxiety disorders with the concept of intersectionality, examining older individuals living with anxiety disorders, an intersectional perspective reveals not only the heterogeneity that contributes to the likelihood of experiencing anxiety disorders, but also highlights how social factors interact in their development (Silveira and Allebeck 2001). What is more, socio-economic background, gender, and migration history intertwine to shape the experiences of older adults with anxiety disorders in multiple ways. For example, an older woman with a migration background might face compounded challenges: the cultural barriers from her migration history and the gendered expectations placed on her throughout her life may limit her access to mental health care, thereby exacerbating her anxiety.

Extending the discussion through Luna's concept of layers of vulnerability (2009), we show that these multiple influences overlap and interact to create unique vulnerabilities. Connecting the concepts of intersectionality and vulnerability allows us to identify the specific layers of vulnerability that older adults with anxiety face, such as the gendered expectations of caregiving, economic precarity resulting from a lifetime of lower wages, and cultural isolation stemming from migration. By highlighting the intersection of these layers, we can move away from viewing older adults as a homogenous group in context of vulnerability and instead recognize the diverse factors contributing to the individual expressions of vulnerability. This contributes to a more diversified understanding of older people, their wishes and needs in the context of medicine and health care.

Moving further from our example to a theoretical discussion of our analytical approach, by adopting an intersectional lens, the diversity of these influences, their origins and characteristics, structural and social aspects, and interactions can be further explored. Structural and representational factors, such as gender roles and the social imaginaries of ageing, which are widely held beliefs about what it means to grow old (Gilleard and Higgs 2010), can also shape how for example individuals experience ageing and may influence the development of anxiety. Yet, these imaginaries are not homogenous either, but are entangled with a variety of social categories, such as gender and migration, as well as a person's social background and life experiences.

With our analytical approach, we demonstrate the complexity of vulnerability, using anxiety disorders in older adults as an example, and showing how this complexity benefits from an intersectional enhancement. We showed that social categories, such as gender, socio-economic background and migration on the one hand might create a risk for anxiety disorders in old age already over the lifetime. Without recognizing the influence, for example of a migration experience in younger age on mental health in old age, a coherent diagnosis and effective treatment is hardly possible. We therefore demonstrate that the recognition of social categories and their entanglement enrich a layered approach to vulnerability, situating the complexity of an individual's experience into the situational and temporal context. Addressing these issues requires a multifaceted approach to combat gendered ageism and its far-reaching effects. Unravelling layers of vulnerabilities through a critical examination of gender roles embedded in relations, representations, and structures can pave the path to empowerment. Individual fields of action can be identified by showing inequities, societal influences and individual resources to address anxiety issues.

In summary, intersectionality enriches the analyzed complexity and variations of layers of vulnerability throughout a person's life course. Influences of intersectional dynamics based on social positioning and circumstances thereby provoke gender-specific layers of vulnerability. It becomes clear when using intersectionality as a lens for vulnerability that labelling older people as generally vulnerable may even reinforce negative views about ageing. The emphasis on the variety of temporal and situational influences also sheds light on the social and medical images of older people as dependent, marginalized, and vulnerable. The perception of ageing in societies of the Global North is one of decline (Charise 2012). Yet, older people are often primarily considered in the capacity of their old age, yet, other aspects of their identity, such as their gender, sexuality, or class, are overlooked (Kainradl 2023). This may create a feeling of anxiety when ageing, and contributes to negative feelings towards one's own ageing. The complex heterogeneity of ageing as part of and influenced by the life course is seldom present in social or medical discourses, which impacts the experiences of ageing. Intersectionality highlights their impact on individuals' perceptions of their own ageing, their interactions with carers, and the organization of the health care system. Ageism and its interactions with other discriminatory factors can be examined, for example, by focusing on the age of older people with anxiety disorders.

The concept of intersectionality can, furthermore, be integrated to analyse the dynamics in the layers of vulnerability, which Knapp (2010) refers to as intersec-

tional invisibility. Migration is one example for this issue. Research on migration experiences across the life course in relation to ageing is still generally largely lacking (Torres 2020). The migration factor is less researched and often overshadowed by other discriminatory factors for older migrants with anxiety disorders (Agorastos et al. 2012). Clearly, the presumption that minority groups are particularly vulnerable to anxiety in older age needs to be critically evaluated both as a potential risk of discrimination in receiving appropriate care and as an influence on marginalized groups' own perceptions of mental health. However, combining analytically intersectional perspectives and the diversity of the interaction of different layers of vulnerability goes beyond this. Moving beyond intersectionality as a mere tool for perceiving inequalities, it opens up the possibility of discussing and giving space to the resources and resistant approaches in the interplay of categories (Collins 2019) for example in analysing non-compliant behaviour (Kainradl 2024).

5 Conclusion

Using intersectionality to enrich the analysis of layers of vulnerability offers a more comprehensive understanding of the complexity of vulnerability in older age. This approach allows for a more precise identification of how vulnerabilities evolve over the life course, particularly when labelling vulnerability risks leading to discrimination and reinforcing dependencies. This is especially important in the context of ageing, which is often viewed as a vulnerable state in itself. By examining the influence of negative labels on the perception of ageing, we can clarify the interactions between ageing and anxiety in certain groups.

When analysing the situation of older adults with anxiety disorders with a focus on vulnerability, using the concept of intersectionality enables not only an in-depth analysis of their disadvantages, for example, in accessing health care, but also addressing acquired strategies for coping with conflicting demands (Ferrer et al. 2017). Therefore, framing older people and those with mental health problems as inherently vulnerable is inadequate as well as potentially damaging, both in terms of receiving appropriate diagnosis and treatment, and in their own self-perceptions.

By combining intersectionality with Luna's layers of vulnerability, our analytical approach highlights how social categories interact to contribute to vulnerability in older age. We have shown that anxiety in older age is not a static condition but is influenced by multiple, intersecting vulnerabilities that change over time, as well as by structural and cultural factors that shape the experience of anxiety.

An intersectional approach to the layers of vulnerability can highlight the complexity in the context of structures and positioning as well as the role of the life course in the context of anxiety about ageing. It can help to reveal stereotypical understandings of groups in the ageing process and draw new similarities and differences between individual and groups, which may lead to a deeper understanding of anxiety in ageing of the individual within structures. As such, our approach helps to evaluate the appropriateness and usefulness of the concept of vulnerability in the context of older age and health. It underscores the importance of a heterogeneous and critical approach, while advancing current critical models, such as Luna's layers

of vulnerability (2009). Future research should continue to explore these intersecting layers of vulnerability to develop targeted interventions that address the unique needs of diverse ageing populations. By doing so, we can move towards a more inclusive and equitable health care system that recognizes and mitigates the complex realities of ageing in marginalized groups.

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