INTRODUCTION

Over the past decade there has been unprecedented interest in fostering improved health practices through lifestyle change and stress reduction. This interest is reflected in the popular literature as well as in health-related research. Whereas the burden of health-related problems was once imposed by infectious diseases, today many serious health problems result from unhealthy life styles (Baffi, Redican, Sefchick, & Impara, 1991). As interest in health research has grown, so has attention to identifying factors that make distinctive populations of individuals uniquely vulnerable to various forms of stress and illness.

One relatively recent area of intrigue is research on gender differences in prevention of illness and maintenance of well-being. While lifestyles and health behaviors affect the vitality of all individuals to some extent, it is important to understand how men's and women's health is
affected by the distinctive ways in which each sex experiences, reacts to, and copes with life's stressors. Increasingly, work in the fields of psychology, medicine, public health, and education has begun to identify and examine factors that may underlie differential vulnerabilities of men and women to various health problems.

There is growing empirical evidence of the deleterious effects of masculine gender role scripts on men's health. In reviewing the mortality rates of both sexes throughout the life span, Harrison, Chin, and Ficarrotto (1989) concluded that biological factors alone could not explain the shorter life expectancy of men relative to women subsequent to childhood. Interestingly, Waldron and Johnson (1976) had previously estimated that 75% of the sex difference in life expectancy could be accounted for by high-risk behaviors including smoking, alcohol abuse, and propensity toward violent or dangerous activities. These high-risk behaviors are consistent with men's gender roles.

As an indication of the enormity of sex differences in stress-related physical health, one need only examine large-scale measures including premature mortality, lethal illness, and hazardous life-styles (Cleary, 1987; Harrison et al., 1989; Levant, 1990). In the United States, men live approximately 7 fewer years, on average, than do women. The rate of death is higher for men than women at all ages and in all leading causes of death (Verbrugge, 1985). Some of these data suggest that gender-related lifestyles may underlie the differential death rates. For example, between the ages of 15 and 24, men die at three times the rate of women, largely because of the higher rates of violent deaths (e.g., accidents, homicide, suicide) among males during this time of life (Cleary, 1987). Further, Waldron and Johnson (1976) presented statistics showing that men die of lung cancer nearly six times as often as women, and die of cirrhosis of the liver twice as often as women, suggesting that relatively greater smoking and drinking among men accounts for the increased male death rates. Men also have approximately double the rate of death due to heart disease than women.

Thus of the seven leading causes of premature death among men, it could be argued that all appear directly or indirectly related to acquired psychosocial characteristics associated with the masculine gender role. For instance, men's higher rates of coronary artery disease have been attributed to greater numbers of male smokers and the lethal aspects of the Type A coronary-prone behavior pattern associated with masculinity (e.g., anger and competitiveness). In addition, men show significantly greater incidence of cirrhosis of the liver due to alcohol abuse. More men drink alcohol than women, and more importantly, more men than women drink to excess by a ratio of 4:1 (Cahalan, 1970). It seems likely that heavy alcohol consumption serves as a manifestation of the masculine toughness and as a coping strategy that does not violate male norms. Thus the