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## BEHAVIORAL STRATEGIES STUDY APPLIED ASPECTS

Such a behavioral strategy as coping is paid much attention in different countries: in the USA at depression among African Americans, Caribbean Blacks and non-Hispanic Whites [6, p. 405-413]; in the UK with cystic fibrosis [1, p. 42-50]; in Australia in adolescents with cystic fibrosis [36, p. 134132]; in China with stress in children [19, p. 337-342]; in Germany with stress and current sleep bruxism [12, p. 2]; in Iran at psychic problems [24, p. 33-38; 27, p. 140-148], in the ones and in normal people (comparison) [7, p. 1931-1937], in mothers whose children are sick in epileptic attacks (coping therapy) [2, p. 32-38], at breast cancer (together with ethno-gender aspect while emphasizing that women with different ethnicities and educational levels used different coping strategies with breast cancer as well in the disease different phases) [20, p. 1575-1583], with pain in athlete and non-athlete women [11, p. 159-164], in female married employees during group reality therapy (assessing both coping and escape-avoidance strategies thus describing ethno-gender typological aspect) [28, p. 19-30; 34, p. 305-311], in mothers of children with Down syndrome (with ethno-gender-age aspect) [26, p. 254-262]. in mothers of children with major thalassemia children (ethno-gender-age aspect together) [9, p. 387-393], in women with unplanned pregnancies [25, p. 73-84], in hemophilic children caregivers [23, p. 68-73].

adolescents with thalassemia major (with ethno-ages aspect) [14, p. 67-74], in soldiers [17, p. 195-200], at stress (among substance addicts and rehabilitators) [4, p. 25-45] and in other people [3, p. 27-47], in part in teachers [22, p. 471-478], in female-headed households (with ethnogender typologic aspect) [33, p. 1-21], in veterans with post-traumatic stress disorders [21, p. 153-161], in dialysis patients with correlation between stressors and age (ethno-age aspect) [29, p. 184-193], at stress in male adolescents (thus, ethno-gender-age typological aspect taking into account) [32, p. 315-322], at occupational stress in men and women (relation between occupation role stressors and personal strain and relation between personal coping and personal strain were found to be stronger in women than in men) [31, p. 393-408], in adolescents students (males and females) while their peer pressure (with ethno-gender-age aspect) [16, p. 96-100], at job stress in shjift- and non-shift personnel [30, p. 920-926], in the students concerning their spiritual health [18, p. 133-153], in both-gendered nurses in job satisfaction prediction (so, with ethno-gender aspect) [15, p. 50-58], in the patients with special diseases [10, p. 777-786], in the individuals with visual impairments [13, p. 21-29], at multiple sclerosis (the religious coping) [5, p. 470-479]. Iranian psychologists proved that people possessing D-type personality had weaker general health and emotion-oriented coping style comparatively to the ones of non-D type as well as that D-type can effect the different coping styles application [8, p. 43-52]. Also we met the work concerning coping strategies in Romania in orthodontic patients [35, p. 147-149].

Thus, coping strategies assessment is useful both in theoretical and applied medicine.

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