My journey in coping research and practice: The impetus and the relevance

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Abstract

My journey in the field of stress and coping began in the mid 1980s when I was researching the rather new field of childhood depression. It was a relatively under-explored field, and as a clinical and educational psychologist it was becoming increasingly apparent that there were concerns of young people, with some of these reflected in their experiences of sadness and despair. However, as I researched and measured the depression construct, I became aware of despair as a growing phenomenon, with an increased focus and emphasis on stress, anxiety and depression. In time, the statistics would bear out the concerns, as one in four young people have identified as being or are likely to be depressed in their lifetime in some Western communities like Australia, the United States and the United Kingdom (WHO, 2018). Given the growing 'ill health' of our Western communities, something had to change. In the 1980s, young people were concerned about their future with the fear of nuclear war. As I was writing this invited retrospective in late 2019, there were widespread concerns about global warming, and in the first half of 2020 concerns arising from the pandemic of COVID-19 are dominating. Coping theory research and practice can make a significant contribution to how we cope with our world in general and the specifics of our lives in particular. This article reports a body of work in the field of coping to illustrate the value of the core constructs and their applications in diverse settings providing opportunities for helpful adaptation and development in the face of whatever circumstances arise.

The 1980s were both colourful and eventful, much as each decade before and since has been. In 1985, some memorable events were occurring in the world. The internet's domain name system was created; the first UK cellular mobile phone network was launched by Vodaphone; William J. Schroeder, the first artificial heart patient, left the hospital; Ronald Reagan was sworn in as president of the United States for a second term; Mikhail Gorbachev became General Secretary of the Soviet Communist Party and de facto leader of the Soviet Union some years before the Berlin Wall was to fall; in an all-Soviet match, 22-year-old Garry Kasparov defeated Anatoly Karpov to become the youngest ever undisputed winner of the World Chess Championship; South Africa ended its ban on interracial marriages; and Live Aid benefit concerts in London and Philadelphia raised $50 million for famine relief in Ethiopia. There was plenty to feel optimistic about. Nevertheless, it was the time that Helen Caldicott, the Australian physician who was an anti-nuclear advocate and leader of Physicians for Social Responsibility in the United States, campaigned to cease the proliferation of nuclear weapons. The documentary *If you Love This Planet* was screened at a meeting of the Australian Psychological Society, Melbourne Branch's monthly meeting. High grossing films such as *The Day After* showed the horrors of a nuclear catastrophe. It was in that climate that we in Australia were getting the message that young people were despairing about their future, avoiding relationships, and deciding not to have children as 'there is no point'. I was interested in the split between activism and despair of the time and wanted to better understand what Australian adolescents were thinking and feeling.

Having completed my master's thesis on childhood depression, a phenomenon not considered to be prevalent among young children at that time but becoming of growing interest, I embarked on a program of PhD research to investigate young people's fears. At that time, concern about a nuclear holocaust was the dominating fear. As I set about interviewing senior high school students in metropolitan Melbourne, I was aware that we needed to develop some empirical ways of measuring young people's concerns. However, I first wanted to simply know what was worrying young people of the day.

We asked 674 young people in their senior year of high school about what concerned them. At that time the concerns that they identified could be grouped according to achievement and getting on in the world (e.g., finding a partner, having a successful future, employment), relationships (including friends and family — and this was before the advent of social media), and social issues (e.g., threat of nuclear war, poverty and world hunger; Frydenberg & Lewis, 1996). This was the hierarchy of the three categories of concerns. It is likely that the categories would be much the same today (Mission Australia, 2019). What really became relevant for me was not just

young people's concerns but how they dealt with their concerns. We also considered how young people dealt with their concern with social issues in cross-national studies using an adapted version of the Ways of Coping instrument (Folkman & Lazarus, 1988). We found that young people generally adopted a range of coping strategies to deal with social issues but there were clear cultural differences (Frydenberg et al., 2003). Thus, my interest in coping research and practice was born.

An Intersect Between Stress, Coping and Positive Psychology

Since the year 2000 when Martin Seligman took up the presidency of the American Psychological Association, positive psychology has gained prominence. Positive psychology is a philosophical, theoretical and psychological orientation that focuses on the health and wellbeing aspects of human endeavour rather than the pathology and incapacity of individuals. At the turn of the century there has been a burgeoning interest in wellbeing and health in addition to the long-standing interest in overcoming what makes us unwell. The World Health Organization (WHO) defines wellbeing as a state 'in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community' (World Health Organisation [WHO], 2004, p. 10). Wellbeing here is defined as more than the absence of mental health issues; it incorporates both aspects of 'feeling good and functioning well' (Huppert, 2014, p. 9). The majority of research into social and emotional development has focused on ameliorating skill deficits or problem behaviours and, as such, it is closely aligned with the positive psychology movement.

Since the seminal work of stress researcher Richard Lazarus in the 1960s, which morphed into stress and coping research in the 1980s, coping has entered our nomenclature so much so that today it is closely aligned with resilience. Coping is a significant component of how individuals achieve health, wellbeing and resilience through their thoughts, feelings and actions. Coping is the process and resilience is the outcome. It contributes to wellbeing; the skill development is within the social-emotional-educational framework, and it is very much part of the positive psychological philosophical orientation.

The Coping Research Journey

Adolescent Coping

As we progressed the research on what concerns Australian adolescents, it was possible to develop the Adolescent Coping Scale (ACS) with Ramon Lewis (Frydenberg & Lewis, 1993). Unlike Folkman and Lazarus (1988), who had two major dimensions of coping, emotion-focused and problem-focused, we had three dimensions: dealing with the problem, reference to others, and nonproductive coping. These were derived from the 18 scales that were made up of 79 items. In a subsequent revision (Frydenberg & Lewis, 2011), these dimensions were categorised into two major dimensions, productive and nonproductive coping, derived from the 20 scales, which in turn were comprised of 60 items. We were able to use the instrument for both research and clinical intervention. The adolescent coping dimensions are as follows.

Productive coping
Seeking social support, focusing on solving the problem, physical recreation, seeking relaxing diversions, investing in close friends,

working hard and achieving, focusing on the positive, accepting one's best efforts, social action, seeking professional help, humour.

Nonproductive coping
Worry, wishful thinking, not coping, ignoring the problem, keeping to self, self-blame, acting up, seeking spiritual support, tension reduction.

We incorporated a general and a specific approach into the measurement of coping. That is, it became possible for individuals to consider their general coping skills and compare strategies that they were using to cope with a particular identified problem, such as exam anxiety (Ganim & Frydenberg, 2006), hearing impairment (Marino, Furlonger, Frydenberg, & Poole, 2004), and cyberbullying (Lodge & Frydenberg, 2012). It was also possible to compare groups, such as boys and girls (Frydenberg & Lewis, 2000).

Research Findings

The research possibilities were endless as we considered correlates of coping such as age and gender (Frydenberg & Lewis, 2000), anxiety (Jones & Frydenberg, 2004), depression (Bugalkski & Frydenberg, 2000), culture (Frydenberg et al., 2003; D'Anastasi & Frydenberg, 2005), and bullying (Phillips, Lodge, & Frydenberg, 2006), to name a few. An example is how the cultural context determines the approach to spirituality and frequency of use. When populations were compared on their use of coping strategies on the ACS, it was evident that culturally similar groups, such as Palestinian and Columbian adolescents (countries with a religious culture and who had a likelihood of having been exposed to war-time conflicts experiences), were more likely to use spiritual coping strategies in contrast to populations such as the German and Australian young people (Frydenberg et al., 2003). Culture and context are important; however, there is a great deal of diversity within each community, both in terms of spiritual and religious coping, and in the ways that religious coping or spirituality are expressed.

When it came to gender there were consistent and clear distinctions between males and females, with females turning to social support more than males (Frydenberg & Lewis, 2000). In a longitudinal study of adolescent coping between the ages of 12 to 18 years, it was confirmed that maladaptive coping skills increase with age, particularly among middle adolescent girls (Frydenberg & Lewis, 2000). This finding was the impetus for us to develop and focus on the development of coping skills among early and middle adolescents, before the use of nonproductive coping strategies became habituated.

The diverse research findings have been widely published but also collated in the three editions of *Adolescent Coping* (Frydenberg, 1997, 2008, 2018) as well as being included in *Coping and the Challenge of Resilience* (Frydenberg, 2017).

Stevan Hobfoll was another seminal coping researcher who focused on the resource aspects of coping with an emphasis on culture and context (Hobfoll, 1998). Additionally, Hobfoll's communal theory of coping (Hobfoll, 2010) resonates with the notion of a collectivist approach to coping rather than an individualistic one. Hobfoll's focus on resources building in his conservation of resources (COR) theory and the communal coping approach both focus on the common or communal appraisals of threat and loss in loss in those who share both culture and biology. Unlike other theories, the focus is on circumstances rather than individual appraisal. This approach has relevance when it comes to social concerns such as war, poverty or environment, to name a few. It is work that could be expanded, particularly in the adolescent domains, as young people often have a heightened level of concern

about the world around them. In one study, we put the resource theory to test with adolescents and published several papers that illustrated the relevance of resources for young people in a specialist learning setting (McKenzie & Frydenberg, 2014; McKenzie, Frydenberg, & Poole, 2004).

Adult Coping

It soon became clear that considering adolescent coping in isolation from that of adults, such as their parents, carers and teachers, overlooked the importance of adult influence on young people's coping actions. Therefore, in 1994, the International Year of the Family, Ramon Lewis and I felt it was time to develop the Coping Scale for Adults (Frydenberg & Lewis, 1997). The revised version of the Coping Scale for Adults (Frydenberg & Lewis, 2014) has 60 items and 20 subscales just like the adolescent one, and has a general and specific version, and a long and short form. While not entirely equivalent to the adolescent measure, the adolescent and adult instruments are intentionally quite similar, albeit with some specific items that reflect the different concerns and coping of each demographic. For example, it was possible to consider age and gender in the adult community, with older adults (45–75) being less likely than their younger counterparts to worry or use tension reduction strategies such as eat, drink or smoke to excess (Frydenberg & Lewis, 2002). Additionally, it was possible to consider how managers, teachers or parents coped and compare coping strategies to young people with whom they were working. The adult coping dimensions were as follows.

Productive coping
Wishful thinking, improving relationships, ignoring the problem, humour, seeking spiritual support, protecting oneself, focusing on the positive, seek relaxing diversions.

Nonproductive coping
Dwelling on the negative, self-blame, worrying, tension reduction.

Problem-solving style
Focusing on solving the problem, seeking professional help, social action, social support.

Other
Working hard to achieve, physical recreation, keeping to self.

Programs

When it came to teaching coping skills, there was clearly a gap in the adolescent domain, so first we developed *The Best of Coping* with an instructor and teacher manual (Frydenberg & Brandon, 2007a, 2007b), followed by a CD-Rom version, *Coping for Success* (Frydenberg, 2007). It was possible to compare learnings from a self-paced CD-Rom program to one that was teacher-led and one that was supported by a psychologist. When it came to learning outcomes, the psychologist-supported intervention was the one found to be most effective. Nevertheless, learning had taken place in each format (Panizza & Frydenberg, 2006). The CD-Rom format was followed by a readily accessible and adaptable book that could be self-paced or instructor-led, called *Think Positively: A Course for Developing Coping Skills in Adolescents* (Frydenberg, 2010). That volume acknowledged the stresses of senior high school students, so the last four chapters are often used to prepare students for their senior years of study, taking into account stress and time management skills that are a requisite for the final years of schooling.

The universal programs were able to be targeted to particular populations. For example, the universal *Best of Coping* (Frydenberg & Brandon, 2007a, 2007b) was adapted for young people with diabetes (Serlachius, Northam, Frydenberg, & Cameron, 2012; Serlachius et al., 2014) and young people at risk of school failure (Frydenberg, Bugalski, Firth, Kamsner, & Poole, 2006). Another approach included Success and Dyslexia: A Coping Program for Upper Primary School (Firth & Frydenberg, 2011), where the whole class benefitted from an adapted program, but the 10% of young people who were deemed to be dyslexic or have learning difficulties received additional sessions and reinforcement of particular content. And more recently, a parenting program was developed entitled *Families Coping: Effective Strategies for You and Your Child* (Frydenberg, 2015), with adaptation of the program for families of children with congenital heart disease (Jackson, Higgins, Frydenberg, Liang, & Murphy, 2018).

Early Childhood

Since 2010, the majority of research activity has focused on early childhood. It was deemed to be the most relevant and opportune age for the teaching of coping skills (Frydenberg, Deans, & O'Brien, 2012). It is the stage of life when both children, teachers and parents are receptive to learning and sensitive to developments in the family.

The multiphase Early Years Coping project commenced in 2011 when we first identified the concepts and constructs relating to young children's coping and developed visual tools that enabled children to be engaged in conversations and interventions relating to age-appropriate concerns and coping in the early years. This was followed by the development of a parenting program that incorporated coping skills development for both parents and children. More recently we developed a COPE-Resilience program, which has been integrated into classroom practice. The phases of the Early Years Coping research is sequenced below.

Phase 1 — 2008
Identifying preschool children's coping responses and matching these with parents' understandings of their children's coping responses (Chalmers, Frydenberg & Deans, 2011; Deans, Frydenberg, & Tsurutani, 2010).

Phase 2 — 2009
Development of the Early Years Coping Cards, a teaching and learning tool that depicts a range of visual representations of challenging situations to be used to stimulate children's verbal responses about their coping strategies (Frydenberg & Deans, 2011).

Phase 3 — 2010
Application of the Early Years Coping Cards in multiple settings (early childhood centres and homes) with teachers and parents (Deans, Frydenberg, & Liang, 2012).

Phase 4 — 2011
Investigation of parents' use of the Early Years Coping Cards (Phases 1–5: Frydenberg, Deans, & Liang, 2014).

Phase 5 — 2012
Families Can Do Coping (FCDC) parenting program (Frydenberg, 2015).

Phase 6 — 2013

Families Coping (FC — adapted version of FCDC) parenting program for families from culturally and linguistically diverse (CALD) backgrounds and disadvantaged communities — Early Years Productive Parenting Program (EYPPP; Deans, Liang, & Frydenberg, 2016).

Phase 7 — 2014

Exploring the relationship between anxiety and coping (Pang, Frydenberg & Deans, 2015; Yeo, Frydenberg, Northam, & Deans, 2014).

Phase 8 — 2015–2019

COPE-R Program for Preschoolers: Teaching empathy and prosocial skills through the Early Years Coping Cards. The process of socialisation and embodiment of a Social Emotional Learning program in an early years setting (Deans, Klarin, Liang, & Frydenberg, 2017), teacher experience (Alexander, 2018), adaptation and implementation in Taiwan.

Phase 9 — 2018

Cross-generational program (Stirling, 2019).

We found that children aged 4–5 were able to articulate up to 36 different coping responses, some of which had not been identified previously (Chalmers et al., 2011; Deans, Frydenberg, & Tsurutani, 2010). The children were asked to describe how they would manage seven typical situations, which included saying goodbye to a parent, fear of the dark, fear of trying something new, being in trouble with a teacher or parent, being bullied, losing something special, and being hurt. Parents were also surveyed with the aim of identifying the ways in which they described their children's coping. We also wanted to identify whether or not a correlation existed between the children's understandings of coping and their parents' views. Results from this study indicated that the children articulated 36 active and passive coping strategies such as playing, working hard, going to their bedroom, seeking comfort, having happy thoughts or feelings, crying, feeling sad, doing nothing, keeping feelings to self, getting angry with self, complaining of illness or getting angry with others. Active strategies describe what children do proactively and passive strategies typically involve withdrawing from or avoiding difficult situations. Parents, on the other hand, reported fewer coping strategies, with a larger number of passive strategies being reported. The children were found to have a comprehensive range of coping strategies available beyond those recognised in the current literature. The studies organised the coping strategies into the following groups.

Productive coping (self-reliant)

Seeking comfort, playing or doing something else, solving the problem, thinking positively, calming down, ignoring the problem.

Productive coping (Reference to others)

Seeking comfort, seeking help.

Nonproductive coping

Seeking comfort, doing nothing or don't know, crying or can't feel better, getting angry or tantrum.

When 112 parents and teachers were surveyed with the aim of identifying and exploring differences between cross-informant understandings of children's coping, it was found that in relation to problems in general, parents indicated that their children were more likely to cry or feel sad, complain of illness, seek help from grown-ups or blame others. What is clear from this research is that parents as informants are more critical of their children's coping, which is also reflected in their frequent visits to doctors regarding children's and their own parenting anxieties. Teachers, on the other hand, indicated that children were more likely to do nothing, keep their feelings to themselves or seek help from others. More fathers than mothers considered that their children worked hard at solving problems. Importantly, all the situations that were presented to the children were also recognised by both teachers and parents to relate frequently to the children's experiences; the one exception was choosing between two groups of friends for play, as this was more frequently identified by teachers in school. The overall conclusions drawn from these studies are that young children relate to challenging situations, they can articulate and utilise a wide range of coping strategies that are not generally recognised in the current literature, and parents' perceptions of their children's coping strategies vary from that of the teachers and the children themselves (Deans et al., 2010).

Building Family Resilience

One key factor that contributes to both parents' and children's healthy adaptation to everyday experiences is their capacity to cope. In addition to the universal communication skills of active listening, assertiveness and managing conflict, parent coping skills are key approaches emphasised in the Families Coping program. The ability of parents to manage the demands associated with raising a child, as well as to show willingness to engage in a process of self-enquiry so as to improve their parenting practice and learn new skills, inherently calls on the use of everyday coping skills.

Families Coping: Effective Strategies for You and Your Child (Frydenberg, 2015) incorporates the elements of good parenting practices; that is, good communication skills, positive psychology principles, coping skills, and mindfulness. The elements are underscored by a guiding principle that it is important to have adults and children share an understanding of the language of coping so that social learning and modelling can take place both in the home and in the school setting.

The Parenting Program

The five sessions of Families Coping introduces parents to information associated with positive parenting principles, family communication, and use of a visual resource to help parents stimulate conversations about coping with their children. The twin aim is to teach parents communication skills while receiving practical psycho-education and training on how their own productive coping skills can be developed and their use of nonproductive strategies can be minimised. Learning mediums include direct facilitator instruction, a self-directed workbook, and participation in role-plays and group discussions. The intended outcome is to contribute to early years' wellbeing through enhancing the application of positive parenting skills, in addition to the development of adaptive coping in both parent and child.

When we evaluated the program, parents reported a trend towards the development of more positive parenting practices and use of productive coping by their child, as well as some aspects of improvement in both parent and child wellbeing (Gulliford, Deans, Frydenberg, & Liang, 2015). Families Coping is considered to be a useful addition to the pool of programs currently available to parents.

Having developed tools for children, parents and teachers, the extension of this work involved the development of additional resources for teachers in the early childhood setting so they can meet the curriculum requirements in the diverse education settings.

COPE-Resilience

The COPE-Resilience Program comprises activities on Caring for Others (C), Open communication (O), Polite/Respectful behaviours (P) and Empathise/Sharing behaviours (E); a Review (R) incorporates the Early Years Coping Cards along with explicit empathy and prosocial skills. It has been developed to incorporate coping skills and utilise them to teach empathy and prosocial skills to children aged four to eight years of age.

During the session, the Coping Cards are used to help children explore their own feelings, that of others and what they might do in the different situations presented. Children are asked to become a 'Feelings Detective'. The session makes use of drawings, puppetry and role plays.

An early evaluation of the teacher-led program reported significant reductions in emotional problems post-program, and qualitative responses from parents indicated they noticed positive differences in their children post-program. A thematic analysis of parents' responses was conducted, revealing two major themes in the differences parents noticed in their children: 'an increase in prosocial behaviour' and 'enhanced communication skills'. Drawings and comments made by preschool participants provided further support for the efficacy of the program (Cornell et al., 2017; Pang, Frydenberg, Liang, Deans, & Liying, 2018).

However, there is more to coping than the constructs identified by the measurement tools. Constructs such as self-esteem, flow, mindset and mindfulness, grit, emotional intelligence, locus of control, and motivation. Wherever relevant, the constructs have been incorporated into the research studies. Each of the recent publications has been introduced and clearly underscored by the principles of positive psychology and wellbeing. For example, in *Coping and the Challenge of Resilience* (Frydenberg, 2017), a volume that focuses on the lifespan, mindfulness and spiritual coping are considered. In *Adolescent Coping: Promoting Resilience and Well-being* (2018) and *Promoting Well-Being in the Pre-School Years* (Frydenberg, Deans, & Liang, 2019), developments in neuroscience and genetics are addressed.

When Richard Lazarus (2003) addressed the critics of coping and positive psychology in an article titled 'Does the Positive Psychology Movement Have Legs?', he concluded that while coping theory does address both positive and negative emotions and is firmly embedded in appraisal theory, the process of coping allows individuals to manage emotions and deal with problems. Hope, joy and happiness can be accounted for in coping theory. Lazarus makes the point that 'the best of stress and coping theory and research' has been about similar goals to that of positive psychology, namely, health, wellbeing, flourishing and the good life. Stress and coping are most definitely not negative psychology. As Lazarus points out, it is 'not just about adaptive failure but it is equally about success in helping us to understand the human struggle to survive and flourish and to facilitate success clinically' (pp. 106–107).

Closing Remarks

Overall, coping is best seen as a useful heuristic device, which once operationalised is able to be used to identify thoughts, feelings and actions that are helpful and those that are unhelpful. The language that represents the constructs can be used to teach people what to do and what not to do so as to achieve the best outcomes. The constructs of coping have been extended to develop tools to assess coping in children, adolescents and adults, with an explicit purpose of assisting self-reflection and helping to identify elements that can be changed to develop an individual's resources. There is substantial research that provides evidence for correlates of coping such as age, gender, ethnicity and culture. In addition to developmental factors, there are situational factors that impact how individuals cope. All these need to be considered in the context of wellbeing and resilience. Coping is the process and resilience is the outcome. While research is a dynamic process that continues and will continue to provide new insights into our understanding of wellbeing and resilience, the scaffolding and contribution that coping theory and practice provide in the ongoing pursuit of wellbeing and resilience could be considered to be beyond comparison.

As the decades have progressed, I, along with others, have shared some significant and relevant insights on coping, and demonstrated why we need the skills and how skills are developed to achieve a helpful outcome. The resilient coper knows that there is no right or wrong coping strategy, just what works and what does not work in a particular context. The question has to be asked: What would I do differently next time? Resilient students and adults, be they teachers, managers, administrators or parents, are able to assess their own coping and develop appropriate coping skills. More recently, the focus on the preschool years has enabled the development of coping skills that may serve children and their parents well throughout their lives.

In 2019, we had once again become aware of young people's fear of the future. The dread of nuclear war had been replaced by the fear of the impact of climate change and the impending doom that the world will come to an end. Young people again were declaring that they were not going to have children and there was no point getting off drugs if the future was so bleak. Linking children's so-called eco-anxiety to climate fears is helping to spread the panic (Furedi, 2019). Furedi describes eco-anxiety as the latest 'fashionable malaise', and children as young as four and five years are being caught up in the anxiety cycle. Eco- alarmists are feeding children a scenario of a diet of doomsday scenarios. As if it is not enough that parents are anxious about parenting, the risks that they are exposed to include being an overprotective 'helicopter' hovering over their children to protect them from danger. Parents are seen as both the problem and the solution. Social learning and parental modelling are significant influencers.

What was different in 2019 from the 1980s is that teenagers are calling adults to action, heaping collective guilt onto their parents and the adult community. In the words of Greta Thunberg, the most outspoken of the young activists, 'adults were robbing them of their future'.

Coping research has taught us the following:

- There are helpful and unhelpful coping strategies, and the situation determines what is helpful and unhelpful.
- We want to simultaneously upscale the helpful strategies and reduce the unhelpful strategies.
- Social issues are of major concern to young people, but are considered less important than getting on in the world and developing and maintaining relationships. Despite this, young people's angst and concern about social issues cannot be ignored.
- Worry and self-blame are not helpful coping strategies and that goes for blaming others but seeking social support is helpful.
- Self-awareness concerns asking and answering the question 'What can I do?'.
- Self-blame in the form of guilt is not a good position from which to operate in the adult community.

- Social action is a helpful coping strategy, as are prosocial activities.
- Social learning is a phenomenon that applies to coping; how adults cope determines how children around them cope.

We can apply insights from coping research as described in this article to almost any problem. When it comes to environmental concerns, communal coping is helpful, which may entail joining with others to become 'doers' rather than anxiety boosters. Blaming oneself or others for inaction is not helpful, but problem-solving, perhaps collaboratively, as to what course of action will achieve the best outcomes, should be helpful. Inactivity is often not helpful if it is anxiety inducing; worrying without action does not help.

Like coping research, positive psychology teaches us that it is important to have purpose and meaning in our lives and hope for the future. In their recent publication that considered young people's responses to the climate crisis, Sanson, Van Hoorn, and Burke (2019) acknowledge that we must build agency and engagement of youth, which also builds resilience and hope. These are indeed coping strategies, the antidote to anxiety being action.

The development of empirically derived tools to measure coping has enabled us to move beyond answering some key questions through utilising the concepts and constructs that have subsequently informed implementation in a range of settings across the lifespan. My work over the past few decades, together with colleagues, has identified the constructs of coping, and developed measurement tools, first for adolescents, followed by parents and children. These tools have enabled us to measure coping, identify correlates such as anxiety and depression, and develop clinical and educational interventions for general populations and specific ones, such as for dyslexic young people and those with diabetes. Subsequently, we were able to apply the insights into parenting programs. In the last decade, the importance of early education and intervention has been recognised; therefore, our research and application efforts have focused on 4- to 6-year-olds both in the educational and parenting space. The sum total of these efforts has been the translation of research and measurement into accessible applications for diverse audiences, with a more recent focus on early childhood. Coping has now joined a vast body of work that has been able to be incorporated into the positive psychology movement. Along with concepts such as salutogenesis, emotional intelligence, grit, mindset and motivation, coping contributes to wellbeing and resilience to enable individuals to flourish. Thus, it has and will continue to move from the stress community to the health, well-being and resilience research communities. It has much to offer in this anxiety-driven world.

Addendum: Coping with COVID-19

No sooner had I finished writing this piece about my journey in the world of coping research than another crisis of massive proportions hit our world, COVID-19, the virus that stopped life as we know it, closed our schools and made both adults and children hyper anxious as we moved into various degrees of isolation and lockdown in our communities. We all had to adapt to a new set of circumstances not experienced before. But coping theory still provides a template for adapting to the everchanging circumstances that we find ourselves in. There are different ways of seeing or appraising the situation. For example, one could think of the current crisis as moving through a tunnel with no clear exit in sight.

We stress and worry despite knowing that we need to just keep going. Alternatively, a more helpful appraisal is the one where we are about to cross a very long bridge and the other side is a considerable distance away but still within a glimmer of a view. The challenge is how to cross that bridge. Whether we are psychologists, teachers, parents or young people, we need a set of strategies to make the journey as well as we can.

The helpful strategies remain helpful and the unhelpful ones need to be reduced. For example, when it comes to helpful strategies, working hard remains true whether it is remote or face to face, or whether it is about being organised to have a daily calendar of activities to tackle or achievements to tick off. Staying socially connected in a helpful way is most important when we are told to stay indoors and relate only to one other without physical proximity. We have the benefit of the internet and all the associated connections that it brings with others. And as for letter writing, it is an art form that may re-emerge, albeit via email, as we expand on our cryptic text-message based communications. We need to remain connected both to receive support and to give support. We need to have friends with whom we can share a laugh or to whom we can send a smile or a bouquet of flowers. We feel good about ourselves when we do good for others. Nevertheless, it remains important to take care of oneself, and that is where physical activity remains important regardless of where and how we do it. The challenge is to identify those activities we find to be relaxing and doable in the situation that we find ourselves in. Coping might mean listening to music, reading, doing puzzles, playing with the dog or talking to a friend, to name a few.

The unhelpful strategies are ones that need to be considered one by one and their use reduced. For example, if you are talking precautions and following health instructions where they matter, it may be helpful to ignore the endless media conversations about the spread of COVID-19, as they are likely to increase your worry. Worry is not a helpful strategy unless it is used with the beneficial effects of planning, being organised and doing preparation, but even then not to excess. Similarly, wishful thinking may be helpful in staying positive and hoping that good times will return. Nevertheless, in general, a problem needs to be tackled in some constructive way, so just wishing that it will go away is not helpful. Given that keeping in touch with friends and family is helpful, especially in times of need, keeping to oneself is not helpful unless it is, for example, to avoid conflict.

In all our research, self-blame is the least helpful coping strategy, and is completely nonproductive. When things go wrong or there are unexpected challenges, blaming oneself does not improve the situation or get you off the starting block for action. The question is always: What can I learn from what went wrong, and how can I do it differently? Finally, when we feel tension, we use various strategies as a release valve, such as eating or drinking alcohol. These are fine in moderation, but when used excessively are unhelpful and may cause further discomfort. These strategies become problematic when they are used too much, and interfere with healthy living.

Health and wellbeing is about savouring whatever you are doing that works well, and seeing and feeling the pleasure in it. Making good use of the helpful coping strategies and reducing the unhelpful ones is important for maintaining a healthy life. Coping, like adaptation, incorporates major strategies for living as we try to live our lives in the best ways that we are able. Theory, research and practice in the field of coping has served us well since the 1980s and continues to do so in the 2020s.

Author Note. The research findings have been reported in publications as referenced throughout the text and some of the summaries of this research have been reported in Buchwald, Moore, Kaniasty, & Landgrave (2019).

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