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FAMILY PROCESS

The Effectiveness of Family Constellation Therapy in Improving Mental Health: A Systematic Review

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Family/systemic constellation therapy is a short-term group intervention aiming to help clients better understand and then change their conflictive experiences within a social system (e.g., family). The aim of the present systematic review was to synthetize the empirical evidence on the tolerability and effectiveness of this intervention in improving mental health. The PsycINFO, Embase, MEDLINE, ISI Web of Science, Psyndex, PsycEXTRA, ProQuest Dissertations & Theses, The Cochrane Library, Google Scholar, and an intervention-specific organization's databases were searched for quantitative, prospective studies published in English, German, Spanish, French, Dutch or Hungarian up until April 2020. Out of 4,197 identified records, 67 were assessed for eligibility, with 12 studies fulfilling inclusion criteria (10 independent samples; altogether 568 participants). Outcome variables were diverse ranging from positive self-image through psychopathology to perceived quality of family relationships. Out of the 12 studies, nine showed statistically significant improvement postintervention. The studies showing no significant treatment benefit were of lower methodological quality. The random-effect meta-analysis—conducted on five studies in relation to general psychopathology—indicated a moderate effect (Hedges' g of 0.531, CI: 0.387–0.676). Authors of seven studies also investigated potential iatrogenic effects and four studies reported minor or moderate negative effects in a small proportion (5–8%) of participants that potentially could have been linked to the intervention. The data accumulated to date point into the direction that family constellation therapy is an effective intervention with significant mental health benefits in the general population; however, the quantity and overall quality of the evidence is low.

Keywords: Family Constellation; Systemic Constellation; Mental Health; Effectiveness; Tolerability; Systematic Review

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INTRODUCTION

Family/systemic constellation therapy is a short-term group intervention aiming to help clients gain insights into and then change their inner image of a conflictual system and finally change their behavior in relation to that same system (Hunger, Bornhäuser, Link, Schweitzer, & Weinhold, 2014). The personal system addressed is most often the family, but alternatively, other systems (e.g., ego parts, victim-perpetrator dyads) can also be the target of the intervention. In consideration of the tradition in clinical practice, the term "family constellation therapy" is used throughout the manuscript in this broader sense, also referring to therapeutic work with personal systems other than the family (but not including systemic constellation with organizations, which we argue is a qualitatively different endeavor). Family constellation therapy was developed in Germany in the early '90s integrating elements of—among others—psychodrama, family sculptures, contextual therapy, and certain South-African aboriginal traditions (Butollo, Franke, & Hellinger, 2017; McQuillin & Welford, 2013; Stiefel, Harris, & Zollmann, 2002; Stones, 2006; Weber, 1993).

The intervention is typically administered in a group setting in which approximately 15–25 unrelated participants (i.e., participants are not members of the same system) meet for a one-time, 2–3-day, facilitator-led seminar/workshop. Each constellation starts with a brief interview between the facilitator and active client to clarify the individual's goal with the intervention. This is followed by a joint decision about which members of the client's system play an important role in the issue presented and these are represented by other group members during the constellation (Orban, 2008). The representatives (including the client's representative) are positioned in the room by the client initially, with spatial distances, angles, and body postures meant to correspond to the client's inner image of the system ("problem constellation"). This allows the facilitator to identify the dynamics beneath the client's presenting concern, while at the same time helps the client reflect on their internal experience from a more objective, partially external point of view (as they are observers and not participants at this point). This part of the process is nonverbal, focusing on what participants begin to experience as being part of the structure created by the active client. Next, the representatives are asked by the therapist about their physical sensations, feelings, and thoughts they had while in their positions. Rearrangements, spatial adjustments, and brief, ritualized conversations are made based on the principles of healthy functioning within a system (Hellinger, 1994; Weber, 1993) until a constellation is identified that offers a resolution for the active participant's issue. Ideally, this "solution constellation" provides a new framework for the client to feel, think, and behave in the given system (Hunger, Weinhold, Bornhäuser, Link, & Schweitzer, 2015).

Family constellation therapy has become particularly popular in Europe and South America (even becoming a part of the public health care system in certain countries; Franco de Sá, Nogueira, & De Almeida Guerra, 2019; Krüger & Schmidt-Michel, 2003; Mahr & Brömer, 2008) and is rapidly expanding in North America and Asia as well (Choi & Oh, 2018; North American Systemic Constellations, 2019a, 2019b; Pritzker & Duncan, 2019). Thousands of practitioners around the world use this method (Cohen, 2006) and with the German professional association "Deutsche Gesellschaft für Systemaufstellungen" alone, more than 450 professionals are registered currently. Compared to its widespread use by therapists of various theoretical and professional backgrounds, little effort has been made to generate and critically evaluate empirical data regarding the effectiveness and safety of this intervention.

Family constellation therapy has been adjusted and delivered to a large variety of client groups ranging from the general population (Broughton, 2006) through prisoners (Cohen, 2009) to different patient groups (e.g., Hausner, 2015; Jafferany et al., 2019; Nazarkiewicz & Bourquin, 2017; Ramos & Ramos, 2019). However, the number of studies using

empirical methods to formally investigate the effectiveness or mechanisms of action of family constellation therapy is small and dominated by retrospective and/or qualitative studies (e.g., Chu, 2008; Franke, 1996; Georgiadou, 2012; Häuser, Klein, & Schmidt-Keller, 1998; Laireiter & Mitterhuemer, 2011; Junge, 1998) investigating clients' satisfaction with the intervention. Despite the often rapid and significant positive changes family constellation therapy can produce in participants (Langlotz, 2005), there has been some concern among healthcare professionals regarding the safety of this therapeutic approach (e.g., no professional follow-up after the one-time workshop, which might be emotionally upsetting for some participants; Nelles, 2005; Reuter, 2005; Schneider, 2010; Studentischer Sprecherrat der Universität München, 2004; Talarczyk, 2011).

For the above reasons, synthesizing and critically evaluating the available empirical data regarding the effectiveness and tolerability of family constellation therapy is of high public health importance. To date, two systematic reviews have been conducted on this intervention. Neither of them focused specifically on quantitative data regarding mental health outcomes and they did not emphasize data on tolerability/safety of the intervention either. Further, the first review (Weinhold & Reinhard, 2014) summarized the research evidence up to early 2012, while several high-quality studies have been published since then. In addition, this review has been published as a book chapter written in German and is not available online—significantly limiting accessibility for a broader audience. Although the second review is more recent and was published in English, its search strategy was restricted to English language, academic papers, which approach resulted in identifying merely three empirical studies to synthesize (Hurley, Koenning, & Bray, 2018). Therefore, the goal of this study was to systematically review the empirical evidence regarding family constellation therapy (1) focusing on quantitative, prospective data related to mental health outcomes, (2) considering all the evidence accumulated to 2020, (3) considering the gray literature and languages other than English as well, and (4) paying adequate attention to information related to tolerability/safety.

METHODS

Protocol Registration

The protocol of the present systematic review was registered in the International Prospective Register of Systematic Reviews (PROSPERO) September 19, 2018 (# CRD42018109124). Given the preliminary stage of empirical research on family constellation therapy and the strong emphasis on locating all available evidence—including the gray literature—in the present study, the author team was not able to predict at the time of registration if enough data on the same mental health outcome would be reported. As a consequence, the study protocol included a narrative synthesis only; finally, however, a meta-analysis on nondiagnosis-specific psychopathology—the single variable considered by a large enough number of studies—was also conducted.

Eligibility Criteria

Studies included in the review met the following criteria: (1) quantitative studies with a longitudinal study design (including at least two assessment points, at least one of which occurring before- and at least one occurring after the intervention[1]) (2) that

[1]Accordingly, results of a randomized controlled trial—indicating the beneficial effects of family/systemic constellations in terms of participants' individual goal attainment—were not considered as the main quantitative variables of interest were assessed only at the 2-week and 4-month follow-up, while qualitative data were collected at baseline about the participants' goals regarding the intervention (Bornhäuser & Wolff, 2014)

evaluated the efficacy/effectiveness of family/systemic constellations on outcome measures of mental health. Given the limited amount of empirical data, any indicators of mental health (e.g., well-being, social functioning, psychopathology) were considered as eligible outcome variables and no restrictions were made on participant populations either (e.g., general population, psychiatric in- or outpatients).

Exclusion criteria were as follows: 1) studies without a precisely defined outcome, 2) qualitative and case studies, 3) no description of study methodology or assessment tool, 4) no available full text, and 5) study language other than English, German, Spanish, French, Dutch, or Hungarian. In the case of mixed-method studies (combination of qualitative and quantitative approaches), the quantitative portion of the study was considered.

Search Strategy and Screening

To include both peer-reviewed and the gray literature as well, an extensive literature search was conducted including the following databases: PsycINFO, Embase, MEDLINE, ISI Web of Science, Psyndex, PsycEXTRA, ProQuest Dissertations & Theses, the Cochrane Library, and Google Scholar. Considering the date of introduction of family/systemic constellations into the clinical practice, the search was limited to studies published after January 1, 1993. The electronic database searches were completed initially on August 8, 2018 and updated April 6, 2020 and considered scientific works published in six languages (English, German, Spanish, French, Dutch, and Hungarian). The search terms included "Family Constellation(s)," "Systemic Constellation(s)," "System Constellation(s)," and "Structural Constellation(s)" as well as their grammatical variations and equivalents in the other five languages (the detailed list of search terms is presented in Table S1 as online Supporting Information to this article). To reduce the number of irrelevant hits ("family constellation" is a common general term referring to the structure of a family), terms were searched in the title of the publications in the case of Google Scholar; while in the rest of the databases, both the title and abstract was searched for the search terms.

In addition to the traditional scientific databases named above, the database of the German Society of Systemic Constellations (Deutsche Gesellschaft für Systemaufstellungen; DGfS), the largest professional body devoted to the study and practice of the intervention, was also added to the pool of records to screen. Reference list of included studies and studies citing the included studies in Google Scholar were also screened for additional, potentially relevant records. The screening process—based on title and/or abstract—was completed by different members of the author team (one assessor per record) depending on the language of the record. Eligibility—based on (German or English language) full text—was assessed by the lead author, experienced in conducting systematic reviews and having content expertise specific to the intervention. In case of doubt, a second author was consulted.

Data Extraction

Data extraction for all variables and for each eligible study was completed by two independent researchers (both with former experience in conducting systematic reviews), and discrepancies were resolved by reaching consensus. As part of the data extraction process, the following variables were considered: publication type, study design, sample size, country of study, type of sample, sex composition of the sample, age of respondents, and methodological quality. Further, the data extraction also specified detailed methodological characteristics including information regarding the control group, length of intervention, length of follow-up, training level and professional background of intervention provider, intervention setting, outcome variables, and main results. A second, simplified variable to describe overall results was also created with two response categories: statistically

significant improvements reported or not. Finally, data were also extracted on whether and how study authors assessed iatrogenic effects.

Methodological quality was assessed in a standardized way by the 2018 version of the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018). The advantage of this rating tool is that it provides the opportunity to evaluate studies with different designs (e.g., randomized controlled- or quantitative nonrandomized studies). Each study is assessed according to two screening questions (identical across study types) and five design-specific items. An ad hoc supplementary question was also added to the MMAT to evaluate the quality of statistical analyses as this aspect is not covered in the MMAT. Quality of statistical analysis and data presentation was considered as appropriate if study authors 1) used adequate statistical tests considering the research question and type of data, 2) reported detailed results (value of test statistics, p value) of the statistical tests, and 3) reported effect size indicators as well. A summary score (ranging from 0 to 8) was also created to facilitate the comparison of studies in terms of overall methodological quality regardless of their designs. This summary score was calculated as the simple sum of the two screening and five design-specific items of the MMAT plus the item on quality of statistics (adequate methodological characteristics on the given area coded as 1, while inadequate methodological characteristics quantified as 0).

If effect size indicators were not reported but the published descriptive data allowed the authors of the present study to calculate those, then the results of these calculations were added to the report with a reference to the fact that these data were not part of the original publication but calculated based on those. Where both effect size indicators and descriptive data allowing the calculation of those were missing (altogether or for certain subgroups), three attempts were made to gather the raw data from the original study authors. This effort was successful in two cases (Krüger & Schmidt-Michel, 2003; Langlotz, 2006) and unsuccessful in further two cases (Höppner, 2006; Sethi, 2009). As a rule of thumb, we considered 0.2 as a threshold for small effect, 0.5 for moderate effect, and 0.8 for large effect in case of Cohen's d; and 0.01 as a threshold for small effect, 0.06 for moderate effect, and 0.14 for large effect in case of η^2; while the corresponding thresholds for r were 0.1, 0.3, and 0.5, respectively (Cohen, 1988).

Analyses

A formal statistical analysis (Mann–Whitney test) was also conducted to examine if overall methodological quality (using the summary score as an ordinal variable) was independent of the reported effectiveness of the intervention (using the dichotomous, simple study conclusion variable: significant positive effects were reported or not). Effect size r was calculated using the following formula: $z/\sqrt{n}$. The software Statistical Package for the Social Sciences, version 25 was used for the analysis.

The most frequently reported outcome indicator in the included studies was an omnibus (nondiagnosis-specific) indicator of psychopathology; therefore, a meta-analysis was performed on the five studies that evaluated the effectiveness of family constellation therapy in this regard (Höppner, 2006; Krüger, & Schmidt-Michel, 2003; Langlotz, 2005, 2006; Weinhold et al., 2013). As different assessment tools (Global Severity Index of the SCL-90-R, Personality Assessment Inventory, Positive and Negative Symptom Scale, and Outcome Questionnaire 45.2) and so scale ranges were used in these studies, standardized difference in means (Hedges' g) was used as the effect size indicator. Where follow-up data from several assessment points were reported, all data points were considered when computing the effect size. The intent of this analysis was to provide preliminary data generalizable to comparable populations; and therefore, the random-effects model was employed for the analysis. Given the significant differences across study designs, a subgroup

analysis was also performed using a dichotomous (controlled vs. noncontrolled) study design variable as a moderator. Heterogeneity in effect sizes across studies was assessed with the Q and the I^2 statistics. In addition to the confidence interval for the overall effect size (i.e., precision of the estimate), the prediction interval was also calculated. The likelihood of publication bias was not analyzed as the low number of studies did not make such analyses plausible. The software Comprehensive Meta-Analysis, version 3 was used for these analyses.

RESULTS

Background Data

The traditional database search identified 1,790 records resulting in 1,283 records after deduplication. Database of the German Society of Systemic Constellations contained 2,914 entries resulting in a total of 4,197 records to screen. At this stage, 4,130 records were excluded due to being unrelated to the target intervention or not containing empirical data, resulting in 67 records to assess for eligibility. Based on the evaluation of the full texts, further 55 studies were excluded (Figure 1). Bibliographic details and reasons for exclusion for these studies are presented in Table S2.

Altogether, 12 studies met inclusion criteria representing 10 independent samples (3 papers analyzed the same sample) with a total sample size of 568. The vast majority of included studies were conducted in Germany, while a single study was conducted in Australia, South Africa, and the UK each. All but one study employed a mixed sample of men and women (mean percentage of women = 75.8%), with the exception of the study by Langlotz (2005) where information on the participants' gender was not reported. The intervention was most often delivered in the format of a 2- or 3-day single workshop, with two exceptions, where shorter (1–4 h) workshops were held on a repeated basis. More detailed description of extracted background data not described in the main text of the manuscript is presented in Table S3 and S4 (publication type of each study, sample type and size, gender and age characteristics of the sample, type of control group, length of intervention and follow-up time, training background of intervention provider, and private vs. public setting of intervention delivery).

Methodological Data

Most studies (n = 7) employed a single group, pre–post-design, two studies used a nonrandomized controlled design, and two additional studies employed a randomized controlled design (one of them reported in two papers). The postintervention follow-up time ranged from 0 (no follow-up after postintervention assessment) to 12 months (M = 16.8 weeks, SD = 19.0 weeks). Inadequacy of methodological rigor was most frequent in relation to a lack of attempt to control for confounders and conducting/reporting statistical analyses (e.g., no effect size indicators in original reports). Study design and methodological evaluation of each included study according to the MMAT can be found in Table S5.

Outcome Data

The included studies considered a large variety of outcome variables ranging from indicators of overall psychological well-being and self-efficacy through interpersonal relationships (mainly with a focus on family relationships) to psychopathology (e.g., depression, overall psychopathology level). Out of the 12 studies included, authors of nine studies reported statistically significant treatment benefits in connection to participation in

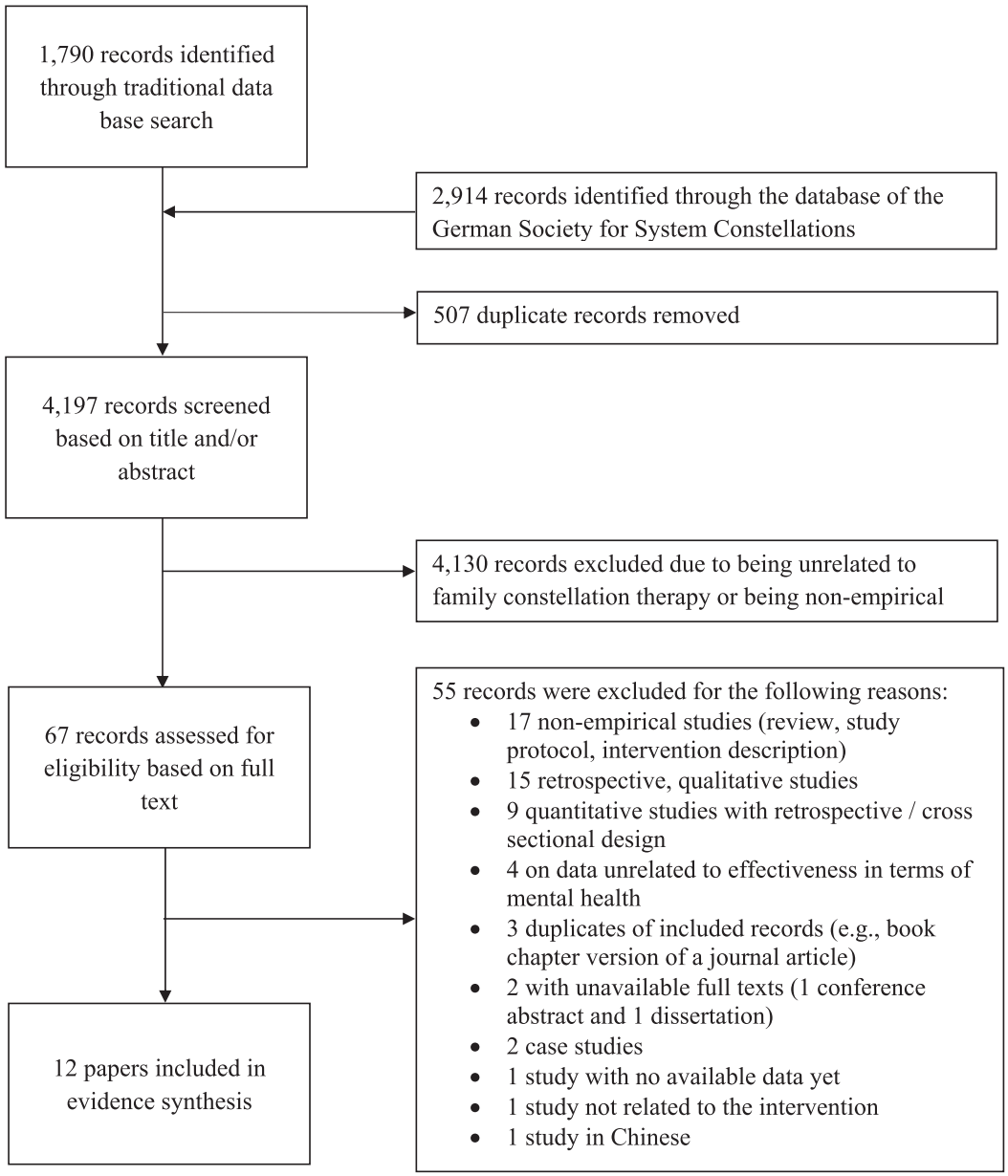

FIGURE 1. Overview (flow chart) of the study selection process.

family constellation therapy. Effect sizes varied largely, ranging from no effect (in attachment to 2nd child, Cohen's d = 0.02) to large effect (decrease in symptoms of depression, Cohen's d = 0.99). Most important findings of each included study are summarized in Table S6.

The analysis examining the relationship between methodological quality and study outcome indicated that those studies that reported statistically significant treatment benefits ($M_{\text{methodology total score}}$ = 6.11, SD = 0.17) were of significantly higher methodological quality (Mann–Whitney U = 3.00, p = .041) than those not reporting significant, positive

intervention outcomes ($M_{\text{methodology total score}}$ = 4.33, SD = 0.58). The magnitude of the difference was large (r = .6).

The meta-analytic investigation including 355 participants resulted in a Hedges' g of 0.53 indicating that on average, psychopathological symptom scores of those who participated in the intervention decreased 0.53 standard deviation (moderately strong effect) compared with their preintervention scores or the no-treatment control group—depending on study design (Figure S1 in the online supporting Information). The confidence interval for the effect size ranged from 0.39 to 0.68 and the Z-value was 7.20 with a corresponding p-value of <.001. The Q-value was 2.79 with 4 degrees of freedom and a corresponding p-value of .595. The I^2 statistic was 0%. The 95% prediction interval for the overall effect size was 0.296 to 0.753. The subgroup analysis indicated that the pooled effect size of studies with a controlled design (n = 2, g = 0.50, CI = 0.23–0.76) was not statistically different (Q = 0.105, p = .746) from that of studies with an uncontrolled design (n = 3, g = 0.55, CI = 0.37–0.72), indicating that the mean effect size is in the moderate range both for studies with controlled and uncontrolled designs.

Safety/Tolerability

The majority of studies (n = 7) also explicitly investigated iatrogenic effects emerging either attributed to the intervention by participants or merely occurring during follow-up. Out of these seven studies, authors of four studies reported minor or moderate negative effects in a small proportion (5–8%) of participants that theoretically could have been linked to participation in the intervention (although the direct link most often was impossible to verify).

Langlotz (2005) described that some participants of their study reported becoming emotionally upset, confused, or exhausted during/immediately after the intervention, which these participants considered as a necessary element of the intervention process. This author also reported on intervention participants whose psychopathology scores increased significantly immediately after the intervention (at the end of the 2-day workshop) but in these cases, at follow-up, scores decreased well below baseline scores. In another study, Langlotz (2006) reported that out of the 21 intervention participants, one individual (4.8%) showed clinically significant elevation in psychopathology scores immediately after the intervention. In this case, no attempt was made to clarify if the deterioration could have been linked to the intervention or external factors (e.g., negative life event during the time of the workshop).

In Höppner's study, all participants were offered the opportunity to contact a therapist should they feel that the intervention destabilized them (Höppner, 2006). The author reported that out of the 81 participants[2], four individuals used this opportunity (three individuals called the therapist to discuss the interpretation of the intervention, while one to report worsening of an interpersonal relationship). According to the 5-month follow-up, four individuals reported a deterioration in the subjective, overall evaluation of their condition (again, not reported if this could be attributed to the intervention itself).

Finally, in a study of 48 participants, four individuals (8.3%) reported negative outcomes or side effects such as short-term, negative physical symptoms (n = 1), intimate relationship break-up (n = 1), increased loneliness in the family (n = 1), and workplace bullying (n = 1), which respondents linked to their participation in the intervention (Rieger & Stückemann, 1999).

[2]The original sample consisted of 81 individuals. In Table S3, 70 is reported as sample size as this is the number of participants about whom the author displayed enough data to allow the calculation of effect sizes.

DISCUSSION

Intervention Effectiveness

The goal of this study was to systematically gather and synthesize the quantitative evidence regarding the effectiveness of family constellation therapy in terms of mental health outcomes. Based on the results of this review, we can conclude that the quantity and overall quality of the evidence are low, the latter mainly due to the frequently lacking control group and the typically short follow-up period. Importantly though, the explorative analysis examining the relationship between methodological quality and study outcomes indicated that those studies that reported treatment benefits were of higher methodological quality suggesting that the evidence may be more convincing when additional, higher quality studies become available.

Out of the 12 studies included in the present review, nine showed significant treatment benefits postintervention (Höppner, 2006; Hunger et al., 2014, 2015; Krüger & Schmidt-Michel, 2003; Langlotz, 2005, 2006; Rieger & Stückemann, 1999; Schumacher, 2000; Weinhold et al., 2013). The outcome variables selected by study authors were quite diverse, which is not surprising considering the major role current (Weissman, Markowitz, & Klerman, 2008) or the internal representation of early (Young, Klosko, & Weishaar, 2003) interpersonal relationships play in our bio-psycho-social health. The studies showing no significant treatment benefit (Geils & Edwards, 2018; Goode, 2015; Sethi, 2009) reported comparable effect sizes to those reported in the studies showing statistically significant treatment benefit, raising the possibility that the former studies were simply underpowered (had too low sample sizes to detect existing treatment effects).

The results of the meta-analysis on nondiagnosis-specific psychopathology indicate a moderately strong treatment effect—independently of the controlled or uncontrolled nature of the study design. As all controlled studies were published in peer-reviewed journals and all uncontrolled studies were published in other outlets, the previous statement also refers to the lack of difference in effect size between studies appeared in peer-reviewed outlets versus the gray literature. The variance of effect sizes across studies was estimated to be zero, which is most likely an underestimate due to the low number of studies included. However, the present findings suggest that the variation in effects is minor; indicating that the impact of the treatment for all comparable populations (self-selected participants from the general population) falls close to the moderate effect size reported here.

The presented data from quantitative, prospective studies are in line with the results of retrospective effectiveness studies identified during our systematic searches, which also indicated treatment benefit. In a study of 57 Austrian respondents, approximately 2/3rd of participants reported increased happiness, courage, optimism, and coping abilities as a result of the intervention (Jost, 2007), while in a study of participants from Germany, 92% of the respondents reported that the intervention was helpful for them (Mraz, 2006). In a retrospective study of English-, French-, and Russian speaking participants, 87% of those who sought treatment for interpersonal difficulties (n = 119) reported that their problems resolved as the outcome of the intervention, while the same value in the case of mental health issues (n = 31) was 90% (Thomas, 2010). A study of 209 Hungarian participants reported that out of 26 quality-of-life domains covered in the evaluation, participants experienced statistically significant improvement in 23 areas after the intervention (Zseni et al., 2011). An interesting aspect of this study was the consideration of problem severity —the analyses indicating that the intervention was more effective among individuals with less severe mental health or interpersonal relationship challenges (the same was reported by Höppner, 2006). Finally, authors of a study—examining a sample of 139 inpatient substance use treatment participants from Germany—reported that intervention participants

completed the entire treatment regime with a significantly higher likelihood (81%) than those who did not participate (50%) in family constellation therapy (Mahr & Brömer, 2008).

Tolerability/Safety

Considering theoretical concerns (e.g., Deutsche Gesellschaft für Systemische Therapie und Familientherapie, 2003; Goldner, 2003; Talarczyk, 2011) and anecdotal data on the risks of family constellation therapy (e.g., Langlotz, 1998b, 2001), another major focus of our work was to summarize data on tolerability. Altogether, authors of four studies reported minor or moderate negative effects in a small proportion (5–8%) of participants that theoretically could have been linked to participation in the intervention. Jost (2007) reported similar proportions (3.4%) in their retrospective study. These rates are comparable reported for psychotherapeutic interventions in general (5–8.2%; Curran et al, 2019).

The nonintended effects/correlating events reported included ruptures in interpersonal relationships, short-term somatic or mental health symptoms, or unfavorable change in other problem areas the participants worked on during the intervention. Without detailed further exploration, it is hard to draw final conclusions on how large proportion of these negative outcomes is indeed related to the intervention (cf. increased workplace bullying, short-term somatic symptoms). However, the studies reviewed here raise the possibility that the often strong emotional responses family constellation therapy can generate in a very condensed time frame may temporarily destabilize individuals with less stable mental health status. This aspect of the results points toward the importance of postintervention screening and providing intervention participants with the opportunity to receive professional mental health support to process their experience if needed (Langlotz, 2005). It is also worthy of mentioning that in all of the studies where iatrogenic effects were studied, the intervention provider was a psychologist or psychiatrist and also an expert in family constellation therapy. This leaves the question open, whether iatrogenic effects are more prevalent or severe if the intervention is provided by less experienced/trained professionals, an issue which deserves attention in future studies.

Strengths and Limitations

A major strength of the present systematic review is the comprehensive search process including a large number of databases and six languages. Further, two researchers independently assessed each included study contributing to a higher reliability of the data extraction process. Finally, the review is based on an a priori developed and publicly registered research protocol.

Despite these strengths, a number of limitations should be acknowledged as well. First, both the electronic searches, the screening process, and checking for eligibility criteria was completed by one researcher only decreasing the reliability of these processes (to at least partially compensate for these shortcomings, the list of excluded items at the eligibility checking stage was made available in the online Supporting Information (Table S2) to this article to allow further scrutiny by interested readers). Most importantly, due to the often lacking controlled design, the possibility cannot be ruled out that the reported beneficial changes are the results of external factors and not the intervention itself. However, it is worthy of note that (1) studies with numerous assessment points indicated improvement right after the intervention (Langlotz, 2006) but not between the preintervention assessment points (Höppner, 2006), and (2) pooled effect sizes for treatment effectiveness in terms of general psychopathology did not differ significantly between controlled and noncontrolled studies. Therefore, it seems plausible to assume that the results are truly

indicative of the effectiveness of family constellation therapy, which is to be verified by further studies with controlled designs.

In addition, while the low number of identified studies in the present work prevents us from drawing definitive conclusions regarding the effectiveness and safety of family constellation therapy, we argue that summarizing the scarce evidence accumulated in the previous almost three decades is necessary to inspire and orient further, much-needed research in this area. A further limitation of the present review is the lack of distinction made among subtypes of family/systemic constellations: interventions provided in the studies reported on in this review were considered as a homogenous, single type of intervention as empirical studies most often do not specify the subtype of the intervention they investigated. However, there are numerous subtypes (Langlotz, 2010; Nelles, 2007) and formats of delivery for this form of group therapy and their effectiveness might vary.

Future Directions

Future authors interested in studying the effectiveness of family constellation therapy are encouraged to replicate the previous findings in adequately powered investigations employing controlled (preferably randomized controlled) designs and several intervention providers simultaneously to allow the explicit examination of therapist effects. Studies with longer follow-up time (6 months or more) could significantly contribute to our knowledge regarding the stability of treatment benefits. In view of the ongoing debate on the safety of the intervention, further studies with an explicit and systematic focus on tolerability (not just by passive surveillance) could help us better understand in which populations and under which conditions (e.g., therapist's training, length of debriefing, accessibility of support postintervention) can the intervention be delivered in a safe manner.

Considering the ongoing diversification within family constellation therapy, authors of future studies are also encouraged to specify the mode of delivery and subtype of family/systemic constellations they employ when reporting on the effectiveness of the intervention. In addition, synthetizing the relatively large number of qualitative studies we have identified through our searches (Figure 1; for detailed bibliographic data of these records, see the online Supporting Information (Table S2) to this article) could also contribute to a better understanding of the effectiveness and treatment mechanisms of family constellation therapy.

Finally, there is a huge gap between the theory and anecdotal evidence versus the solid research data related to the application of family constellation therapy for a large variety of specific mental disorders. Authors have described the use of this form of brief group therapy with clients struggling with psychosomatic- (Baitinger, 1999; Elsner & Kölle, 2010; Hausner, 2015), eating- (Bourquin, 2011), mood- (Asztalos, Angster, & Pusztai, 2011; Brink, 1998; Ramos & Ramos, 2019), anxiety- (Essen, 1998; Franke, 1996), substance use- (Döring-Meijer & Hellinger, 2000; Gemeinhardt, 2006; Ingwersen, 2000; Mahr & Brömer, 2008), trauma-related (Assel, 2009; Nazarkiewicz & Bourquin, 2017; Ruppert, 2006) and even psychotic disorders (Hellinger, 2001; Langlotz, 1998a; Ruppert, 2004; Weber & Drexler, 2002), while quantitative empirical research to date has almost exclusively focused on samples from the general population. Therefore, there is a clear need to formally investigate the efficacy/effectiveness and safety/tolerability of the intervention in specific client/patient populations to better understand to whom family constellation therapy can be beneficial on their journey toward recovery or simply toward a happier and more fulfilling life.

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SUPPORTING INFORMATION

Additional Supporting Information may be found in the online version of this article:

Figure S1. Study-level and pooled effect sizes from the meta-analysis on effectiveness in reducing non-diagnosis-specific psychopathology.

Table S1. Search terms used in the electronic data base searches.

Table S2. Excluded items and reasons for exclusion.

Table S3. Publication type and sample characteristics of the included studies.

Table S4. Intervention-related characteristics of the included studies.

Table S5. Design and methodological characteristics of the studies included.

Table S6. Main findings of the included studies.