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## A scoping review of research on family resilience in South Africa: What is known and what are the gaps?

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### ABSTRACT

Families are a central building block of society. The social work profession has always been invested in strengthening family life, and one of the ways this can be done is by building family resilience. South African social workers should base their work with families on solid research on family resilience and conduct some of this research themselves. The study aimed to answer the question: What is known about the research on family resilience in South Africa? The answers to this question would aid social workers and people from other disciplines to conduct their own research on this important topic to fill gaps identified in the review. Following the PRISMA guidelines, the authors conducted a scoping review of 251 publications in South Africa on family resilience between 2004 and 2023, generating 59 eligible journal articles, theses or dissertations. Most studies were conducted by psychologists and only four by social workers. Although numerous risks are addressed, several risks important for social work have not been studied, e.g. fostering, teenage pregnancy and family reunification. Family resilience is conceptualised as an intrafamilial process in nine out of ten studies – few focus on the family's social ecology. Social workers are well placed to study families within their broader context. Most studies used mixed methods or qualitative designs, but none interviewed whole families. Recommendations for social work family resilience research are offered to address gaps in the current literature and to increase social work's contribution to understanding family resilience.

**Keywords:** family resilience; family risks; resilience research; scoping review; South Africa

## INTRODUCTION

Families matter. Families are frequently referred to as the cornerstone of society (Adema et al, 2020). This is because the family is a microsystem that provides proximal support to people with whom we are often closely connected – siblings, parents, children and grandparents (Fearnley, 2022). The well-being and flourishing of family life can determine the holistic development of a child, the capacity of adults to participate in the labour market, the provision of care for vulnerable people, the transmission of cultural and religious values, as well as providing access to basic needs, in line with the White Paper on Families (Republic of South Africa [RSA], 2021). For these and many other reasons, family preservation and family resilience have long been important components of social work.

However, despite this focus on the family and social work's interest in resilience, there appears to be only limited research on family resilience in social work in South Africa. We base this preliminary assertion on a search of the journal *Social Work/Maatskaplikewerk* for the term 'family resilience'. Only 14 hits came up, even though a search for 'famil\*' (with the wild card) generated over 500 hits. An equivalent search of the *Southern African Journal of Social Work and Social Development* generated only one hit for 'family resilience', even though famil\* generated 76 hits. Also of note, several of the articles found in this preliminary scan were authored by non-social workers, notably psychologists. These informal scans suggest that family resilience research is not as prolific in social work as it could and arguably should be.

Scoping reviews can "provide guidance to researchers planning future studies" (Petticrew & Roberts, 2008, p. xii). To support future research on family resilience, we decided to undertake a formal scoping review of the characteristics of research on family resilience in South Africa. We used Van Breda's (2018, p. 4) definition of resilience, viz. "The multilevel processes that systems engage in to obtain better-than-expected outcomes in the face or wake of adversity." This definition firmly locates resilience within the ecological context, in line with social ecological resilience (Ungar, 2012) and more recent multisystemic resilience thinking (Theron & Van Breda, 2021; Ungar et al., 2023). Furthermore, the definition allows the term 'systems' to be replaced with any system of interest. In this study, we are interested in family resilience, and thus propose that family resilience refers to the multilevel processes that families engage in to obtain better-than-expected outcomes in the face or wake of adversity.

A seminal definition of family resilience (McCubbin & McCubbin, 1996, p. 5) is

*the positive behavioral patterns and functional competence individuals and the family unit demonstrate under stressful or adverse circumstances, which determine the family's ability to recover by maintaining its integrity as a unit while ensuring, and where necessary, restoring, the well-being of family members and the family unit as a whole.*

Walsh (1996, p. 263), a global leader in the study of family resilience, defined family resilience as "key processes that enable families to cope more effectively and emerge hardier from crises or persistent stresses, whether from within or from outside the family." And more recently, Prime et al. (2023, p. 201) defined it as "a family's capacity to positively adapt to stress in a way that brings members closer together and enhances their resourcefulness for weathering future crises."

The McCubbins' and Prime et al.'s definitions differ from Van Breda's in that the focus is on what the family system does, while Van Breda emphasises what families do in interaction with their environment, which Walsh alludes to in her definition. We suggest that this latter view is more relevant and helpful for families and aligns more strongly with a social work understanding of the person-in-environment (PIE) (Weiss-Gal, 2008). The PIE locates every system, such as a family system, within a larger social ecology, and argues that the system can only be fully understood by considering the systems within and around the system. Thus, a family system can be adequately understood only by considering the internal components and functioning of a family, and how the family as a whole, as well as its constituent elements (family members), interacts with the various social and environmental systems around the family. Social work researchers are well placed to do social ecological or multisystemic research on family resilience because of their understanding of how people exist and operate within their environments. This is part of why we believe it is important for more research on family resilience to be carried out by social work researchers.

For this review, we defined a family operationally as a multigenerational household. This definition excludes couples (married or other) and child-headed households, as they constitute only one generation, and includes nuclear families (e.g. parents and children), extended families (e.g. parents with nieces, nephews, cousins, etc.), some fictive kin households (e.g. parents, children and friends of the children) and multigenerational households (e.g. grandparents, parents and children). 'Household' also requires the 'family' to be living together. Family in this review is thus defined by multiple generations rather than by close blood relations as in traditional Western conceptions of a nuclear family, and by proximity.

While both families and resilience are important concepts in social work, and while families and communities are cornerstones of *ubuntu* living in South Africa (Van Breda, 2019), there has not been a review of family resilience studies in South Africa since 2013 (Greeff). Greeff's review charts the development of the concept of family resilience, and summarises the findings of his own research on family resilience between 2004 and 2012. In our view, family resilience research should be a regular and typical topic of study among social workers, given social work's concern for children, families and communities. Families are key to both child and community wellbeing and flourishing, and thus family research generally, and family resilience research in particular, should be commonly undertaken (Maurović et al., 2020). This would align with South Africa's White Paper on Families, which has as its vision, "To promote safe, supportive, nurturing, and *resilient* families as a core unit of society" (RSA, 2021, p. 189, emphasis added).

Therefore, this scoping review sets out to answer the following primary question: What is known about the research on family resilience in South Africa? We are particularly interested in the *characteristics* of research on family resilience, rather than the findings of this research. We thus do not report on the resilience processes that facilitate healthy and well-functioning families. Instead, we focus on the nature of the research that has been done over the past two decades on family resilience. The main intended audience for this review is researchers and research supervisors, from social work and other fields, who are interested in studying family resilience. It is not intended to guide social workers in how to build family resilience.

The review has five secondary questions, which guide our analysis of the publication, viz.

1. Who are the leading family resilience scholars in South Africa and what disciplines do they represent?
2. What risks have been studied in relation to family resilience?
3. How is family resilience defined and conceptualised?
4. What research methods are used for understanding family resilience?
5. What are the profiles of participants (demographics) and study sites (provinces in South Africa)?

## METHOD

A search of the Cochrane library of systematic reviews (at <https://www.cochranelibrary.com/search>) generated 54 studies on family resilience, none of which were conducted in South Africa and none of which reviewed family resilience research.

We considered and followed the guidelines of the PRISMA extension for scoping reviews in conducting this study (Pollock et al., 2023; Tricco et al., 2018). We worked collaboratively throughout the study, working together, or dividing work in half and then reviewing each other's half, or working through everything and then reviewing the other person's work. Typically, each stage was followed by a meeting to discuss points of discrepancy (such as whether a paper meets or does not meet our eligibility criteria) and to reach consensus through critical dialogue and listening. This ensured that every stage of the research involved multiple lenses, increasing the rigour of the review.

### Eligibility criteria

Because this study is interested in family resilience, studies had to focus on the resilience of the family as a system, not just individuals in the family, e.g. a child or parent. This aligns well with Walsh (2021, p. 256), who emphasises the family as a system, rather than a collective of individuals, and who defines family resilience as “the capacity of the family, as a functional system, to withstand and rebound from adversity”.

In addition, studies had to address the three essential components of resilience (Ungar, 2019; Van Breda, 2018), viz. (i) risk exposure, (ii) promotive and protective factors and processes (PPFPs), and (iii) outcomes, to ensure that they met the criteria of being resilience studies. Risk exposure refers to challenges confronting the family, as a whole or in part, and could include a breadwinner becoming unemployed, a child contracting cancer, or a family being evicted from their home. Risks could include brief crises such as a car accident or prolonged adversities such as living in poverty. The outcome of family resilience could include family wellbeing, harmonious relationships, or the capacity of the family to persist with daily family tasks. And PPFPs are the resources and processes in individuals in families, in the family as a whole, or in the ecosystem outside the boundaries of the family. In this study we focus primarily on risk exposure, because this defines the population being studied.

We set the date range for studies to the 20 years from January 2004 to December 2023. This was based on a preliminary rapid scan of the literature, which suggested about 40 studies, which we regarded as sufficient to answer our research questions. We were mindful of the partial

overlapping of our dates with Greeff's (2013) review (2004-2012). However, we found 21 valid publications in his 2004-2012 timeframe compared to his 12 publications (all of which were found in our search), thus our review is more comprehensive for these dates.

All studies had to focus on families living in South Africa or South African families living elsewhere. We did not exclude studies if the families were not South African and we did not exclude studies conducted by non-South Africans. If studies involved families from multiple countries, we included them only if findings specific to the families in South Africa were provided.

We excluded studies if they were an intervention, a scoping or systematic review, or a literature review, and publications in a form other than a journal article or thesis (e.g. editorials, conference papers, books).

### **Information sources and search**

We worked together on all stages of the scoping review. We started by searching for relevant academic journal publications and theses or dissertations in the following databases: EBSCO APA PsycArticles, EBSCO APA PsycINFO, EBSCO CINAHL, EBSCO ERIC, EBSCO Family & Society Studies Worldwide, EBSCO Social Work Abstracts, EBSCO Sociology, Clarivate Web of Science, ProQuest Sociology, Sabinet African Journals, and Scopus. We searched for theses or dissertations in the Sabinet Union Catalogue for (South African) Theses and Dissertations, as this was the only available formal database of South African theses and dissertation.

We used two search terms: 'family resilience' and 'South Africa'. These terms were searched in titles, abstracts and keywords or subject terms. If there was an option to restrict to 'peer reviewed' publications, we selected it. The date range was set from 1 January 2004 to 31 December 2023. Two examples of the line-by-line search strategy are provided:

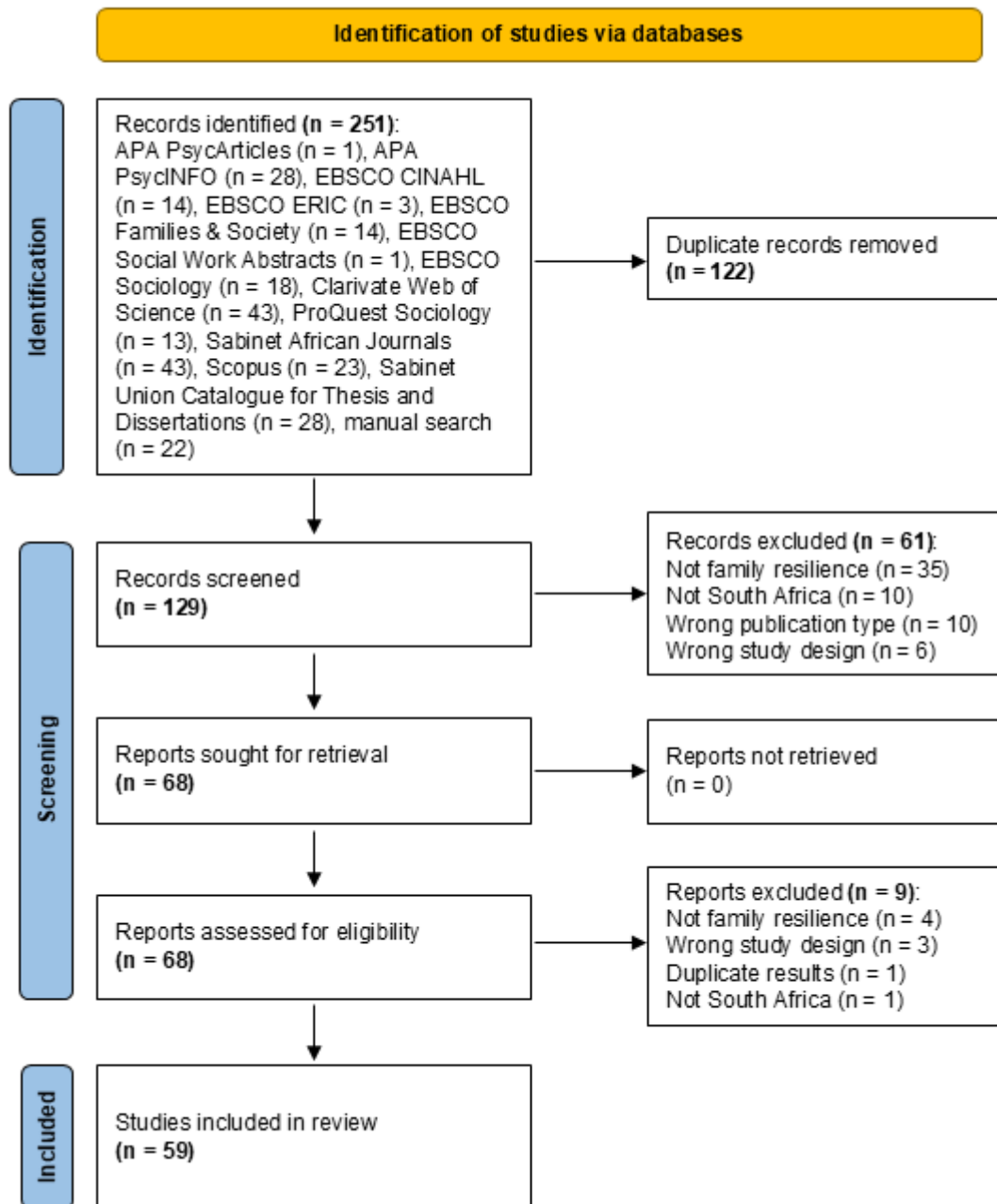
- EBSCOHost: "family resilience" AND "South Africa" (Limiters - Peer Reviewed; Publication Year: 2004-2023)
- Clarivate: "family resilience" (All Fields) AND "South Africa" (All Fields) (Timespan: 2004-01-01 to 2023-12-31)

The search was conducted on 7 August 2024 and yielded 229 records (Figure 1). We exported the references to RIS files and imported them into Rayyan, an online scoping and systematic review programme. We included 12 additional articles and 10 dissertations or theses that we had previously found through our preliminary rapid scan of the literature that were not found through the identification of resources, resulting in 251 records. We used Rayyan to identify duplicate records and manually deleted 122 duplicates (see Figure 1), resulting in 129 records for screening.

## Screening

We independently blind-screened the abstracts of all records on Rayyan, an open-access platform for conducting collaborative scoping and systematic reviews, to determine whether they met our eligibility criteria. We met on 13 August 2024 to reach consensus on the 14 records on which we had discrepant views. Through this, we excluded 61 records and selected 68 studies for full-text reading. Thirty-five of the 61 records were excluded because they did not address families, resilience or family resilience. Ten were not located in South Africa (but in Belgium, Canada, Cameroon, Malawi, Nigeria, Zimbabwe or USA), 10 were a wrong publication type (an editorial, conference abstract, or a thesis that was published as an article), and six had a wrong study design (an intervention or systematic review) (Figure 1).

We were able to retrieve all 68 records as full-text documents. We each read 50% of the full texts to confirm that they met the eligibility criteria, after which we moderated each other's decisions. We met on 16 August 2024 for a consensus discussion on discrepant views. As a result, we excluded a further nine studies, leaving 59 records as the final collection of literature for the review. Reasons for additional exclusions were similar to the records excluded, viz. four did not address families with two or more generations (parents, grandmothers, couples, youth-headed households), three had a wrong study design (scale validations or conceptual papers), one involved the same data published in two articles, and one was not located in South Africa (but Belgium) (Figure 1).



**Figure 1: Prisma flow diagram**

### Data charting

We developed a data charting form for the study, based on our preliminary rapid scan of the literature and the study question and secondary questions, which included the:

1. Citation,
2. Study aim,
3. Definition of family resilience,
4. Research design,
5. Family structure or operationalisation of family, main selection criteria, participants (sample size and description), and the province(s) in which the study was conducted, and
6. Risk exposure.

We first extracted data from several studies to determine what data to extract and how to format it consistently. We then each extracted data into the form from 50% of the studies and then reviewed each other's extractions. We met on 6 September 2024 to reach consensus on points of difference (see Table 1, appended to the end of this manuscript).

### **Data analysis**

Drawing on the guidelines in Pollock et al. (2023) and Petticrew and Roberts (2008), we used a combination of quantitative content analysis and basic qualitative content analysis. The former involved counting and comparing the numbers of instances of something, e.g. how many studies were conducted by social workers or what scales were used to measure resilience. The latter involved identifying common features or themes in the data, and summarising them, e.g. analysing how each study constructed family resilience, leading to intrafamilial and social ecological constructions of family resilience.

### **Trustworthiness**

We built confidence in the findings of the review, i.e. the trustworthiness of the study (Lincoln & Guba, 1985), through (a) following a rigorous and replicable research method; (b) working in a research team involving separate work, peer reviewing each other's work, and meeting to discuss points of difference; and (c) having authors from different disciplines (one in social work and one from outside of social work) to avoid disciplinary blind spots.

### **Collating and summarising results**

Finally, we conducted a narrative synthesis of the extracted data (Petticrew & Roberts, 2008) to answer the research questions stated in the introduction.

## **FINDINGS**

Our findings are aligned with our research questions, presented earlier, and focus on the characteristics of the research on family resilience, rather than on the findings of this research, in alignment with our research question, viz. What is known about the research on family resilience in South Africa?

### **Leading family resilience authors**

It is clear from the studies listed in Table 1 that Abraham Greeff, who works in the Psychology Department at Stellenbosch University, has published the most about family resilience. He co-authored half (28 of 59) of the papers in the review and has supervised one thesis (Smith, 2006).



Otillia Brown, a clinical psychologist who now works abroad, co-authored four of the papers (Brown, Fouché & Coetzee, 2010; Brown, Howcroft & Muthen, 2010; Brown & Robinson, 2012; Kapp & Brown, 2011). Nicolette Roman of the University of the Western Cape co-authored four of the papers (Isaacs, et al., 2018; Isaacs et al., 2019; Rich et al., 2022; Roman et al., 2016). She has a PhD in psychology and holds the position of Director and SARChI Chair: Human Capabilities, Social Cohesion and the Family. Serena Isaacs, a research psychologist from the University of the Western Cape, co-authored three of the articles (Isaacs et al., 2018; Isaacs et al., 2019; Roman et al., 2016) and has supervised or co-supervised three theses on family resilience (October, 2018; Shoko, 2022; Twigg, 2017). Ruth Mampane, an educational psychologist at the University of Pretoria has supervised six theses on family resilience (Knox, 2014; Lewis, 2018; Louw, 2018; Mahlangu, 2015; Schneider, 2015; Von Backström, 2015), and Salome Human-Vogel, another educational psychologist at the University of Pretoria, has supervised three theses (Schneider, 2015; Sentle, 2018; Von Backström, 2015). JD Thwala, a community psychologist at the University of KwaZulu-Natal, has supervised or co-supervised three theses (Harakraj, 2005; Mbizana, 2007; Ncute, 2012). Teresa Mashego, a clinical psychologist from the University of Limpopo has co-authored one paper (Mashego & Taruvinga, 2014) and supervised two theses (Sathekge, 2019; Setwaba, 2015).

Raniga and Mthembu, both from UKZN at the time, are the only social workers to have an article that met our selection criteria. Van Breda, a prolific South African social work resilience scholar, did not have papers that met our eligibility criteria, but has published on family resilience (Van Breda, 1999a; 2001; 2011a; 2011b). Three of the theses are in the discipline of social work (Dyantyi, 2020; Moss, 2010; Robertson, 2005). An additional social work PhD thesis on family resilience (Moss, 2017) did not meet the eligibility criteria, but makes an important contribution to family resilience-based practice. It is striking that social workers are largely absent as contributors to the scholarship of family resilience, given social work's significant commitment to families and healthy family functioning, as evidenced by the profession's commitment to family preservation. This suggests a gap in the South African social work research profile.

### **Risks to families**

The studies included in this review examine family resilience in a range of risky contexts, some 'acute' and some 'chronic' (Van Breda, 2018). Twenty-four studies consider the family's resilience to challenges within the family system. Specifically, eight studies look at family resilience in the wake of bereavement (Greeff & De Villiers, 2008; Greeff & Human, 2004; Greeff & Joubert, 2007; Greeff & Loubser, 2008; Greeff & Ritman, 2005; Harakraj, 2005; Mbizana, 2007; Smith, 2006) and three studies focus on grandparent-headed households (Knox, 2014; Mahlangu, 2015; Schneider, 2015). Six studies look at parenting: single-parenting (Greeff & Aspelung, 2007; Greeff & Fillis, 2009; Oosthuizen & Greeff, 2020; Raniga & Mthembu, 2017), adoption (Oosthuizen & Greeff, 2020), father-absent families (Louw, 2018) or the transition to parenthood (De Goede & Greeff, 2016). Four studies look at the effects on families of divorce or remarriage (Brown & Robinson, 2012; Greeff & Cloete, 2015; Greeff & Van Der Merwe, 2004; Mashego & Taruvinga, 2014). Two papers concern sexuality

and families: one article reports on the effects of an adult child disclosing same-sex sexuality (De Villiers & Greeff, 2023), and a thesis reports on same-sex headed families (Rootman, 2016). One thesis reports on juvenile delinquency (Ncute, 2012).

Fifteen studies focus on family resilience to health challenges. Seven studies address situations in which a child in the family is experiencing some kind of difficulty or diagnosis, viz. autism spectrum disorder or ADHD (Brown, Howcroft & Muthen, 2010; Greeff & Van der Walt, 2010; Kapp & Brown, 2011), diabetes (Brown, Fouché & Coetzee, 2010), hearing difficulties (Ahlert & Greeff, 2012) and intellectual or developmental disabilities (Durr & Greeff, 2020; Greeff & Nolting, 2013). Eight studies investigate how families cope with a health concern faced by an adult, viz. HIV or Aids (Sathekge, 2019; Setwaba, 2015), visual impairment (De Klerk & Greeff, 2011), dementia (Deist & Greeff, 2017), schizophrenia or another mental illness (Bishop & Greeff, 2015; Jonker & Greeff, 2009), a heart-related trauma (Greeff & Wentworth, 2009), and cancer (Naidoo & Greeff, 2022; Sathekge, 2019).

Ten studies consider crises that occurred outside the family and impacted on the family, triggering the need for a resilience response. Three studies involve child-related crises, viz. a child being sexually abused (Robertson, 2005; Vermeulen & Greeff, 2015) or bullied (Greeff & Van den Berg, 2013). Seven studies consider family resilience after or during a traumatic event or a big change, namely a shack fire (Greeff & Lawrence, 2012), a house robbery (Van Niekerk & Greeff, 2020), migrating to a different city (Greeff & Holtzkamp, 2007), families facing a financial setback or change in their financial situation (Chipangura, 2018; Greeff & Loubser, 2008; Smith, 2006) and the period of COVID-19 (Rich et al., 2022).

Eleven studies are concerned with people living under generally difficult chronic conditions, such as communities with low levels of resources (Dyantyi, 2020; Isaacs et al., 2019; Lewis, 2018; October, 2018; Roman et al., 2016; Sentle, 2018; Shoko, 2022; Twigg, 2017; Von Backström, 2015), and poverty and unemployment (Monakedi, 2020; Raniga & Mthembu, 2017). Along similar lines, Moss (2010) studied families who were social work service users.

Greeff (2013, p. 288) argues that “it is essential that family resilience studies are conducted in well-defined populations that have been exposed to a specific crisis”. This advice comes from within a positivist research framework. Social workers more typically work with families with multiple problems. Dealing with a range of acute and chronic risks needs to be reflected in research on family resilience.

Although the reviewed studies address a range of risks, there are gaps in the risks that have been researched. Scanning the topics addressed between 2019 and 2023 in the two South African social work journals – *Social Work/Maatskaplike Werk* and the *Southern African Journal of Social Work and Social Development* – suggests a lack of research on family resilience in relation to the common risks of substance abuse, gangsterism and intimate partner violence. Other topics that are addressed in these journals, and appear to be of interest to social workers, but that have not yet been studied as risks relating to family resilience include: fostering, family removals and reunification, emigration, human trafficking, homelessness, teenage pregnancy, witness protection programmes, suicidal behaviour, bipolar disorder and

xenophobia. Adoption (Oosthuizen & Greeff, 2020) and conflict with the law (Ncute, 2012) have each been studied once, but may deserve greater attention from social work researchers.

### **Definition and conceptualisation of family resilience**

Before conceptualising family resilience, we considered how research defines and operationalises family and resilience. The White Paper on Families (RSA, 2021, p. iv) defines a family as “a societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and goes beyond a particular physical residence.” This is a comprehensive and compelling definition of a ‘family’.

In research, however, terms must be operationalised. In this review, for example, we defined family in the introduction as ‘a multigenerational household’, recognising that this excluded several family types that in other contexts we would have defended. Child- or youth-headed households, for example, represent a family constellation that we believe is a legitimate family. However, for this review, an inclusive definition that could include parents living in different countries or a childless married couple or even an individual with animals they consider to be their ‘family’, would have made the selection of studies very challenging. Our definition limited families to those living in the same household or dwelling, and to include at least two generations (which could include a grandmother raising her grandchildren). All research requires operational definitions of key constructs. We did not, however, analyse how families were operationalised in the studies selected in the scoping review, beyond ensuring they met our eligibility criteria.

In the African context, such definitions can lead to cultural incongruence. For example, two South African dissertations (Mbizana, 2007; Ncute, 2012, p. 24) use the isiZulu term ‘*Umnteni*’ for family, meaning ‘*abantu bakithi*’, which translates as ‘people of our own’ and which can include both the living and the deceased. Both ancestors and the yet-unborn are integral parts of an African family (Van Breda, 2019). There are cultural, historical and socio-economic reasons why families are as diverse as they are in South Africa, and these should be taken into account in family resilience research. Furthermore, prospective family members could be asked to define their own view of their family, though this may result in an overly diverse range of family constellations.

Once ‘family’ is defined, the next issue is how ‘family resilience’ is defined, theorised and operationalised in the research. Van Breda’s definition of resilience, given earlier in the paper, is “The *multilevel processes* that systems engage in to obtain better-than-expected outcomes in the face or wake of adversity” (2018:4, emphasis added). These processes include accessing resources of various kinds, which means the resources need to be available for the family to access. We find it helpful to think about these PFPs in terms of ‘internal’ and ‘external’ processes and factors. In the case of family resilience, internal PFPs are located within the family system, such as the family’s spirituality, patterns of communication and space for individuation. External PFPs are located outside the family, in the social ecology, such as relationships outside the family, accessibility of health services, community safety and family-affirming national policies and legislation.

Studies of the resilience of children and youths tend to over-emphasise personal or psychological resilience, followed by social support, but with relatively little attention given to contextual and structural systems (Van Breda & Theron, 2018). Prioritisation of internal resilience can lead to victim blaming, making individuals responsible for societal challenges and neoliberal practices (Van Breda, 2018). There is, for example, only so much that a family with an unemployed breadwinner can do to be resilient. Their resilience would be much improved by the availability of jobs, or other state-provided forms of access to material resources. There is a growing shift from the resilience philosophy of “beating the odds” to “beating the odds whilst also changing the odds” (Kara, et al., 2021, p. 3). While strengthening systems, such as individuals and families, is important, attention must also be given to dismantling those systems that oppress and disable systems. For example, as a consequence of the historical processes of colonialism and apartheid in South Africa, some families have more to cope with than others, which results in resilience being “an expectation foisted primarily on historically and contemporarily oppressed and excluded populations” (Suslovic & Lett, 2024, p. 339).

It is for these reasons that we emphasise the social-ecological approach to resilience (Ungar, 2012), which argues that the resilience of a system such as a family is determined more by the systems around the family, including the social, political and economic contexts, than by the internal functioning of the family itself. It is also why we endorse the more recent multisystemic approach to resilience (Ungar et al., 2023), which draws attention to systems beyond just the social environment (such as institutions, structures, the natural and built environments, culture and faith) and to the interactions between these systems, which can synergise to increase resilience. We do, however, note that with the increasingly complex construction of resilience comes an increasingly complex research method.

Of the 59 studies in this review, four did not explicitly define ‘family resilience’, though all allude to other resilience scholars, viz. Bishop and Greeff (2015) alluded to McCubbin and McCubbin (1996), while Walsh (2012), Greeff and De Villiers (2008) and De Goede and Greeff (2016) alluded to McCubbin and McCubbin (1996), and Roman et al. (2016) alluded to Sixbey’s (2005) Resilience Assessment Scale.

Twenty-three studies provided definitions not of their own. Seven of these drew primarily on the family resilience conceptualisations of McCubbin et al. (1996), viz. (Deist & Greeff, 2015; Greeff & Du Toit, 2009; Greeff & Lawrence, 2012; Greeff & Nolting, 2013; Ncute, 2012; Schneider, 2015; Smith, 2006); 12 drew primarily on or referred to Walsh (2012), viz. (Deist & Greeff, 2017; Dyantyi, 2020; Harakraj, 2005; Jonker & Greeff, 2009; Mbizana, 2007; Monakedi, 2020; October, 2018; Raniga & Mthembu, 2017; Sentle, 2018; Shoko, 2022; Twigg, 2017; Von Backström, 2015); one drew on both McCubbin et al. (1996) and Walsh (2012) (Naidoo & Greeff, 2022), one on Masten (2011) (Durr & Greeff, 2020), one on Simon, Murphy and Smith (2005) (Rootman, 2016), and one on Truffino (2010) (Sathekge, 2019).

The remaining 32 studies constructed their own definitions of family resilience, such as “The ability not only to withstand but also to rebound from adversity” (Isaacs et al., 2019, p. 1634) and “A family’s ability to use the resources available to them to overcome adversity” (Louw,

2018, p. 11). Many of these studies, however, did reference both McCubbin and Walsh in their work, as these are the two leading family resilience scholars globally.

Walsh (2012, p. 401) defines family resilience as “family members tapping into internal and external processes in times of adversity” adding that “families may develop new insights and coping abilities and become more resourceful in meeting adversities”, while McCubbin et al. (1996, p. 5) defines it as “the positive behavioural patterns and functional competence individuals and the family unit demonstrate under stressful or adverse circumstances, which determine the family’s ability to recover by maintaining its integrity as a unit while insuring, and where necessary restoring, the well-being of family members and the family unit as a whole.” The contrast in these definitions is striking: Walsh places the emphasis on processes outside the family system, while McCubbin et al. focus squarely on the family system only.

Of the 55 studies that provided a definition, 48 located family resilience within the family as a system and within the individuals who comprise the family. For example, De Klerk and Greeff (2011, p. 414) define family resilience as the “ability of a family to adapt and prosper in the face of a challenge or stressor”; Greeff and Van Der Merwe (2004, p. 61) define it as “the ability of families to, in spite of severe stress and crises, stay intact and return to the pre-morbid level of functioning, or even to a higher level of functioning than before the crisis”; Greeff and Van den Berg (2013, p. 506) as “a path that families follow as they adapt and prosper, now and over time, when they are faced with stressors”; and Kapp and Brown (2011, p. 459) as “the maintenance of family patterns, the promotion of individual well-being of the family’s individual members as well as a sense of cohesion within the family”.

Less than one tenth of the studies with definitions (5 out of 55) referred, in their definitions, to processes, factors, resources, etc. both within and outside the family system, viz. “the families’ ability to utilise their strengths and bounce back from adversity by using protective factors, such as parental mutuality, problem-solving skills, the expression of emotions, the development of an instrumental support system and spirituality and religion” (Brown, Fouché & Coetzee, 2010, p. 537); “The competency of a family unit in order to function optimally in the face of adversity with attention to the social ecology of the family” (Monakedi, 2020, p. 19); “The ability of a family to overcome challenges and crises by using internal and external family resources, so that individuals and the family unit can adapt to changing circumstances” (Oosthuizen & Greeff, 2020, p. 83); “Family members tapping into internal and external processes in times of adversity” (Raniga & Mthembu, 2017, p. 278); and “Recent theoretical conceptualisations of family resilience have been systemic, with risk and protective factors within a family viewed on relational and collective levels, including multiple systems like the family, friends, and community” (Vermeulen & Greeff, 2015, p. 556). This last definition is the most explicitly systemic definition of family resilience in this collection of 59 studies.

It can thus be seen that most definitions focus on intrafamilial processes only. It is clear from the definitions that family resilience authors in South Africa have not adequately engaged with developments in the theorisation of resilience over the past 20 years. Few show an awareness of social-ecological or multisystemic resilience. This may be a result of research on family resilience and child and youth resilience operating in separate spheres, with little cross-pollination between them. Bu et al. (2023) provide a non-South African exemplar of a

multisystemic approach to family resilience in their study on Chinese families in which a member travels regularly to Hong Kong for education. The authors identify both intra-familial and extra-familial PFPs. However, only one of the six PFPs was external to the family system (economic and instrumental supports), thus this study is still heavily weighted towards internal PFPs. Another non-South African qualitative study (Tan et al., 2024) generated a robust multisystemic view of family resilience, without using the term ‘multisystemic’. It is noteworthy that a Google Scholar search for the phrase ‘multisystemic family resilience’ generated only one publication, viz. Bu et al. (2023), indicating that this is a cutting-edge field for innovative researchers.

## **Research methods**

Because this paper is focused primarily on the characteristics of research on family resilience, rather than on the findings of this research, we give substantial attention to the methodological aspects of the studies included in this scoping review. These focus on the methodologies used – mixed, qualitative and quantitative methods – the quantitative measures or tools used, and some of the methodological gaps that emerged in the South African family resilience research corpus.

### ***Mixed methods***

Half of the studies (29 out of 59) used a mixed methods research approach, 24 used a qualitative approach, and six used a quantitative approach (Table 1). Walsh (2021) advocates for the expanded use of mixed methods for research on family resilience. The qualitative component of the mixed methods studies comprised just one open-ended question in 22 of the 29 mixed methods studies (Bishop & Greeff, 2015; Brown, Fouché & Coetzee, 2010; Brown, Howcroft & Muthen, 2010; Brown & Robinson, 2012; De Villiers & Greeff, 2023; Greeff & De Villiers, 2008; Greeff & Du Toit, 2009; Greeff & Fillis, 2009; Greeff & Holtzkamp, 2007; Greeff & Human, 2004; Greeff & Lawrence, 2012; Greeff & Nolting, 2013; Greeff & Ritman, 2005; Greeff & Van den Berg, 2013; Greeff & Van Der Merwe, 2004; Greeff & Van der Walt, 2010; Greeff & Wentworth, 2009; Jonker & Greeff, 2009; Kapp & Brown, 2011; Mbizana, 2007; Naidoo & Greeff, 2022; Ncute, 2012) and two open-ended questions in one study (Ahlert & Greeff, 2012). Of the remaining six mixed methods studies, the qualitative component comprised a focus group in one study (Isaacs et al., 2019), and a semi-structured interview in five studies (Deist & Greeff, 2015; 2017; Harakraj, 2005; Isaacs et al., 2019; Smith, 2006; Van Niekerk & Greeff, 2020).

The single open question used in many studies took the form of, “What are the most important factors, or strengths, which have helped you as a family with an autistic child?” (Kapp & Brown, 2011, p. 460) or “How did your family manage to deal with bullying and adapt to it?” (Greeff & Van den Berg, 2013, p. 508). Terms used in these questions to describe positive or better-than-expected outcomes included ‘coping’, ‘adaptation’, ‘resilient’, ‘helped you as a family’, ‘assisted your family’, ‘deal with’, ‘manage’, ‘adapt’, ‘survive’, and ‘rebuild your lives’. Terms used to describe resilience processes included ‘factors’, ‘characteristics’, ‘strengths’, ‘resources’, ‘helped’ and ‘family traits’. We note that these terms tend to focus on resilience resources within the family system, which we agree are important, as resilience

resources have often been thought of as individual and psychological (Van Breda, 2018). However, the terms tend to exclude or mask potential resources in the family's environment, including people the family can draw on for external support (e.g. teachers, neighbours, colleagues), supportive institutions (e.g. churches, clinics), structural resources (e.g. food security, a liveable income, community safety, electricity), environmental resources (e.g. play parks, adequate housing, green areas), and cultural and religious resources (e.g. faith in God, *ubuntu*, prayer). This broader repertoire of resilience-enabling systems could be better accessed through the careful formulation of open questions. Exploratory questions could also have been asked, such as 'What would have helped your family had it been available?' or 'What did you not have access to that you think might have helped your family?'

We question, however, whether a predominantly quantitative study, with just one or two open questions, constitutes mixed methods research. There is still much debate about what constitutes mixed methods (Timans et al., 2019), and we don't attempt to define it here. However, we do encourage a more robust and in-depth use of qualitative methods alongside quantitative methods before calling the approach 'mixed'.

### ***Qualitative methods***

A little over one third of the 59 studies ( $n = 24$ ) used a qualitative research approach, two thirds ( $n = 15$ ) of which used semi-structured interviews. One of these had an interview schedule with just one open-ended question (Durr & Greeff, 2020, p. 223), viz. "What characteristics, strengths and resources helped your family to adapt after the diagnosis of your child's intellectual disability?", and another had just two open-ended question (Greeff & Joubert, 2007). One study supplemented the interviews with focus groups (Raniga & Mthembu, 2017). Three studies used grounded theory methods of analysis (De Goede & Greeff, 2016; De Klerk & Greeff, 2011; Greeff & Ritman, 2005), five thematic analysis (Monakedi, 2020; Raniga & Mthembu, 2017; Rich et al., 2022; Twigg, 2017; Vermeulen & Greeff, 2015), and two content analysis (Greeff & Joubert, 2007; Oosthuizen & Greeff, 2020).

Van Breda (2018, p. 12) has written, "Although some resilience research uses quantitative designs, which may make it vulnerable to an etic approach [looking from the outside in], much resilience research is qualitative, which is more amenable to an emic approach [looking from the inside out], allowing the voice and experience of participants to come to the fore." This may have been true of research on individual resilience in South Africa; it certainly was true of much of the work of Linda Theron and her associates 10 or more years ago (e.g. Malindi & Theron, 2010; Theron, 2004; Theron et al., 2011), who particularly pioneered the use of visual methods (Cameron et al., 2011). It is, however, less true of Theron's recent work, which now includes some very large quantitative studies (e.g. Theron et al., 2023; Theron et al., 2022).

Qualitative family resilience research could be enriched by expanding semi-structured interviews to include visual methods. For example, a social work study (Moss, 2010) included the creation of genograms, so that the family structure and history could be understood in more detail. Photovoice is another visual method that has been found helpful in family resilience studies elsewhere in the world and used here by Von Backström (2015) and Schneider (2015). Photovoice themes included transcendence and spirituality, cultural beliefs and practice,

community protective factors, and social and economic resources. A study in Canada (Tan et al., 2024, p. 1), found five family resilience resources: “(1) social support networks; (2) factors fostering children’s development; (3) access and connection to nature; (4) having a space of one’s own; and (5) access to social services and community resources.” What is striking about this list is the focus on systems outside the family unit, particularly the natural and built environments. These examples suggest that non-traditional methods of data collection may generate richer and more holistic data.

Finally, it is noteworthy that only two studies conducted conjoint interviews with families. Chipangura (2018) interviewed parent couples, and Knox (2014) interviewed a grandparent and her two grandchildren conjointly (though Knox incorrectly refers to this as a ‘focus group’ interview).

### ***Quantitative methods***

Only one tenth of the studies ( $n = 6$ ) used an exclusively quantitative research approach (Greeff & Aspelung, 2007; Mashego & Taruvunga, 2014; October, 2018; Roman et al., 2016; Sathekge, 2019; Setwaba, 2015). All these studies drew on scales developed by McCubbin and most used the FACI8 (a measure of family adaptability and flexibility) as the outcome variable.

### ***Quantitative measures***

Almost two thirds ( $n = 35$ ) of the studies made use of quantitative measures, in either mixed methods or quantitative studies (Table 1). The most frequently used scales are those developed by McCubbin et al. (1996), viz. SSI ( $n=39$ ), FACI8 ( $n=33$ ), FHI ( $n=30$ ), RFS ( $n=29$ ), F-COPES ( $n=27$ ), FPSC ( $n=25$ ) and FTRI ( $n=24$ ) (Table 2). Twenty-two of the 29 papers with Greeff as an author made use of one or more of the McCubbin scales.

Hamilton McCubbin was a social worker, who, through his work in the military in the 1970s, worked on theorising family resilience as a system; he developed models of family resilience and designed scales to measure these models (Van Breda, 2001). His wife, a nurse, joined his research programme from around the mid-1980s. Greeff has been studying family resilience in South Africa for over two decades, drawing particularly on McCubbin’s Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996).

Part of the value of the McCubbin model and scales is that the focus is on the family as a system, rather than a collection of individuals. Furthermore, some scales focus on resilience resources external to the family, as can be seen in the constructs in Table 2. Social-ecological family resilience is thus well measured with McCubbin’s tools, even if the researchers do not define family resilience in social-ecological or multisystemic terms. Many of these scales have been translated into Afrikaans, isiXhosa and other languages.



**Table 2: Scales used in family resilience studies**

Scale	Constructs	Reference	n
SSI (Social Support Index)	17 items, family integration in community, family finding support in community, family use of community resources (for emotion, esteem and network support)	(McCubbin et al., 1996) <sup>1</sup>	39
FACI8 (Family Attachment and Changeability Index 8)	16 items, 2 constructs: family level of attachment or cohesion, and family level of changeability or flexibility	(McCubbin et al., 1996)	33
FHI (Family Hardiness Index)	20 items, 3 constructs: commitment (curiosity and meaningfulness), challenge (life change is considered normal), and control (one can influence life events)	(McCubbin et al., 1996)	30
RFS (Relative and Friend Support Index)	8 items, 1 construct: the degree to which families utilise friend and family support	(McCubbin et al., 1996)	29
F-COPES (Family Crisis Oriented Personal Evaluation Scales)	30 items, 5 constructs: reframing, passive appraisal, actively seeking social support, actively seeking spiritual support, and mobilising community resources	(McCubbin et al., 1996)	27
FPSC (Family Problem Solving and Communication Scale)	10 items, 2 constructs: positive (affirming) and negative (incendiary) patterns of communication families use in stressful situations	(McCubbin et al., 1996)	25
FTRI (Family Time and Routine Index)	30 items, 8 constructs: child routines, couple togetherness, meals together, parent-child togetherness, family time together, relatives connection routines, family chores routines, and family management routines	(McCubbin et al., 1996)	24
FSOC (Family Sense of Coherence Scale)	26 items, 3 constructs: comprehensibility, manageability, and meaningfulness	(Antonovsky & Sourani, 1988)	4
FRAS (Family Resilience Assessment Scale)	66 items, 6 family resilience constructs: family communication and problem solving, utilising social and economic resources, maintaining a positive outlook, family connectedness, family spirituality, ability to make meaning of adversity	(Sixbey, 2005)  (Isaacs et al., 2018, for Afrikaans translation and validation)	2
ER89 (Ego-Resiliency Scale)	14 items, 1 construct: “the dynamic capacity of an individual to modify ego-control as a function of the demand characteristics of the environmental context in order to preserve or enhance system equilibration” (p. 351)	(Block & Kremen, 1996)	1
FAD (Family Assessment Device)	53 items, 7 family functioning constructs: problem solving, communication, roles, affective responsiveness, affective involvement, behaviour control, and general functioning	(Epstein, Baldwin & Bishop, 1983)	1
PDSQ (Parenting style and dimensions questionnaire)	62 items, 3 parenting styles: authoritarian (high control, low warmth), permissive (low control, high warmth), and authoritative (high control, high warmth)	(Robinson, Mandleco, Olsen & Hart, 1995)	1

<sup>1</sup> The McCubbin family resilience scales (and others) can be found at <https://www.mccubbinresilience.org/measures.html>

Scale	Constructs	Reference	n
QRS-F (Short Form of the Questionnaire on Resources and Stress)	52 items, 4 constructs: parent and family problems, pessimism, child characteristics, and physical incapacitation	(Friedrich, Greenberg & Crnic, 1983)	1
SFLS (Satisfaction with family life scale)	5 items, Adapted by Roman et al. (2016) from the Satisfaction with Life Scale, which measures global life satisfaction (a single construct)	(Diener, Emmons, Larsen & Griffin, 1985)	1
SHS (State Hope Scale)	6 items, 2 constructs: agency – the individual's perceived capacity for initiating and maintaining the actions necessary to reach a goal, and pathways – the perceived ability to generate routes to one's goals	(Snyder, Sympton, Ybasco, Borders, Babyak & Higgins, 1996)	1

The advantage of using these measures is that comparisons can be made across risks, contexts and sites. The disadvantage is that they can limit researchers to measure-driven resilience processes, which may not be relevant or sufficient in all contexts. A study of Black American families (Hollingsworth, 2013, p. 232), for example, reported on resilience resources that are not included in well-known family resilience frameworks: “expression of empathy, compassion, and forgiveness; the use of remembering; the use of rituals; the experience of gratitude and humility; the experience of dreams and clairvoyant experiences”. These Black American resilience resources may also be valuable in African contexts. Dreams, for example, are important ways to receive communication from ancestors and to make sense of situations in many cultures both in and out of Africa (Van Breda, 1999b), though we are not aware of any research that has looked at the link between dreams and family resilience. The international measurements do not take into account such resilience resources, however, so they may be invisible to quantitative studies on family resilience in South Africa. The lack of attention to indigenous family resilience resources is a gap in the literature.

### ***Methodological gaps***

A clear gap in family resilience research is longitudinal research, which Walsh (2021) argues is crucial to understand family resilience processes. Resilience is recognised as a process that unfolds over time (Van Breda, 2018). McCubbin’s Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) tracks resilience processes over time. Longitudinal studies are evident in South African child and youth resilience studies (e.g. Christodoulou, Rotheram-Borus, Rezvan, Comulada, Stewart, Almirol & Tomlinson, 2022; Van Breda, 2024), but not in family resilience studies. Such studies have been conducted elsewhere, e.g. in China (Zhang et al., 2022). While longitudinal studies are difficult and take time, they do allow for a more nuanced tracking of families’ resilience journeys through time. Alternatively, researchers could consider doing a phased retrospective review of families’ resilience journey.

It should be recognised that these research methods essentially measure or describe individual family members’ *perceptions* of the family’s resilience, rather than the *resilience of the family* as a system (De Haan et al., 2002). Family resilience is typically measured through scales or interviews with one, two or more family members. The challenge is how to aggregate their views to formulate a family measure. Arguably, to understand actual processes of resilience, rather than reporting on how family members perceive the resilience of their own family, would

require observation of families over time, which may not be feasible. This review reveals that two thirds of the studies (37 of 59) had just one person representing the family and in half of the studies ( $n = 30$ ) an adult represented the family. This raises concerns about the degree to which this one individual can provide an accurate and holistic impression of the family system. It is striking that none of the studies involved whole families – this is limitation that should be remedied in future family resilience studies.

### **Demographic profile of participants**

Perhaps due to the clustering of authors and supervisors in specific institutions, there are some very clear patterns in terms of research sites. Over half ( $n = 33$ ) of the studies took place in the Western Cape. A fifth ( $n = 11$ ) were situated in Gauteng, five in the Eastern Cape and three each in Limpopo and KwaZulu-Natal. The other studies either didn't give a specific research site or were done with people across different places. This shows some obvious gaps, or at least extreme unevenness, in terms of research sites.

Race is not consistently reported in the studies. Of the 38 studies that do report race, 15 have all African or majority African participants (a third of the studies that report race). A third these studies ( $n = 12$ ) have only or mainly Coloured research participants and a further third ( $n = 11$ ) have only or mainly White research participants. This shows that Coloured and White participants are overrepresented in relation to the racial makeup of the South African population. The number of studies done with Coloured or White participants is probably higher, as evidenced by the studies that give English or Afrikaans as the languages of the participants, without describing race.

Comparative studies of race, ethnicity or socioeconomic status are uncommon. Ahlert and Greeff (2012) compared how African and Coloured families coped with having a deaf child and found that Coloured parents believed internal family processes were the main thing that aided their resilience, while African parents believed that community resources were most important. They explain this in terms of different cultural orientations, with African families being more collective and communally oriented, while they describe Coloured families as being more individualistic. There are no studies on whether African people cope differently from White or Coloured people with risks such as bereavement, physical or mental illness, or divorce. People attribute causation and meaning to physical and mental illnesses differently depending on their belief systems (Bogopa, 2010; Bosire et al., 2022; Horn, 2020; Lourens, 2013). However, nothing is yet known about how these differences influence family resilience in South Africa. Similarly, there are no studies that compare how families who have medical aid and receive private medical care cope with a health issue compared to those who receive treatment through the public health system.

There are problematic patterns in terms of gender, too. One study looked at mothers who had been diagnosed with breast cancer (Naidoo & Greeff, 2022) and two at single mothers (Oosthuizen & Greeff, 2020; Raniga & Mthembu, 2017), so they intentionally had only female participants. There were, conversely, fewer studies with mostly male participants. One looked at people who had experienced heart-related trauma (Greeff & Wentworth, 2009), while another had participants who were adult children disclosing same-sex sexuality (De Villiers &

Greeff, 2023). However, three quarters of the studies ( $n = 47$ ) had more female participants than male participants. In total, where the gender of participants was specified, there were 2,402 (69%) female participants and 1,062 (31%) male participants.

Sometimes the difference between the number of male and female participants was very large. In some studies, the participants were around 80% or 90% female (e.g. Ahlert & Greeff, 2012; Bishop & Greeff, 2015; Deist & Greeff, 2017; Greeff & Van Der Merwe, 2004). In one study on the adaptation of families to a child having autism, all of the caregiver participants were female, even though the instruction was just for a 'caregiver' to complete the questionnaire (Kapp & Brown, 2011). In research that included both an adult and an adolescent member of the same family, there was a tendency for the adults to be mostly female and the adolescents to be more evenly, though not necessarily completely, split between male and female (e.g. Greeff & Human, 2004; Greeff & Loubser, 2008). There is clearly a gap in research in terms of learning more about the perspectives of adult South African men on family resilience.

In 16 studies, members of two generations in the family were invited to participate in the study. Thirteen studies report on findings for parents and children separately (Brown & Robinson, 2012; Greeff & Aspelung, 2007; Greeff & Du Toit, 2009; Greeff & Fillis, 2009; Greeff & Holtzkamp, 2007; Greeff & Human, 2004; Harakraj, 2005; Knox, 2014; Mahlangu, 2015; Mashego & Taruvinga, 2014; Mbizana, 2007; Rootman, 2016; Smith, 2006). Three studies (Greeff & Loubser, 2008; Ncute, 2012; Sentle, 2018) did not separate out the data for family members of different generations. Researchers who do research with more than one generation should make decisions about whether to make comparisons between generations. We suggest that it is probably useful to consider whether there are generational differences in the findings.

## DISCUSSION

This study set out to answer the question: What is known about the research on family resilience in South Africa? Our findings show that family resilience is a topic of study in South Africa, with around three publications per year over the past 20 years. It is, however, clear that most of this research is conducted outside of the social work profession, even though family is a central focus of social work (RSA, 2021). Instead, the field is primarily driven by psychology, and indeed by one psychologist, Abraham Greeff, who has contributed about half the South African research on family resilience. In fact, we found only one publication and three dissertations on family resilience conducted by social workers. This is concerning, because families are so central to the social work profession, both as the context for child development and as the cornerstone of society. Building family resilience, guided by robust social ecological research, could contribute to family preservation (Mosoma & Spies, 2016).

The body of South African research on family resilience covers a broad range of family and individual risks, including risks within the family system, health-related risks among children and parents, crises that impact on members or the family as a whole, and chronic risks such as poverty and under-resourced communities. It is noteworthy, however, that there is little or no research on some important social work themes, such as substance misuse, domestic violence and child abuse, racism, xenophobia and patriarchy, all of which are challenges familiar to social workers.

Although we conceptualised family resilience as a multisystemic process, we found that most studies located family resilience primarily within the family and not in the family's interactions with the world around them. This may be the result of an over-representation of psychologists doing family resilience research, potentially resulting in the problematic 'psychologisation' of the concept of resilience (Zembylas, 2021), which can easily lead to neoliberal practices (Park et al., 2018). This gap creates an opportunity to adopt more ecosystemic approaches to future family resilience research in South Africa. This gap appears to be global and not specific to South Africa. For example, one study states "family resilience in a social-ecological context" in the title (Vladislav et al., 2024, p. 1), but does not mention the notion of 'social-ecological' anywhere in the body of the manuscript. And many studies on family resilience treat family resilience as the PFPs for the wellbeing of children or older persons in the family (e.g. Brajša-Žganec et al., 2024), while other studies that address the wellbeing of the family focus only on intra-familial resilience processes (e.g. Zhu et al., 2024).

Despite extensive searches, we could find only one recent study on family resilience from an ecosystemic perspective. This study, conducted in China, used a descriptive phenomenological research design to explore family resilience in families where a parent had a permanent colostomy (Yang et al., 2024). In this study, family resilience drew from the family's belief systems, the adjustment of roles within the family system, and open communication among family members. In addition to these intra-familial PFPs, families also reported drawing PFPs from outside the family, such as gathering information from experts or the internet, the continuity of professional support and home care, and the provision of public services (such as toilets for the disabled where the colostomy bag could be emptied), social care and insurance policies. This is a good, but isolated, exemplar of multisystemic family resilience. No comparable studies have been conducted in South Africa.

Regarding the methodologies used, mixed methods were most prominent, although in many of these the qualitative component constituted just a single open-ended question, following a battery of quantitative scales. Most of the scales are drawn from the work of Hamilton McCubbin, a Canadian/Hawaiian social worker who pioneered the field of family resilience. Although these scales are drawn from the Global North, many have been translated into various South African languages and validated for use among South African cultural groups, providing a solid foundation of quantitative measurement tools. Furthermore, some tools have been developed locally by South Africans (e.g. Van Breda, 2011a).

It is noteworthy that not a single study interviewed the whole family; all studies relied on one or two members of the family to represent the family in data collection. Here is another significant gap and opportunity in family resilience methodology, since the object of interest (the family) has, in fact, not been studied over the past 20 years in South Africa.

## LIMITATIONS

This study has limitations. First, we searched only English-language databases. While this did pick up one Afrikaans-language paper, which we included, there may have been other papers or theses that were not found because of their language. Second, we did not include grey literature in the study, which may have resulted in our missing technical reports, magazine or

newspaper articles and other informal publications. Third, when parts of a thesis were published as journal articles, we used the articles and not the thesis. The thesis, being longer, would have had more detail, which we would have missed. Fourth, we defined a family as a multigenerational household, which provided the clear empirical boundary that a scoping review requires, but would have excluded studies on child-headed households, couples without children, and single-generation families who regard ancestors as part of the present family. And fifth, the use of just two search terms ('family resilience' and 'South Africa') may have led to some relevant publications being overlooked.

## RECOMMENDATIONS AND CONCLUSION

Given these findings, it is recommended that social workers take up the opportunity to conduct research on family resilience, since this falls firmly within the mandate of the social work profession. We encourage social workers to use mixed methods research designs, drawing on the solid foundation of quantitative measures, supplemented particularly with conjoint family interviews. We suggest that social workers consider addressing some of the prominent risks that are germane to our profession: substance misuse, child abuse, racism, patriarchy, poverty and inequality. We recognise that these risks tend to be chronic and multisystemic, rather than time-limited and focused on a single system. Researching such risks may be more complex, and often avoided, which is why we suggest that these are important innovative avenues for exploration.

Based on this scoping review, we conclude that family resilience is a quintessentially social work terrain that has, unfortunately, been largely neglected in South Africa, and perhaps globally. We view this as a research space with great potential for ground-breaking and internationally relevant research. We hope that this review may provide guidance to aspirant family resilience researchers.

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## APPENDIX

**Table 1: Study characteristics**

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
Ahlert and Greeff (2012)	“To identify and explore resilience qualities that help protect and support families facing the adversity associated with having a child with hearing loss” (p. 391)	“(a) those key processes that assist families in coping more effectively and emerging stronger from crises; (b) the ability to endure in stressful situations; and (c) a process of adaptation, with an emphasis on strengths and resources rather than pathology” (p. 392)	Mixed methods: Quantitative: 8 self-report scales in English, Afrikaans & isiXhosa (SSI, FHI, RFS, F-COPES, FPSC, FTRI, QRS-F), FACI8 measured the outcome of ‘family adaptation’; Qualitative: 2 open-ended questions (challenges and factors contributing to coping and adaptation)	Parents and children; a child under 10 years diagnosed as moderate to profound deaf or hard of hearing; 54 families, represented by 54 parents (one per family), 50f/4m, 48% coloured, 39% African; Western Cape	Child is deaf or hard of hearing
Bishop and Greeff (2015)	“To identify family resilience qualities in families in which a member has been diagnosed with schizophrenia” (p. 463)	Not defined, but draws on McCubbin & McCubbin (1996) and Walsh (2012)	Mixed methods: Quantitative: 7 self-report scales (SSI, FHI, RFS, F-COPES, FPSC, FTRI), FACI8 measured outcome of ‘family adaptation’; Qualitative: 1 open-ended question (strengths and resources used by the family to adapt after the member had been diagnosed with schizophrenia)	Nuclear, extended and single mother families; one adult diagnosed with schizophrenia, living with family; 42 families, represented by 33 parents & 9 siblings of the diagnosed family member, 35f/7m; Western Cape	Adult family member living with schizophrenia
Brown and Robinson (2012)	“To identify, explore and describe the resiliency factors that enable remarried	“The potential a family has to emerge stronger over time after facing stressful and challenging	Mixed methods: Quantitative: 7 self-report scales (SSI, FHI, RFS, F-COPES, FPSC, FTRI), FACI8	Remarried families; remarried family, with a 12-19-year-old adolescent living at home;	Remarriage

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
	families to adjust and adapt” (p. 114)	conditions” (p. 114)	measured outcome of ‘family adaptation’; Qualitative: 1 open-ended question on “factors, or strengths, which have helped your family to manage being part of a stepfamily”	probably 19 families, represented by 19 parents, 13f/6m, and 16 adolescents, 10f/6m, mostly White; Eastern Cape	
Brown, Fouché & Coetzee (2010)	“To uncover the factors or strengths that the participating families believed helped them through” the diagnosis of a child with diabetes (p. 538)	Families’ ability “to utilise their strengths and bounce back from adversity by using protective factors, such as parental mutuality, problem-solving skills, the expression of emotions, the development of an instrumental support system and spirituality and religion” (p. 537)	Mixed methods: Quantitative: 7 self-report scales (SSI, FHI, RFS, F-COPES, FPSC, FTRI), FACI8 measured outcome of ‘family adaptation’; Qualitative: 1 open-ended question based on the Resiliency Model	Parents and children; a 4-12-year-old child diagnosed with type I diabetes at least 6 months prior; 16 families, represented by 31 caregivers (at least two per family), 17f/14m, 16 English speaking; Eastern Cape	Child diagnosed with type I diabetes
Brown, Howcroft & Muthen, (2010)	“To explore and describe the factors that facilitate adjustment and adaptation in families after a child has been clinically diagnosed with AD/HD” (p. 338)	“The reparative potential of the family in that they may not bounce back unscathed from adversity, but are able to work through and learn from adversity by integrating their crises as a part of the life history of the family” (p. 339)	Mixed methods: Quantitative: 7 self-report scales (SSI, FHI, RFS, F-COPES, FPSC, FTRI), FACI8 measured outcome of ‘family adaptation’; Qualitative: 1 open-ended question based on the Resiliency Model	Parents and children; a 7-12-year-old child diagnosed with AD/HD for at least six months but not longer than two years, caregivers living in the home, child on medication for AD/HD; 22 families (21 married), represented by 44 caregivers (at least two per family), 22f/22m, 36 English-speaking; three provinces (unspecified)	Child diagnosed with AD/HD

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
Chipangura (2018) Psychology (Docomo-Sibiya) <sup>2</sup>	“To explore and describe the coping mechanisms of working parents with young children in the face of a financial crisis” (p. iv)	“Family resilience encompasses positive behavioural patterns and functional competence exerted under stressful circumstances, while ensuring the well-being of all family members and the family unit as a whole” (p. 6)	Qualitative: conjoint structured interview (e.g., What characteristics and family processes can you identify with, in interpreting your family as resilient?) and participant observation (at three family celebrations)	Families with employed parents and young children in Centurion; 12 families, represented by both parents, 12f/12m, African; Gauteng	Families facing financial crisis
De Goede and Greeff (2016)	“To explore what assists couples in sustaining family routines after the transition to parenthood” (p. 3)	Not defined, but draws on McCubbin & McCubbin (1996)	Qualitative: in-depth, semi-structured interviews, grounded theory analysis	New parent couples; couples (married or not) with an oldest child of 1-4 years; 10 couples, represented by 20 parents (both partners), 10f/10m, mostly low-income households; Western Cape	Transition to parenthood
De Klerk and Greeff (2011)	“To investigate processes and characteristics that assist parents with children who are visually impaired to adjust and continue with their lives” (p. 415)	The “ability of a family to adapt and prosper in the face of a challenge or stressor, such as a disability” (p. 414)	Qualitative: exploratory, semi-structured interviews, grounded theory analysis	Parents and children; married or cohabiting couple, with a young adult child with visual impairment, in the ‘launching and moving on’ phase (children preparing to leave home); 5 couples represented by 10 parents, 5f/5m, all Coloured; Western Cape	Adult children with visual impairment
De Villiers and Greeff (2023)	“To identify qualities and resources that help families to	“Qualities and resources that assisted the family to adapt and	Mixed methods: Quantitative: 7 self-report scales (SSI,	Any family grouping; an 18-32-year-old child disclosed their	Adult child’s disclosure of same-sex

<sup>2</sup> For Master’s and doctoral dissertations and theses, we have included the students’ discipline and the names of the supervisors.

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
	adapt to the disclosure of their child's same-sex sexual orientation" (p. 476)	continue with life" (p. 484)	FHI, RFS, F-COPES, FPSC, FTRI), available in Afrikaans, FACI8 measured outcome of 'family adaptation'; Qualitative: 1 open-ended question regarding what helped the family to adapt	same-sex sexual orientation to their family (specifically parents) 6 months to 10 years previously; 54 families, represented by 54 same-sex-attracted youth, 78% White, 69% Afrikaans speaking, 6f/46m; Western Cape	sexual orientation
Deist and Greeff (2015)	"To identify and explore factors associated with family resilience in families caring for a demented family member" (p. 93)	"The positive behavioral patterns and functional competence individuals and the family unit demonstrate under stressful or adverse circumstances" (from McCubbin & McCubbin, p. 94)	Mixed methods: Quantitative: 7 self-report scales (SSI, FHI, RFS, F-COPES, FPSC, FTRI), available in Afrikaans, FACI8 measured outcome of 'family adaptation'; Qualitative: semi-structured interview on family characteristics and resources that helped the family to adapt to caring for a family member with dementia	Any family grouping; a parent caring for a partner diagnosed with moderate to profound dementia at least one year before; 44 families, represented by 44 spouses, 29f/15m, 24 Coloured, 18 White; Western Cape	Parent caring for a partner with dementia
Deist and Greeff (2017)	"To identify factors associated with family resilience in families caring for a parent with dementia" (p. 126)	"The ability to withstand and rebound from crisis and adversity' (p. 1) ... a dynamic process involving positive adaptation" (from Walsh, p. 127)	Mixed methods: Quantitative: 7 self-report scales (SSI, FHI, RFS, F-COPES, FPSC, FTRI), available in Afrikaans, FACI8 measured outcome of 'family adaptation'; Qualitative: semi-structured interview on	Any family grouping; an adult child caring for a parent diagnosed with moderate to profound dementia at least one year before; 47 families represented by 47 adult children caring for a demented parent, 37f/10m, 30 Coloured, 11	Adult child caring for a parent with dementia

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
			family traits and resources that helped the family unit to deal with the burdens of dementia care	White, 26 English, 17 Afrikaans; Western Cape	
Durr and Greeff (2020)	“To identify and describe characteristics and resources that helped families to adjust and adapt after their children had been diagnosed with a severe or a profound intellectual disability” (p. 222)	“Family resilience is the ability of a family unit to bounce back from significant adversity through successful adaptation within the context of stressful events (Masten, 2011)” (p. 221)	Qualitative: One semi-structured interview, main interview question “What characteristics, strengths and resources helped your family to adapt after the diagnosis of your child’s intellectual disability?”	Two parent families; two parents, at least one child diagnosed with severe or profound intellectual disability, at least one year prior; 11 families represented by 22 parents (the couple) 11f/11m, all Afrikaans; Western Cape	Child with intellectual disability
Dyantyi (2020) Social Work (Ronald Addinall)	“To explore the lived experiences and functioning of families living in the socially disorganized communities of Khayelitsha and Delft, from a family resilience perspective” (p. ii)	“The capacity of the family system to withstand and rebound from adversity, strengthened and more resourceful (Walsh, 2003)” (p. 6)	Qualitative: Semi-structured interviews	Any family grouping; family with child attending the Isibindi programme or attending a Drop-in Centre; 24 families represented by 24 adults, 21f/3m, 18 African, 6 Coloured; Western Cape	Living in socially disorganised communities
Greeff and Aspelting (2007)	“To determine which qualities could be associated with family resilience in single-parent families” (p. 143)	“The ability of an individual or a family to remain intact in spite of trauma or crisis, and to return to the same pre-morbid level (or even to attain a higher level of functioning than before the crisis)” (p. 140)	Quantitative: 5 self-report scales (RFS, SSI, F-COPES, FHI), FSOC measured outcome of ‘family sense of coherence’	Single-parent families; single parent, not remarried or in a serious relationship; 98 families, represented by the single parent (89f/9m) and the oldest child (12-19 years), 67 Afrikaans speaking, 31 English, all White; Western Cape	Single parenting

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
Greeff and De Villiers (2008)	“To explore families’ optimism towards their future and their family adaptation (resilience) after the death of a parent” (p. 25)	Not defined, but draws on McCubbin & McCubbin (1996)	Mixed methods: Quantitative: 2 self-report scales (SHS), FACI8 measured outcome of ‘family adaptation’; Qualitative: 1 open-ended question, “If you think of the optimism or positivism of your family, how is it visible in your family?”	Families with a deceased parent; families with a parent who died 1-4 years previously, and surviving partner not remarried or in committed relationship; 22 families, represented by 22 adult children (aged 18-26), 9f/13m, 14 Afrikaans speaking, 7 English; Western Cape	Death of a parent
Greeff and Du Toit (2009)	“To identify those resilience factors that enable remarried families to withstand and rebound from the disruptive challenges they face” (p. 114)	“According to McCubbin and McCubbin (1988), family resilience refers to the dimensions, characteristics and features of families that help them to be (1) resistant to disruption in the face of change and (2) adaptive in the face of crisis situations” (p. 115)	Mixed methods: Quantitative: 7 self-report scales (SSI, FHI, RFS, F-COPES, FPSC, FTRI), FACI8 measured outcome of ‘family adaptation’; Qualitative: 1 open-ended question, “What he/she thought had helped their family through stressful times”	Families remarried in the previous 1-5 years, with at least one school-going child; 38 families, represented by 38 parents, 34f/4m, and 21 children, 12f/9m; Western Cape	Remarriage.
Greeff and Fillis (2009)	“To identify factors associated with resiliency in poor single-parent families” (p. 279)	“The family’s ability to mobilize strengths that put them in a position to handle challenges” (p. 280)	Mixed methods: Quantitative: 7 self-report scales (SSI, FHI, RFS, F-COPES), FSOC measured outcome of ‘sense of coherence’; Qualitative: 1 open-ended question regarding the most important factors, strengths, or coping mechanisms	Single-parent families; families with a single parent for at least 2 years, not in a committed relationship, and a household income under a poverty threshold; 51 poor families, represented by 51 parents, 51f/0m, 27 never married, 14 divorced, 10 widowed, and 21 children (mean	Single parenting

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
			that helped their family during crises	age 16), 16f/5m, all Coloured; Western Cape	
Greeff and Holtzkamp (2007)	“To explore, identify, and clarify the role that familial capabilities, characteristics, and resources (resilience factors) play in cushioning the effect of migration on the family unit” (p. 189)	“Family resilience refers to the characteristics, dimensions, and features of families that help them be (i) resistant to disruption in the face of change and (ii) adaptive in the face of crisis situations” (p. 189)	Mixed methods: Quantitative: 7 self-report scales (SSI, FHI, RFS, F-COPES, FPSC, FTRI), FACI8 measured outcome of ‘family adaptation’; Qualitative: 1 open-ended question about factors or strengths they believed helped their family through the stressful period	Two-parent families; families who migrated as a unit within South Africa, between 1-4 years previously; 68 families, represented by 68 parents, 56f/12m, and 36 adolescent children at school, 25f/11m, all White, 41 Afrikaans-speaking, 25 English, middle-upper socioeconomic status; Western Cape	Migration within South Africa
Greeff and Human (2004)	“To explore and explicate those resiliency factors that enable families to adjust and adapt successfully after the loss of a parent” (p. 27)	“Family resilience theory emphasizes the role that family characteristics, behavior patterns, and capabilities play in cushioning the impact of stressful life events and in assisting the family to recover from crises” (p. 28)	Mixed methods: Quantitative: 5 self-report scales (SSI, FHI, RFS, F-COPES, FSOC); Qualitative: 1 open-ended question about factors or strengths they believed helped their family through the stressful period	Any family grouping; families in which a parent died 1-4 years before, surviving parent single, oldest child aged 12-19 and living at home; 39 families, represented by 39 surviving parents, 32f/7m, and 39 adolescent children, 26f/13m, 23 Afrikaans speaking, 16 English; Western Cape (probably)	Death of a parent
Greeff and Joubert (2007)	To explore “the prevalence of spirituality in family resilience in the adaptation process after the loss of a	“The characteristics and properties of families that help them to be resistant to disruption in the face of change and to be adaptive	Qualitative: Semi-structured interview with 2 open-ended questions: “In what ways did spirituality or religion contribute to the	Any family grouping; families in which a parent died 1-6 years before, at least one child still living at home and surviving parent	Death of a parent

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
	parent” (p. 897)	in the face of crisis situations” (p. 897)	adaptation process after the death (for the individuals as well as for the family as an entity)?” and “In what practical ways (if any) did spirituality or religion add meaning or contribute towards family adaptation after the death?”, content analysis	not in a serious relationship; 25 families, represented by 25 surviving parents, 19f/6m, all White; Western Cape	
Greeff and Lawrence (2012)	“To explore the presence of resilience factors in families living in an informal settlement on the outskirts of a rural town that have lost their homes in a shack fire” (p. 210)	“Characteristics, dimensions, and properties of families which help them to be resistant to disruption in the face of change and adaptive in the face of crisis situations” (from McCubbin, p. 211)	Mixed methods: Quantitative: 7 self-report scales (SSI, FHI, RFS, F-COPES, FPSC), FACI8 measured outcome of ‘family adaptation’, available in Afrikaans and isiXhosa; Qualitative: 1 open-ended question, “What has/had helped your family survive and rebuild your lives after having lost your home in the fire?”	Any family grouping; families who lost their homes in a big fire and have at least one child living at home; 38 families, represented by 38 adults, 31f/7m, all African; Western Cape	Families who lost their homes in a fire
Greeff and Loubser (2008)	“To explore spirituality as a characteristic of family resilience in Xhosa-speaking families in South Africa” (p. 288)	“The ability to withstand disruptive life challenges and bounce back from adversity” (p. 289)	Qualitative: semi-structured interviews, grounded theory analysis	Parents and adolescent children; families that had experienced the death of a child or serious financial setback; 51 families represented by 51 parents, 26 adolescents, 59f/18m, rural,	Death of a child or serious financial setback



Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
				Xhosa-speaking (African); Eastern Cape. Participants are the same as Smith (2006).	
Greeff and Nolting (2013)	“To identify strengths and resources associated with the adaptation of families from previously disadvantaged backgrounds in South Africa following the diagnosis of a child with a developmental disability” (p. 396)	“Characteristics, dimensions, and properties which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situations” (quoting McCubbin & McCubbin 1998) (p. 397)	Mixed methods: Quantitative: 5 self-report scales (FACI8, FHI, SSI, RFS, FTRI, FPSC); Qualitative: 1 open-ended question, “Explain, in your own words, which strengths and resources were helpful in your family’s adaptation following the diagnosis of your child”	Two parent families; families with a child/ adolescent with developmental disability; 40 families represented by 40 parents, 37f/3m, 40 Coloured, varied socio-economic status; Western Cape	Child with developmental disability
Greeff and Ritman (2005)	“This study identified individual characteristics as a resource to enhance the resilience of a family dealing with the loss of a parent.” (p. 36)	“When referring specifically to death in the family, resilience is associated with preloss acceptance and belief in a just world” (p. 36)	Mixed methods: Quantitative: 2 self-report scales (FAC18, ER89); Qualitative: 1 open-ended question “What personality characteristics do you think you have that make you resilient?”	Single-parent families with at least 1 child living at home; parent had died 1 to 4 years prior; 25 families represented by 25 surviving parents 19f/6m, White, Middle class; Western Cape	Death of parent
Greeff and Van den Berg (2013)	“To identify family resilience characteristics in families in which a child has been bullied” (p. 504)	“Family resilience is defined as a path that families follow as they adapt and prosper, now and over time, when they are faced with stressors” (p. 506)	Mixed methods: Quantitative: 7 self-report scales (FACI8, FHI, SSI, F-COPES, FPSC, RFS, FTRI); Qualitative: 1 open-ended question “How did your family manage to deal with bullying and adapt to it?”	Families with primary school children; families with children that had been bullied for 6 months or more in the previous 3 years; 48 families represented by 48 parents, 48f/0m, 35 White, 12 Coloured, 1	Child had been bullied

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
				African; Western Cape	
Greeff and Van Der Merwe (2004)	“The present study focuses on the salutogenic properties of postdivorce families and attempts to identify factors that promote resilience and family well-being” (p. 59)	“Resilience can be seen as the ability of families to, in spite of severe stress and crises, stay intact and return to the pre-morbid level of functioning, or even to a higher level of functioning than before the crisis” (p. 61)	Mixed methods: Quantitative: 5 self-report scales (RFS, SSI, F-COPES, FSOC, FHI); Qualitative: 1 open-ended question “which factors or strengths they believed helped their family through the stressful period”	Single-parent families; oldest child adolescent and living at home, divorce 1 to 4 years prior; 98 families represented by 98 parents, 89f/9m; Western Cape	Divorce
Greeff and Van der Walt (2010)	“To identify characteristics and resources that families have that enable them to adapt successfully and be resilient despite the presence of an autistic child in the family” (p. 347)	“A family resilience approach aims at identifying those factors that contribute to healthy family functioning rather than family deficits” (p. 348)	Mixed methods: Quantitative: 7 self-report scales (FACI8, FHI, SSI, RFSI, F-COPES, FTRI, FPSC); Qualitative: 1 open-ended question “What are the most important factors, or strengths, which have helped your family to adapt to living with your autistic child?”	At least one parent and one child; families with autistic child not older than 10 and diagnosed at least 18 months prior; 34 families represented by 34 parents, 24f/4m, 6 gender not given, 18 English, 11 Afrikaans, 5 another language; Western Cape	Autism of child
Greeff and Wentworth (2009)	“To identify resilience qualities in families in the wake of heart-related trauma of one of their members” (p. 302)	“A family resilience perspective takes into consideration strengths and limitations of the family as a system and may be seen as a paradigmatic shift from a pathogenic approach to a salutogenic approach” (p. 303)	Mixed methods: Quantitative: 7 self-report scales (FHI, FTRI, SSI, F-COPES, FPSC, RFS, FACI8); Qualitative: 1 open-ended question, “What do you perceive to be the most important qualities or strengths that assisted your family in the aftermath of the	Two-parent families; families with a parent with a heart-related crisis and a child living at home; 22 families represented by 22 parents who had had a heart-related crisis, 1f/21m, 16 Afrikaans, 6 English; Western Cape	Heart-related crisis

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
			heart-related crisis?"		
Harakraj (2005) Counselling Psychology (Edwards, Thwala)	"To identify those resiliency factors that enabled Indian families to transform and adapt after the loss of a family member" (p. 1)	"Resilience involves key processes over time that enable individuals and families to heal from painful experiences, and go on to live and love fully (Walsh, 2003)" (p. 2)	Mixed methods: Quantitative: 7 Self report scales (SSI, RFS, FPSC, FHI, F-COPES, FACI8, FTRI); Qualitative: semi-structured interviews on factors that helped the family through the crisis	Any family grouping; family with at least one adult and one adolescent, death of a family member within the last 3 years; 30 families represented by 30 adults, 24f/6m, and 30 adolescents, 20f/10m, all Indian; KZN	Death of a family member
Isaacs et al. (2019)	"To identify and explore family resilience needs in a rural community in the West Coast region of South Africa" (p. 1634)	"The ability not only to withstand but also to rebound from adversity is a characteristic of family resilience" (p. 1634)	Mixed methods: Quantitative: 1 self-report scale (FRAS); Qualitative: focus groups	Any family grouping; 656 families represented by family members of various kinds, 388f/256m, 528 Coloured, 104 White, 6 African, 3 mixed, 4 focus groups with teachers, religious leaders, NGO staff, NGO volunteers; Western Cape. Participants are the same as October (2018)	Low income, poorly resourced
Jonker and Greeff (2009)	"To identify resilience factors in families living in an underprivileged area, caring for people with mental illnesses" (p. 859)	"As a family-level construct, resilience is conceptualized as a dynamic, relational process that develops over time, as opposed to a fixed set of attributes of temperament, personality and intellect in its individuals (Lee et al., 2003; Walsh, 2003)" (p. 861)	Mixed methods: Quantitative: 7 self-report scales (FACI8, SSI, RFS, FPSC, FHI, FCOPES, FTRI); Qualitative: 1 open-ended question, "What helps their family to cope with the crisis of caring for an ill family member"	Any family grouping; families with member receiving treatment at a specific psychiatric facility; 34 families represented by 34 adults, 32f/2m, 30 Coloured, 4 White, low income; Western Cape	Family member with mental illness

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
Kapp and Brown (2011)	To explore “adjustment and adaptation in families living with Autism Spectrum Disorder (ASD)” (p. 459)	“Bonadaptation implies the maintenance of family patterns, the promotion of individual well-being of the family’s individual members as well as a sense of cohesion within the family” (p. 459)	Mixed methods: Quantitative: 4 self-report scales (FACI8, FHI, FPSC, FTRI); Qualitative: 1 open-ended question “What are the most important factors, or strengths, which have helped you as a family with an autistic child?”	Two-parent families; families with a child with ASD; 19 families represented by 19 parents, 19f/0m, 9 English, 8 Afrikaans, 2 Xhosa; 15 Eastern Cape, 3 Gauteng, 1 Western Cape	Child with autism spectrum disorder (ASD)
Knox (2014) Educational Psychology (Mampane, De Beer)	“To explore the processes of family resilience within a grandmother-headed household, caring for orphaned grandchildren, in a low socio-economic South African community” (p. ii)	“Family resilience refers to the interactional resilience process that enables a family system to withstand or grow from crisis and adversity ... positive adaptation over time” (p. 7)	Qualitative: ‘focus group’ (rather a conjoint family interview) with one household	Grandparent-headed household; 1 household, represented by grandparent and 2 orphaned grandchildren, 2f/1m, African; Gauteng	Orphaned children in low socioeconomic community
Lewis (2018) Educational Psychology (Mampane)	“To gain insight into how parents from a low socioeconomic environment perceive family resilience” (p. v)	“Family resilience is regarded as both an outcome and a process ... (as an outcome) family resilience occurs when the family is facing adversity and overcomes difficulties despite their predicament ... (as a process) families are considered resilient when they function optimally in their daily activities and life” (p. 8)	Qualitative: instrumental case study, focus group discussion	Families in low socio-economic communities; 4 families represented by 4 never-married, unemployed mothers, 4f/0m, African; Gauteng	Low socio-economic community
Louw (2018) Educational	“How do adolescents from an absent-	“A family’s ability to use the resources	Qualitative: exploratory case study, semi-	Father-absent families with adolescent	Father-absent families

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
Psychology (Mampane)	father family perceive family resilience?" (p. 9)	available to them to overcome adversity" (p. 11)	structured interviews, visual methods (drawings)	members; 4 families represented by 4 adolescents (12-14 years), 0f/4m, all African, all had at least one grandparent in the home, three with uncles, one with mother, African; Gauteng	
Mahlangu (2015) Educational Psychology (Mampane)	"How do families from low socio-economic backgrounds provide the context for resilience to develop?" (p. 5)	"The nature of family relationships after a significant risk exposure has manifested. By surviving significant risk exposures together, the family appears more loving, much stronger, and more resourceful when meeting future challenges" (p. 6)	Qualitative: case study, separate focus group discussions with grandmothers and grandchildren	Grandparent-headed families; 2 families, represented by 2 grandmothers, 2f/0m, and 5 Aids-orphaned grandchildren, 4f/1m (aged 6-11), African; Gauteng	Low socio-economic community; households impacted by HIV or Aids
Mashego and Taruvinga (2014)	"To investigate family resilience factors that play a role in promoting teenagers' ability to cope following parental divorce" (p. 19)	"Resilience does not exclude tensions and afflictions in life, but rather embraces them with the resources of competence and adaptability, resulting in a positive outcome" (p. 20)	Quantitative: 8 self-report scales (FHI, SSI, RFS, F-COPES, FTRI, FPSC, WCS), FACI8 measured outcome of 'family adaptation'	Divorced, though not necessarily single-parent families; Families that had experienced divorce; 60 families represented by 60 teens, 30f/30m, and 60 parents, 40f/20m, Sepedi 20, Venda 12, Other 9, Afrikaans 7, Tsonga 5, English 4, Zulu 3; Limpopo	Divorce
Mbizana (2007) Counselling Psychology (Edwards, Thwala)	"This study investigated resilience factors in thirty bereaved Zulu families" (p. 1)	"Family resilience theory goes beyond a contextual view of individual resilience to a family-system level, focusing on relational	Mixed methods: Quantitative: 7 Self report scales (SSI, RFS, FPSC, FHI, F-COPES, FACI8, FTRI); Qualitative: 1 open-ended	Any family grouping; family with at least one adult and one adolescent member, death of a family member within the last 4 years; 30	Death of a family member

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
		resilience in the family as a functional unit (Walsh, 1996)” (p. 11)	question, “In your own words what are the important strengths which have helped your family lately?”	families represented by 30 adults, 28f/2m, and 30 adolescents, 14f/16m, all African; KZN	
Monakedi (2020) Psychology (Nel)	“To explore and describe the resilience, in particular optimal functioning and coping mechanisms from families affected by unemployment within the City of Johannesburg” (p. vi)	“The competency of a family unit in order to function optimally in the face of adversity” (p. 5, from Walsh) with attention to the social ecology of the family (p. 19)	Qualitative: multiple case study, 2 semi-structured interviews 4 months apart for each participant, thematic analysis	Any family grouping; 9 families where a breadwinner or key family provider was unemployed for at least six months, represented by 9 breadwinners or key family providers, 8f/1m, aged 25-40, 7 African, 2 Coloured; Gauteng	Unemployment
Moss (2010) Social work (Van Delft)	“To explore the manifestation of resilience in the South African social work client family, that enables them to be strong, functional and self-reliant” (p. 7)	“Family processes over time as the family respond to stresses and gain the ability to withstand and rebound from adversity” (p. 17)	Qualitative: case studies, in-depth interviews, genogram	Families with children receiving services from social workers; 8 families (5 White, 3 Black), represented by 1 family member (with 5 families) or 2 (with 3 families) – mostly mothers, 8f/2m; Gauteng	Social work-involved families
Naidoo and Greeff (2022)	“To identify characteristics and factors that assisted families in the adjustment and adaptation to the chronic illness of breast cancer” (p. 128)	“This study’s theoretical framework is based on McCubbin and McCubbin’s (2001) Resiliency Model of Family Stress, Adjustment, and Adaptation, and Walsh’s (2016) Family Resilience Framework, which consider family adaptation as the outcome of	Mixed methods: Quantitative: 7 self-report scales (FACI8, FHI, SSI, RFS, F-COPES, FTRI, FPSC); Qualitative: 1 open-ended question “What would you say helped your family to manage and adapt after your breast cancer diagnosis?” (11	Any family grouping; 103 families represented by 103 mothers diagnosed with stage II or III breast cancer at least 1 year prior; 103f/0m, 81 Coloured, 12 African, 8 White, 2 Asian, low to middle income; Western Cape	Mother with breast cancer

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
		the family resilience process” (p. 129)	participants only)		
Ncute (2012) Community Psychology (Thwala)	“To investigate resilience amongst Xhosa speaking families in the Eastern Cape where there is a juvenile [delinquent]” (p. 4)	“Family resilience is defined by McCubbin, McCubbin, Thompson, Han, and Allen (1997:2) as ‘the property of the family system that enables it to maintain its established patterns of functioning after being challenged and confronted by risk factors’” (p. 2)	Mixed methods: Quantitative: 7 Self report scales (SSI, RFS, FPSC, FHI, F-COPES, FACI8, FTRI); Qualitative: 1 open-ended question on which factors or strengths they believed helped their family through the difficult time	Any family grouping; family with juvenile delinquent jailed for at least 1 year; 50 families represented by 50 adults and 50 adolescents, 75f/25m, all African; Eastern Cape	Juvenile delinquency
October (2018) Psychology (Isaacs, Savahl)	“To investigate whether age, gender, employment status and level of education significantly predicts family resilience” (p. iv)	“Walsh (2012a) defines resilience as the ability to overcome challenging life events, which reflects a positive response to risk factors or a competent performance under adversity” (p. 3)	Quantitative: correlational analysis of secondary data from larger study published by Isaacs et al. (2019)	Any family grouping; 656 families represented by family members of various kinds, 388f/256m, 528 Coloured, 104 White, 6 African, 3 mixed; Western Cape. Participants are the same as Isaacs et al. (2019)	Living in a rural, low socioeconomic community
Oosthuizen and Greeff (2020)	“To identify and describe the family processes and characteristics related to resilience in single-mother families in which there is an adopted child from a race other than that of the mother” (p. 83)	“The ability of a family to overcome challenges and crises by using internal and external family resources, so that individuals and the family unit can adapt to changing circumstances” (p. 83)	Qualitative: Semi-structured interviews, content analysis	Transracial adoptive families; child of a different race group, adopted at least 2 years previously, 6 families, represented by 6 mothers, 6f/0m, all White; Western Cape	Single-mother families with an adopted child from another race group
Raniga and Mthembu (2017)	To “explore the factors that contribute to resilience in	“Family members tapping into internal and external processes	Qualitative: Semi-structured interviews and focus groups,	Single mothers; Single mothers dependent on social grants, 23	Single mothers, low income, living

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	single mothers. Gain an insight into the impact of social ties in their daily lives. Explore how established networks beyond their immediate community enhance family resilience” (p. 280)	in times of adversity and that families may develop new insights and coping abilities and become more resourceful in meeting adversities” (from Walsh, 2012, p. 278)	thematic analysis	families represented by 23 mothers; 23f/0m; KZN	in informal settlement
Rich et al. (2022)	To explore “how family dynamics and resilience in South African families were affected by the COVID-19 pandemic” (p. 1)	“The ability to withstand and rebound from crisis and adversity” (p. 2)	Qualitative: Semi-structured interviews, thematic analysis	Any family grouping; 31 families represented by 31 adults, 18f/13m; Western Cape	COVID-19 pandemic
Robertson (2005) Social work (Becker)	“To explore the resilient processes in response to a child member’s sexual abuse” (p. 6)	“The dynamic process through which a family is able to ‘bounce forward’ after a crisis or experience of adversity ... an emergent, multidimensional process” (p. 7)	Qualitative: semi-structured, in-depth interviews	Any family grouping; 5 families, represented by 8 parents (3 couples and 2 single mothers), 5f/2m, Afrikaans-speaking; Western Cape	Extrafamilial child sexual abuse
Roman et al. (2016)	“To describe the well-being of a sample of families from low socioeconomic communities in the Western Cape South Africa in terms of family resilience, family satisfaction, parenting styles, family structure and family	Not defined. Operationalised using Sixbey’s Resilience Assessment Scale	Quantitative: 4 self-report scales (PDSQ, FAD, SFLS, FRAS), translated into Afrikaans, descriptive analysis, no outcome measure	Any family grouping; 358 families represented by 358 adult family members, 232f/126m, 271 Coloured, 57 African, 27 White, 2 Asian; Western Cape	Living in low socioeconomic community



Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
	functioning” (p. 9)				
Rootman (2016) Educational psychology (De Beer)	“To identify the risk- and protective factors to the family identity experienced by same sex family systems, as well as the resilience processes implemented by these family systems” (p. i)	“The way families adapt to stress and ‘bounce back’ from adversity ... ‘the ability of a family to respond positively to an adverse event and emerge strengthened, more resourceful and more confident’ (Simon, Murphy, & Smith, 2005, p. 427)” (p. 4)	Qualitative: secondary analysis of transcribed interviews	Same-sex headed families; 31 interviews with an unspecified number of families, 14 lesbian, 4 gay & 1 bisexual adults (aged 40-56) and 12 children of same-sex parents (aged 12-23), 90% White; Western Cape and Gauteng	Same-sex headed families’ challenges to family identity formation
Sathekge (2019) Clinical psychology (Mashego)	“To determine the experience of ambiguous loss and grief reactions in adolescents affected by parental diagnosis of HIV/AIDS and identification of potential family qualities and resilience factors that moderate grieving symptoms” (p. 5)	“The characteristics, dimensions, and properties of families, which help families to be resistant to disruption in the face of change, and adaptive in the face of a crisis situation (Truffino, 2010)” (p. 10)	Quantitative: quasi-experimental, 4 self-report scales (FHI, RFS, F-COPES, FACI8) and TRIG questionnaire (Texas Revised Inventory of Grief)	Any family grouping; unspecified number of families, represented by 95 adolescents from families with a parent with HIV or Aids and 64 adolescents with a parent with cancer (‘control group’), 90f/70m, African; Limpopo	Parents with HIV or cancer
Schneider (2015) Educational psychology (Mampane, Human-Vogel)	“How can insight into a grandparent-headed family contribute to the knowledge of family resilience in an urban residential area (township)?” (p. 3)	“Characteristics, dimensions, and properties of families which help families to be resilient to disruption in the face of change and adaptive in the face of crisis situations” (p. 6, from McCubbin & McCubbin)	Qualitative: photovoice prompted by, “Together as a family, go take photographs of the resources and strengths that have an influence on your family’s wellbeing and development” (p. 9)	Grandparent-headed households; 1 family, represented by a grandmother and 2 grandchildren, 1f/2m, all African; Gauteng	HIV-affected grandparent-headed households
Sentle (2018) Educational psychology	“How do belief systems foster resilience in families living	“The varied ways in which families adapted and coped during hard times,	Qualitative: case study, analysis of secondary data	Any family grouping; 14 families, represented by	Living in disadvantaged, low-socioeconomic

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(Human-Vogel)	in disadvantaged environments?" (p. 9)	resulting in the ability to bounce forward in life" (p. 9, from Walsh)	– clinical files compiled by master's students	25 family members, 17f/8m, 8 mothers, 9 daughters, 3 bachelors and 5 sons, represented by their clinical file from a positive parenting workshop run in a predominantly African community (Diepsloot); Gauteng	status community
Setwaba (2015) Psychology (Mashego)	"To assess the stress levels and dysfunction among families affected by the sudden reality of experiencing physically deteriorating family members due to HIV/AIDS progression, and to identify resilience factors that moderate the impact" (p. 5)	"How families adapt to stress and bounce back from adversity" (p. 41)	Quantitative: quasi-experimental, 8 self-report scales (SSI, FHI, RFS, F-COPES, FPSC, FTRI, FACI8, and Relative Stress Scale)	Any family grouping; 316 families, of which 122 were affected by Aids, a control group of 132 affected by other health concerns (e.g., diabetes, cancer, stroke), and a second control group of 62 not affected by health concerns, represented by a 'family caregiver', including parents, grandparents, children and relatives, 196f/120m, all African; Limpopo	Physical deterioration of family members due to Aids
Shoko (2022) Research Psychology (Isaacs)	"To explore children's experiences and perceptions of family and family resilience processes in South Africa" (p. vii)	"Froma Walsh, defines family resilience as 'the capacity of the family, as a functional system, to withstand and rebound from stressful life challenges – emerging strengthened and more resourceful'	Qualitative: individual, semi-structured interviews	Any family grouping: 9 families represented by 9 learners aged 14 to 16, 3f/6m; Gauteng	Living in low to middle socio-economic communities

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
		(Walsh, 2016, p. 4)” (p. 15)			
Smith (2006) Psychology (Greeff)	“This study is essentially descriptive and exploratory in nature and directed towards an understanding of the factors contributing to the resilience of Xhosa-speaking, rural black South African families” (p. iii)	“McCubbin and McCubbin (1988) define family resilience as ‘characteristics, dimensions, and properties of families which help families (to) be resistant to disruption in the face of change and adaptive in the face of crisis situations’ (p. 247)” (pp. 28-29)	Mixed methods: Quantitative: 7 Self report scales (FHI, RFS, SSI, F-COPES, FTRI, FPSC, FACI8), Qualitative: semi-structured interview “regarding the participant’s perspective on resilience and factors contributing to his/her family’s ability to combat and recover from adversity”	Any family grouping; family that had experienced a bereavement or financial setback; 50 families represented by 50 adults and 26 adolescents; Adults 44f/6m, adolescents 13f/12m (1 gender not known), All African; Eastern Cape. Participants the same as Greeff and Loubser (2008)	Bereavement or financial setback
Twigg (2017) Psychology (Florence, Isaacs)	“To qualitatively explore the dimensions of family resilience as perceived by families in a rural community on the West Coast, South Africa” (p. iii)	“Walsh (2003, 2012) describes family resilience as the family’s capability to endure serious crises or life challenges and to emerge as a strengthened unit” (p. 3)	Qualitative: Semi-structured interviews, thematic analysis	Any family that includes children; participation in a family support programme, 6 families represented by 6 adults, 4f/2m, all Coloured; Western Cape	Living in a rural, low socioeconomic status community
Van Niekerk and Greeff (2020)	“To identify characteristics and resources that families possess and utilise to enable them to adapt, and as such be resilient, after having experienced a house robbery” (p. 75)	“Family resilience theory upholds the belief that not all families react to trauma with chaos and disorganisation, or become irreparably damaged, and that families are capable of enduring and regaining positive functioning even after the most traumatic experiences” (p. 76)	Mixed methods: Quantitative: 7 self-report scales (FACI8, F-COPES, FHI, FPSC, FTRI, RFS, SSI); Qualitative: semi-structured interview “to explore views on factors the participants considered as contributing to their family’s adaptation following the	Any family grouping; families that had experienced a house robbery 0.5 to 3.5 years prior; 32 families represented by 32 adults, 28f/4m, 28 White, 4 Coloured, affluent middle-income; Western Cape	House robbery incident

Citation	Study aim	Definition of family resilience	Research design	Participants	Risk exposure
			experience of a house robbery”		
Vermeulen and Greeff (2015)	“To identify resources of family resilience that help families cope with child sexual abuse” (p. 555)	“Recent theoretical conceptualizations of family resilience have been systemic, with risk and protective factors within a family viewed on relational and collective levels, including multiple systems like the family, friends, and community” (p. 556)	Qualitative: Semi-structured interviews, thematic analysis	Any family grouping; families with a child who had been sexually abused at least 6 months prior and who had received or were receiving therapy; 9 families represented by 10 parents, 9f/1m (one interview was with a mother and stepfather), 9 Coloured, low-income; Western Cape	Child sexual abuse
Von Backström (2015) Educational psychology (Human-Vogel, Mampane)	“To identify the key familial factors that promote and encourage healthy family functioning in a semi-urban township context” (p. 4)	“Family resilience goes beyond a contextual view of individual resilience to a family-system of assessment and intervention, focussing on relational resilience in the family as a functional unit” (p. 8, from Walsh)	Qualitative: case study, analysis of secondary data – 13 clinical files compiled by master’s students, followed by use of photovoice and unstructured interviews with 2 of the families	Any family grouping; 13 families living in adverse conditions in Mamelodi, represented by the case files of the families and an interview with the mother of one family; Gauteng	Living in semi-urban township contexts