Research has shown that risk of chronic disease increases with age. Mental disorders and chronic disease are highly comorbid, with studies showing reciprocal causal relations. However, research focuses exclusively on combinations of, or a specific, mental illness. This study investigates the hypothesis that complete mental health is a protective factor against, while mental illness is a risk factor for, chronic (physical) conditions with age. Mental health is conceived of as a syndrome of subjective well-being consisting of symptoms of hedonia (positive feelings toward life) and eudaimonia (positive functioning in life). A categorical diagnosis of the presence of mental health, described as flourishing, and the absence of mental health, characterized as languishing, are described and applied to data from the MIDUS study of 3,032 adults, 25-74 years old. Data were also collected regarding 12-month prevalence of major depressive episode (MDE), and complete mental health is the absence of any of MDE and the presence of flourishing. Descriptive findings revealed a strong association of the complete mental health diagnostic categories with 23 of the 27 self-reported chronic conditions. In multivariate regression, quantity of chronic disease increased with age and was higher among moderately mentally healthy and adults with MDE, compared with the completely mentally healthy. Chronic conditions increased exponentially with age among adults with pure languishing and adults with languishing and a MDE. At all ages, completely mentally healthy adults reported the fewest chronic conditions, suggesting it may act as a protective factor in aging.

Does level of mental health and mental illness influence the risk of chronic physical disease in adulthood? This study investigates whether high levels of positive mental health act as a protective factor against the accumulation of chronic physical diseases with age. Conversely and importantly, this paper investigates whether mental illness—specifically major depressive episode—
and whether the absence of mental health—a condition described as "languishing"—act as a risk factors for chronic physical disease throughout adulthood.

Life expectancy in the United States increased dramatically during the twentieth century. Though individuals are living longer lives, rates of many chronic health conditions have increased. As such, the expansion of life expectancy has increased the number of years spent living with chronic physical disease and therefore disability (Olshanky et al., 1991). This has happened for at least two reasons. First, and by definition, biological aging consists of cellular degeneration. With time, all individuals will experience some physical decay, disorder, or disease. Thus, the risk of any physical disease increases with age, and the number of physical diseases increases with age. Second, although risk of physical disease is rather low in youth and younger adults, the occurrence of some chronic disorders such as diabetes, asthma, and even cardiovascular diseases are now occurring at younger ages (Nusselder et al., 1996).

Risk factors are measurable characteristics or qualities of individuals, interpersonal relationships, contexts, and institutions that can elevate the probability of the occurrence of a discrete and undesirable outcome (e.g., alcohol abuse, physical inactivity) or the probability of change in levels of an undesirable outcome (e.g., severity of disease; Kraemer et al., 1997). Age has been shown to be an independent risk factor for the onset, severity, and duration of chronic physical disease. With increased age, individuals of all backgrounds (i.e., gender and race) exhibit higher rates of most chronic diseases—ranging from oral health problems (e.g., gum and teeth), arthritis, cancers, to cardiovascular disease (Jette, 1996). With regard to cardiovascular disease, for example, age has been consistently shown to be among the most potent risk factors (Grundy, 1999; Lakatta, 1999). In turn, chronic physical disease is a burden to society in terms of direct costs (e.g., healthcare, rehabilitation) and indirect costs (e.g., productivity losses and workdays missed). Using data from the National Institutes of Health, Keyes and Lopez (2002) computed the combined—direct and indirect—costs of specific chronic disorders. Cardiovascular disease was most costly, resulting in approximately $180 billion dollars in combined costs. Diabetes resulted in about $95 billion, cancers cost about $94 billion, arthritis costs about $61 billion, digestive disorders about $53 billion, stroke cost approximately $40 billion, while HIV-AIDS costs about $22 billion in combined costs.

In addition to age, mental illness—particularly major depression—has been shown to be an independent risk of chronic disease that has received little attention by the medical community traditionally focused on physiological rather than psychosocial causes and treatment of illness. In particular, major depression has been shown to be a cause and outcome of cardiovascular disease (Ford et al., 1998; Frasure-Smith & Lesperance, in press; Glassman & Shapiro, 1998; Musseman et al., 1998). Heart attack survivors with and without a prior history of depression are at a high risk of an episode of major