Constructivist theories of learning in psychotherapy and clinical supervision training programs

06 Agosto 2020
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Abstract
The constructivist paradigm of learning defines learning as being “an active and constructive profess which always takes place in a context, thus being situational, multi-dimensional and systemic. The results of learning cannot be foreseen, because the building processes of a reality are individual and situational” [1], [2]. The purpose of this demarche is to underline the importance of learning from the perspective of social constructivism in psychotherapy and in training and clinical supervision programs. The objectives proposed are: to underline action directions in therapy and clinical supervision of concepts promoted by social constructivist: the zone of proximal development (Vigotsky), tutor, scaffolding, modalities to represent reality (active, iconic and symbolic); to underline the concept of socio-cognitive conflict promoted by the Geneva School of genetic psychology in therapy and clinical supervision.
Constructivist pedagogy applies not only to pupils, but also to adult, learning for pupils and for adults bears the mark of constructivist.

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1. Constructivist paradigm of learning in psychotherapy and in therapy training and supervision programs
From the constructivist point of view, learning is a personal and a group process to know one’s reality. In therapy and in training, personal development and supervision programs, the knowledge refers to the client’s reality (the patients and the trainee’s – future therapist).
In essence, the following learning landmarks are taken into consideration by a constructivist vision in training programs and in clinical supervision:
• Learning doesn’t mean to transmit-assimilate knowledge, nor is it a supplied of answers considered to be perfect solutions to problems built on a plurality of reality constructs, on a diversity of solutions, on the accepting of relative truths, on the accepting of error production and interpretation and on the fact that knowledge is a personal or even a group, collective construct.

In therapy, the client discovers that the sum of his/her problems may be a consequence of the manner in which he/she sees one self and the others. The client learns on the basis of a therapeutic relation, how to rebuild his/her conception on the world and the self, he/she learns that many of his/her cognitions don’t have a correspondent in the reality, that many truths considered to be absolute are in fact relative, and thus learn to accept that he/she was the source of interpretation errors. A new reality of the client is co-built together with the therapist.

• Learning is a process formed in three phases: deconstruction, construction and reconstruction.

Deconstruction – the therapy client and the student of a therapy training program, both discover that “a map isn’t a territory”, and what was perceived doesn’t necessarily correspond to the reality.

Daily knowledge is impregnated by the majority of people. Therapy gestalt therapy exercises are useful in this situation: “I see – I feel – I imagine – I act”. It can be discovered that the reality of each is different than the others. The deconstruction of a perceived reality was considered painful and for many the statement “bad with bad, but worse without bad” is still valid. The client learns that his/her reality isn’t everything, the therapist learns to contribute through dialogue to the deconstruction of the client’s world and how far to act in that direction in order not to mess the client and lead him/her towards an unbearable level. In the same manner, the trainer and the supervisor, during the dialogue with the therapist or with the supervisee, will deconstruct the latter’s reality.

Construction is a building process of new senses and meanings attributed to perceived realities. From a psycological point of view, in client therapy and during training, construction is considered to be the transformation nucleus, with a bigger duration. Change is not produced spontaneously, insights, sudden discoveries contribute to the creation of a new spine, a moral, cognitive and emotional one. During therapy, the construction is a road followed by two actors: the client and the therapist. The road followed together, as duration, is established by the client, being the road of constructing something new.

Reconstruction is the assembly process of acquisition obtained from learning during therapy, training and supervision. The new obtained is first validated during talks with the therapist, respectively with the trainer and the supervisor and later practiced outside the office, by the client, respectively in the office by the supervisee during the following sessions with the client.

Reconstruction has effects in therapy in the valuing of the individual’s potential, the client’s personal development and in training and supervision programs in the therapist’s development.

Deconstruction, construction and reconstruction represent the basis of learning during client therapy, during professional training and during the supervision process of the therapist.

In supervision, the supervisee accentuates, from the learning point of view, the last two processes: the construction and the reconstruction. During each supervision session, individual or group session, the supervisee builds and rebuilds some elements referring to the client’s reality on the basis of a dialogue with the supervisor.
From the perspective of individual therapy with the client and of the personal development of a supervisee, construction and reconstruction may have long durations, during more sessions (in the client’s case) or years (for the future therapist, still in training). From the supervision perspective, the case presented by the supervisee, construction and reconstruction are reduced as time periods, because these can be realized in a few minutes, and the reduction of this time period is possible according to the supervisee’s flexibility. This flexibility is also a learnt aptitude, formed during the deconstruction, construction and reconstruction process of learning during the training and the personal development stage.

2. Social constructivism promoted by L. Vigotsky in therapy and in training and supervision programs

Vigotsky (1896-1934) was contemporary to J. Piaget, but he had different thoughts on cognitive development. Piaget considered development to be an interior construct of the individual, generated from the interaction with objects, and Vigotsky underlined the role of social interaction in this development. In other words, an individual’s cognitive construction according to Vigotsky:

- is realized in an interactive context, in which actors are interactively engaged;
- is the result of a double external-internal formation, starting with the social to the individual and later from the individual to the social;
- is dependent on the teacher’s intervention as agent of development, because he/she mediated the educable relation with the world.

**Development, for Vigotsky is a socio-construction [3], which has a different direction than the one proposed by J. Piaget. In Piaget’s conception, learning depends on the level of the individual’s development, even if cognitive development conditions learning.** Vigotsky sustains an inverse rapport of causality and the fact that “learning may develop and transform during development; developmental processes don’t coincide with learning ones, but follow them, giving birth to the term “zone of proximal development” [3]. Thus, learning is the condition of development, the capacity to learn isn’t mistaken by a cognitive level reached at a certain point by the learning agent.

Vigotsky sustains the existence of a “potential progress space”, where the individual capacities are overpassed once fulfilled in certain conditions.

Cognitive development is a social process, being the main theme of the Russian author’s writings and the analysis of human development is realized on three levels: cultural, interpersonal and individual. Vigotsky’s main theme finds its applicability in training, personal development and supervision programs in psychotherapy. The analysis of cognitive development on the three levels [4]:

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a) the cultural aspect contains objectives, instruments, abilities the society perfected in order to perpetuate tr
aditions from one generation to another. The most important cultural instrument is the language, more i
mportant than the acquisition of intellectual abilities, as Piaget considered. Language is important, beca
use through its use the society experience is transmitted.

In addition, language allows children to regulate their activity: monologues were considered by J. Piaget a s
ign of egocentric orientation, and by Vigotsky these represented signs that children are able to use language
as an instrument of the taught in the interaction with other, in dialogues and mainly in social environments.

From the psychotherapy perspective, cultural aspects underlined by Vigotsky can be found in the tradition
or the history of a therapeutic orientation as soon as it comes to life, as soon as being developed in a country
, in an area or as long as it is maintained. In addition, language as the main cultural instrument is also an im
portant working instrument or a “tool” used in psychotherapy and during the training period.

The therapist’s or the supervisor’s cultural differences or similarities, the client’s or the therapist’s, are
found in verbal and non-verbal language used during therapy sessions, during training and supervision meet
ings.

b) interpersonal aspects underline Vigotsky’s contribution; at this level one finds the meeting point of three
sets of forces: cultural, interactive and individual. The author also introduces the tutor and the zone of proxim
al development concepts. The tutor represents the facilitator of a cognitive progress: the ability to think
and to solve problems is rapid under the guidance of a person who teaches the educable to use proper cultur
al instruments. From a gradual interaction with the right persons, the student’s intellectual development is a
also realized.

When talking about the training and the supervision program, the trainer or the supervisor receives the tutor
role, through the fact that he/she teaches the trainee or the supervisee how to use language (develop comm
unication abilities, dialectical abilities, hot to use the word in therapy). The training or supervision group, a
relatively closed group (participants remain the same for approximately 5 years) reproduce at a smaller sc
ale the social; each participant wears the cultural print of an area or a country. To adapt to the specific of
each participant represents a challenge for the trainer, respectively for the supervisor, as tutor.

The zone of proximal development, represents according to Vigotsky, the interval between what children (t
rainees) already know and what they could learn in guidance conditions [3, p. 199].

Thus, the optimal level of development is reached when work is done with a person who knows more. “The
blossom of development” is found in the zone of proximal development, in the interval between individual
performance and the performance obtained through collaboration.

It is considered that personal development programs, contained by training programs, are the closest one to
the stimulation of the zone of proximal development for each participant from training or from a supervisi
on program. In the same manner, the benefice of group therapy and of group supervision may also be ex
plained through the zone of proximal development.

The idea that needs to be underlined in this case is the development potential of each person; trainers and
supervisors, as tutors, must place their efforts in the zone of proximal development for each participant or su
ervisee from the supervision group. In this case, the tutor must be sensible and flexible for each partic
ipant, must manifest the ability to appreciate the actual level of each participant and the level that could be re
ached. The development potential refers to the affective side and to the cognitive one, even if each person
had a different development potential.
From this perspective, during a training program, during therapy and in supervision, the tutor follows the reach of a maximum development potential for each participant, but also the trainee’s ability, respectively that of the supervisee, to maintain and stimulate his/her development potential, through permanent learning and self-learning, during an entire lifetime.

The zone of proximal development helps in the establishment of future steps to be taken by the trainee, representing the “area between the present development potential and the development potential that be reached (acquired) with the help of adults or other more experienced persons” [3].

c) individual aspects were little accentuated by Vigotsky, in comparison to Piaget, who followed development during the entire lifetime.

The resemblance between the two author’s opinions in perceiving the individual child as an active actor in his/her development is that they both underlined the constructivist nature of cognitive development; a position also adopted by social constructivism.

The idea that the approach analysed in this paper refers to social constructivism is thus reaffirmed. Learning is based on the learner’s trial to make sense of the internal and of the external world with an accent on information acquisition. Still, this effort this sustained through collaboration with other people, especially in training and supervision programs, collaboration with a competent person as the trainer or the clinical supervisor.

Barbara Rogoff introduced the concept of guided participation, as an extension of the teacher’s explicit role in the zone of proximal development. Thus, in therapy, the therapist has the role to realize the client’s guided participation. The therapist helps the client acquire knowledge, stimulates him/her in creating a therapeutic alliance and in the maintaining of the therapeutic relation in solving problems situation, client’s problems brought from outside the office. A guided participation is better shaped in coaching situations [5].

David Wood introduced the concept of scaffolding, in order to describe the type of guidance and help offered to adults in the zone of proximal development. In therapy, training and supervision, the specialist, the therapist, respectively the trainer and the supervisor are flexible in behaviour and modify it according to the client’s, the trainee’s or the supervisee’s actions. Only though the scaffolding action adopted at the level of each educational agent, the training efforts are in the zone of proximal development; the help nature and level are permanently adapted to understanding how much the client, the trainee, can the supervisee (the educational agent) “carry” [6].

Scaffolding represents “a contingent, collaborative and interactive effect” [4], which is realized at a certain point. For example, an interpretation offered by the client at an inappropriate moment, has no effect; the therapist’s art is that of feeling moments when to intervene and to interpret.

Therapy is with a client and for the client and scaffolding (even if it may sound as a tough word), represents the expression of a prolonged practice of the therapist with the client and respectively of the supervisor with his supervisees.

In supervision, the supervisor offers scaffolding by guessing the proper moment when to intervene, where to intervene in the dialogue with the supervisee. Scaffolding demands a lot from the supervisor, who works “blind folded”, on the basis of a material exposed by the therapist, remembered as much as possible; the supervisor works in a fragmentary reality and brought as material into the discussion, after a certain period of time. For the supervisor to surprise the moment when to intervene in the dialogue with the therapist is also a rt, in order to realize the client’s well being and that of the therapist’s.
3. J. Bruner’s constructivism in therapy and in training and clinical supervision programs.

Active, iconic and symbolic modality of restructuring the reality

Bruner was influenced by Vigotsky and was convinced that human development couldn’t be realized but as a process of assistance between the trainee and the adult, the adult being the culture mediator [3, pp. 48-49]. Bruner introduced the concept of support process, strictly connected to Vigotsky’s concept of zone of proximal development.

Support refers to the ensemble of sustaining and guidance interactions offered by the adult or by the tutor (the tutor may be an adult or another child, trainee, with more competencies), to a child/trainee, in order to help him learn, organize experiences and solve problems on his own (not solved until that point).

The support process, according to Bruner, is characterised by the subject’s engagement in learning, in diminishing difficulties, maintaining attention in connection to objective, underlining determinant characteristics, controlling frustration (any errors that could determine the pupil to renounce his learning task and to resign) and proving and presenting models.

The description of these characteristics, which define the support process, are important in meta-analyses realized during training, personal development and supervision sessions. The trainer supports the learning process of each trainee (future therapist or supervisee) by engaging him/her in a learning task, for example, by working in the couple therapist-client; the client being another colleague from the learning group. The trainer support and sustains, not only the therapist trainee’s learning, but also that of every member of the group. For the therapist trainee, engaged in a “live” therapy section (role play) with another therapist colleague, supposes the following of every characteristic of the support process.

From personal experience with training groups, one could say that there are different degrees of anxiety for each characteristic of the maintaining process: at the beginning of training/supervision, the trainee/supervisee doesn’t offer on his/her own to work inside the group, in front of the trainer/supervisor and of his/her colleagues, as a result of performance anxiety. The trainer’s/supervisor’s role is that of encouraging exposure, of insuring the trainee/supervisee of the benefits offered to all the group participants and if needed, the trainer/supervisor may intervene to sustain him/her.

Another difficulty is the maintaining of a dialogue direction connected to the objectives proposed. The beginner therapist or the trainee/supervisee is engaged in a dialogue moving away from the theme established or form the supervision need; attention is fluctuant and other “entrance doors” in the client’s world are not observed.
In other cases, the game sequence, in training/supervision groups, which get closer to the end of their programs, may last during an entire therapy session (30-40-45 minutes). It is obvious, that the attention of the main actor (the therapist’s) and that of the group is highly demanded; a proper behaviour management, the recalling of gratification, the assuming of unsatisfied physiological needs and many other become frustrated on sources for all.

The learning task – the live demonstration of a therapy session, where the therapist is a colleague from the group and the client is from another group – can generate in behaviour changes and in learning new behaviours. These learning situations are built by the supervisor. By entering the game, the trainer/supervisor as co-therapist, he/she offers and proves “live” therapeutic interventions or just presents another way of working.

The trainer’s intervention is also realized as a support process in the trainee’s development; the learning sequence is thus transformed in an event! S?!v?stru [3, p. 49] presents three modalities to represent the knowledge domain:

? **Active modality** – based on an ensemble of actions necessary to obtain a result (see example above);

? **Iconic modality** – based on the presentation of a material build from images, graphics (for example, the presentation of short films on different therapeutic intervention modalities) or the realization of useful schemes for the initiation, development and maintaining of a therapeutic relation. During training sessions, I presented to my colleagues the manner in which I work with the client during the first session, when I explain to the client on a graphic, what does therapy mean, what is the therapeutic relation and when will therapy be over (see Figure 1)

According to the graphic presents, the road 0-A is taken by the client and contains the elements of his/her life, ascending or descending. Sometimes, the client takes the road A-A* on his/her own, using personal resources. On other occasions, the client reaches the point A* with the help of a significant person in his/her life. Than another life event intervenes, which shakes the client’s road, thus reaching to point B, where, for a subjective point of view, the client lives a breakdown. This point B may also represent the moment in which the client demands on his/her own the therapist’s help or is “brought” by someone else or reaches the rapy due to recommendations (from family members or other acquaintances who went or are in therapy).

This is the point where the therapist’s role intervenes to explain to the client what therapy and the therapeutic relations are. I explain to the client, using the graphic, that the road he/she takes in therapy may be B- A*- C or B-C-A*, and that on this road two persons can be seen (I as therapist and He/ She as client). I underline the fact that the client is not alone and that each member will contribute, that therapy is a two process, a co-created process.
Afterwards, another piece of the road will be taken together, from C to D, during which behaviours learnt in therapy with be strengthened and the client also learns how to strengthen new functional behaviours, and in point D, it is the client’s responsibility to continue his life road. I have observed that form most clients, the graphic or the iconic modality presented is one of impact, determining the mobility and the motivation stimulation for therapeutic change.

For the supervisee, who had during his/her training and her clinical supervision program the same trainer/supervisor, the road taken together is C:D, a professional road assisted by the supervision, who offers professional support.

? the symbolic modality, which is based on using symbols instead of words. The symbol compresses reality. Metaphors and symbols are frequently used by therapist when working with clients, but also in training and supervision programs.

A word, a metaphor may condense the therapeutic process, a corrective emotional experience or even an insight. The metaphor compresses an already understood and listed pain in the client’s/trainee’s or supervisee’s psychic.

This experience consolidation into a symbol can help the client while using hipno-analysis techniques, where dialogue with the client while in trance is practices, and contents and feelings are brought to the surface from the unconscious, in a space between the conscious and the unconscious.

The symbol may be a word, a shape, an animal, a person etc. as a part of the client, integrated for the first time in his/her personality. The purpose of using symbols is that if integrating a part in the ensemble of the client’s/trainee’s/supervisee’s personality, self.

Bruner surprised the pedagogic and psychological community by his belief that any child can be educated, but this “any” is structured and presented in the shape acceptable for a respective age. A great trust resides in the human’s potential for development and learning. The educator’s/therapist’s/supervisor’s mastery resides in presenting the learning material to the client/the trainee/the supervisee, in a proper and adequate manner for it to be understood according to each possibility.

Instruction proposed by Bruner is on the line of socio-cultural constructivism. The three representation modalities through action, imagination and symbolism are determined, from a historical point of view by the culture of each society and their valuing through an introspection process depends on three factors [7]:

- a) social amplifiers (aptitudes, mentalities, image, socio-cultural conceptions). One is interested in psychotherapy history and the tradition of a therapeutic practice in an area or a country where therapy is realized, and especially where a therapeutic orientation is applied! For a beginner therapist it is difficult to create an entrance in a country or an area where therapy hadn’t been practicing. In this frame one can also include the confusion between the terms: therapist and psychiatrist. Still, a competent therapist succeeds in creating his/her own road between mentalities. It is up to him/her if he/she wants to succeed.
b) experiences and socio-cultural demands of each personality are stored in the life experience of the client/therapist/supervisor, with a great impact on learning in therapy/the training or supervision program. Here one can include “trending therapy” or a popular therapeutic orientation, with an impact on a certain society or group of people. In the same category one can include the “therapy market” or the manner in which therapeutic orientations gain a place on the market and how these are “suggested” by university programs.

c) the capacity of the trainee’s personality to investigate a concordance or a discrepancy between the three knowledge modalities (action-imagination-symbolism) in connection to the specific of each society.

The analysis of these concordances and discrepancies refer to the national specific and by extension to the international context of therapy. The therapist and the client come from a certain culture, where action or ideatisation are promoted? Do we act or resign, because everything comes to an end? Do we mitigate to obtain something or let time solve everything? The answers to these questions are different and depend on cultural and multicultural factors, with action in the therapy and the supervision context.

4. The interaction model of the Social Genetics Psychology School in therapy and in training and supervision programs

In Geneva, in 1970, in Piaget’s space, a new school of challenging theories had appeared based on genetics epistemology, called the Social Genetics Psychology School. The representatives of this school are: W. Doise, G. Mugny, J. Cl. Deschamp; the basic theme of this school is that social interactions represent a privileged frame for the child’s cognitive acquisitions, thus existing a causal connection between social interaction and individual cognitive development [3, pp. 50-53].

At a first sight, there is a resemblance on how social interactions are built, a theory promoted by Vigotsky. Still there is a difference, Vigotsky speaks about a guidance or tutor interaction, developed between an adult and a child or between an expert and a novice, being an asymmetrical interaction (it has already been mentioned that the guidance, the tutor is present in training and supervision programs), while for the representatives of social interactionism, interaction is symmetrical, it refers to a co-solving of problems.

Integrative psychotherapy promotes a symmetrical interaction in therapy, the therapist and the client are co-partners in problem solving situations, and a mutual relation is promoted as much as possible, even if there are power gaps, these are recommended to be solved in the client’s benefit.

The representatives of the Social Genetics Psychology School underline that not any social interaction generates a cognitive process; a condition for the social interaction to determine this process is to give birth to a socio-cognitive conflict.

A socio-cognitive conflict expresses a divergence of answers between the partners of an interaction to a problem-situation and to which they are forced to offer a common answer. The socio-cognitive conflict contains in fact, two conflicts: an inter-individual one (social), generated by the gap between the partners’ answers to the same problems and one intra-individual, of a cognitive nature, as a result of the gap between the subject’s answer and the answer offered by the others. A critical confrontation of arguments in a social interaction develops the possibility for the subject to become more active from a cognitive point of view.

In therapy, numerous client present socio-cognitive conflicts, unsolved one, from their work place or from other groups. Sometimes, the socio-cognitive conflict is solved with the help of
complaisance (the client takes over the other’s answer in order to reduce the inter-individual gap of answers). Complaisance is also met in therapy, when the client wants to escape the therapeutic intervention and fabricates answers, which in the client’s opinion would satisfy the therapist, and even renounce any future meeting with the therapist. Thus, unfortunately, a relational regulation replaces a cognitive regulation. The socio-cognitive conflict may generate cognitive restructuration, if this is managed properly and if it meets certain criteria in training and supervision groups. The conditions for a training/supervision group where socio-cognitive conflict may determine cognitive restructuring are:

- each group member must be able to confront ideas with the other members of the group;
- each group member must participate in the elaboration of a collective answer;
- the conflict intensity must be regulated by the group coordinator (trainer or supervisor);
- the group coordinator invites the participant to face challenges, encourages him/her to look forward (without offending), introduces disruption sources (without these being insurmountable) and suggests re-balancing modalities.

During a training program in therapy, groups of personal development represent the base for the creation of socio-cognitive conflicts under the trainer’s guidance, but these are not exempted of danger of the therapeutic alliance braking, between the trainer, supervisor and trainee, supervisee.

After the breaking of a therapeutic alliance, it is the trainer’s or the supervisor’s duty to fix it, thus offering an example to the group of how to repair a therapeutic relation. Also, if these confrontations are not properly dealt with, some trainees may leave the training group with emotional wounds, with cognitive dilemmas etc. In addition, an unfavourable image of the trainer and of the association or agency, of the university or of the organizer of the training program is promoted.

The discoveries of the Social Genetics Psychology School researchers were also introduced in the educational environment, in schools and university. Thus, appeared the idea of learning through cooperation - with the natural apparition of a conflict between the group members. A controversy is also added, one that favours the curiosity of knowing and the incertitude on the rightness of opinions; moreover, it may generate an active search of complementary ideas. Learning through competition is not brought in this discussion, and thus the components mentioned may not appear, nor would performance have to suffer.

Training or supervision groups allows learning through cooperation when the following criteria are met [3, p. 53]:

- there is face-to-face interaction;
- the group members explain to one another, offer each other support, “keep their emotional, cognitive and motivational mirror”;
- collaboration attitudes are built, not just inside the group, but also in the exterior, session of intervention are realized, together with workshops, colleagues with experience are called (help is demanded, professional advice to problems appeared while working with client);
- parallel processes are processed in the group, power triangles if these appear, the group members monitor processes and group relations, learn about the group dynamics, are interested in their colleague’s absences etc.

Thus, the cooperation situation represents a progress factor in the development of cognitive structures, for all group members, even if it represents a combination of the group members’ efforts, a constructive interaction between these efforts and it isn’t just a simple gathering of individual efforts.
The constructivist paradigm of learning finds its applicability in the clinical domain (psychotherapy) and in the training and supervision programs. First of all, it brings learning from a social constructivism point of view. The ideas of the social constructivism founders: Vigotsky, Brunner and the representatives of the Social Genetics Psychology School, represent important references for therapists, trainers and supervisors. Training and supervision programs in psychotherapy are based on ideas promoted by social constructivism in learning, thus being able to address adults in determining a dynamic of their learning potential and their motivation to become more performant.

Taking into consideration learning from the perspective of social constructivism in clinical supervision supposes basing supervision as discipline and establishing the projecting of supervision from the point of view of adult pedagogy.

Contributo selezionato da Filodiritto tra quelli pubblicati nei Proceedings “1st International Conference Supervision in Psychotherapy - 2018”
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