

Editorial

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Seminar Presented as A Guest Professor at the ESPE Brazil Institute



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Editorial

When someone's looking for a psychoanalyst, what's the point? Why does he know about the technique? Why is it beautiful? Why are you smart? Why do you promise a cure? Or why, for some reason, are you desperate and have not found in other spaces the alleviation of your suffering?

This last question, in fact, is what surrounds our office since the creation of psychoanalysis by S. Freud. And that's no bit. If Freud insists on several of his texts, more precisely in 1905 that psychoanalysis is not and has nothing to do with hypnosis, with florals, with medicine, with cathartic procedures and, for some this can be an astonishment, with psychotherapies, this is not without reason. Freud invented another thing that, more and more, we need to rescue due to the deviations that many supposedly formative groups make in the name of psychoanalysis.

Today, I will take a slightly more direct route, avoiding the already known criticism that I have to many institutions that propose a training, and that, deep down, only make money on top of a large portion of the population that comes out thinking that it is psychoanalyst until you actually start reading the texts of Freud and, comparing things as they were presented, how they are treated with what Freud discovered and invented, they perceive themselves at a crossroads: do I recognize that I am distant from it and that I have been deceived, or do I keep pretending that everything is fine?

To those who want to keep pretending, to do so, but who do not receive any patients and say that they are doing analysis, after all, sooner or later will be charged a price. We work with lives, and that's serious. Patients die, kill, kill, destroy, destroy themselves, medicate, get sicker and sicker. How can we not see in these repetitions, when there is, and they are there for all who have eyes to see, the harmful effects of trying to mecher anyway in what, by God, is surrounded by all kinds of resistance because there are plenty of reasons for it?

Today, Then, Done This Adhering, I'll Take a More Direct Line

First let's name things and differentiate them. I'd like to propose to you the term *padecente*. Then patient and then analyzing. Who's looking for us for treatment? This is the first question that should be answered with some caution. If we say *mr x* or *y*, the guy or the cyclade will be right. But what does *Mr. X* or *Y* have to do with cyclade or so-and-so? What does a man in his 30s have to do with an elderly man in his 70s with terminal cancer? Or even with an autistic, who regardless of age, condition and language skills he may have to exchange anything with the analyst? What a woman in her 18s might want when looking for a psychoanalyst after touching herself who was abused as a child and her mother, at 50 years old seeks the same analyst to say that her daughter has always been very *metirosa*, fanciful and that she does not know what to do with her anymore so always falls into despair, in tears to the point of self-medicating with psychotropic drugs?

I've set up some examples of hypothetical situations here, but we know you're there knocking on the door of our offices. Before a diagnosis itself, I suggest we start with that. What makes all these can be counted as a group of possible candidates to analyze themselves? I propose a term: *padecente*.

All, without a doubt, bring in the soul a wound that the bonds of love, friendship, work, bonds in general and, even more, the treatments available on the market, were not enough to relieve this malaise that Freud had long perceived in his patients. The man suffers, and not only Freud said it, I don't know if they've ever read Kiergaard, to give an example, but his position on the human condition as a pathological is simply sensational.

Psychoanalysis, far from being a cure for the human condition offers a way of treatment for the *padecente*, and in this way, we find the possibility of curing some things. I'm going to slow down a little bit. I hope you don't get tired.

What Would Be a Treatment?

According to the etymology of the word, it comes from the Latin TRATARE, "lida, manage, administer", related to the verb TRAHERE, "pull, drag, bring".

Around the 14th century, the sense of "dealing with something through speech or writing" was applied in medicine to the "process of obtaining the cure of a disease".

However we may think that in the treatment there is also the possibility of a maintenance of a certain type of state, and not necessarily to a cure. For example, in palliative treatments, where care is tended so that the end of life is as little suffered as possible. We do not have here the treatment of the disease itself, which is impossible, but the treatment, the care, the management of the patient.

To move forward a little, I also propose that we think about the concept of healing. The origin of the word, from Latin curare, contains some interesting possibilities that do not necessarily present us with the same end. First we can think of the cure as a ridding someone of a disease, and secondly, restore health, or even restore a previous state of health. Here begins the problem. If psychoanalysis is indeed a treatment and promotes a cure in the sense of ridding someone of the disease, it cannot promote the cure in order to return the patient to the previous state of the disease. There is no possible reinstatement here, since it was precisely the previous state that brought him to the office. The only way out is forward, there is no return possible.

Here psychoanalysis is very clearly distinguished from psychotherapies where one thinks in the face of a problem in life, which may be a scene as Freud believed at the beginning of his work, but then discarded this hypothesis, or else a change in the functioning of brain biochemistry as the followers of some churches that has in science their "truth" when they should see there just one more theory, in any case, it seems that there is something that causes a certain type of disorder in the body and that something must be excised. For psychoanalysis, the disorder has been there since forever, only culminating in a certain moment of the patient's life, disabling him, or hindering him to such an extent that seeing himself with no way out, he turns to the other for help.

Here we are faced with the search, the first contacts, where the patient, in its original condition, in the sense of origin itself, is no longer wanting, or more precisely, to no longer support life as it presents itself. Whether it's for a certain type of suffering that returns from time to time, or by a new perception of things, or for an instant that does not cease, as in the case of crises of anguish and panic, the fact is that, whatever it is, someone seeks the analyst and, as much as he has a story about his pain, his sufferings, a sense, gradually, by naming what he believes to be the problem, gradually we realize that words slip.

The analyst, far from trying to turn his attention to the scene, the fact, or the idea that the patient had at the beginning of the conversation, listens carefully to every word, every breath, every breath, as if it were a work worthy of opera. The sound, the interruptions, the silences, the tears, everything is presenting, and sometimes at the same time, as the introduction of a long work that seems to begin there.

Some less experienced prefer to take notes, forgetting, or ignoring that Freud himself did not recommend it. Taking notes is diverting the listening and attention to something else. It is to believe that what we write down in the act of the patient's speech is important, when in fact, everything is very important. These first sessions, we have to be very careful with them. If during the analysis itself an intervention can produce performances that puts to lose all treatment, here, at the beginning of the game, where the pieces and rules are still being marked and defined all care is little. That's not to say that the analyst should remain mute all the time. This means just the opposite, the analyst has an ethical duty to listen and more, to make the patient listen from the mouth of the analyst himself that he matters and that, for whatever reason he arrived there, it will be by word that he will leave.

Here We Are in The Preliminary Interviews

Treatment has in a certain way already begun, but is not yet in full operation. Someone tells someone something, that doesn't mean it's psychoanalysis. Somebody say whatever comes to mind, not either. There is confusion in our field, many believe that it is enough for the patient to start speaking "freely", as if this were possible, so that the fundamental rule is being obeyed and for an analysis to take place.

Let's remember Freud, the name of the fundamental and unique rule: Association free of ideas. Well, just talking doesn't mean much. It is also necessary to make associations, associations that challenge the previous meaning of things. Freud (1937) goes so far as to say that a patient is actually under analysis when he can recognize between his ideas and his speech something very close to a speech that appears more or less like this: "I never thought such a thing before, this is not, this has nothing to do with me, etc..."

Little discussed in the "formative" institutions of psychoanalysts, it is believed that the fundamental rule is something almost normal and commonplace. These, who think so, I doubt they are saying of their own divan experience. The free association of ideas is actually a torment, a hell. I ask you, who analyze yourself, how many times the word appeared in the form of a knot in the throat, or in symptom, or in tears, but it did not come out. That's when it goes well, it usually gives way to a white, or the other idea.

The one who sustains the free association, who fights for the rule to be followed is truly the analyst. Always invoking whatever

it is, always intervening so that the word continues to flow. Unlike therapies that tend to see in the sense the upholstery of experience, for example, in hypnosis, in which a scene means everything and now the patient knows, through the confirmation of the therapist that that scene was the cause of all illness, for the analyst, the scene is only a construction that support something else, that reveals something that lies behind it. The analyst's listening is directed at this behind which is the effect of the transfer. I want to go back here a little bit, we're still in preliminary interviews, but we're already advancing into the psychoanalytic method. You see, we are not yet in the analysis itself, but we apply the method to try to verify what effects this treatment will have on this patient.

I'll Say it Another Way

In the clinic, I once attended a lady, she was very confused, with mood swings, always depressed, she was treated with electroshock when a young man, military father, lost him early in life, had two daughters who also died, had a mother and a husband and who also died, she told me that there was only one grandson left. During the interviews, I was in the spotlight, is it possible psychoanalysis here? Said and done, I took it, listened, intervened, and gradually realized that the problem was not there with me, I forwarded, and was given the diagnosis of Alzheimer's. She curiously didn't remember my name, but she remembered that I had called her old.

How to Say That Psychoanalysis is for Everyone?

Another case I attended was of a woman, bedridden by cancer, lying in bed at her parents' house, had a young daughter, teenager, I don't remember her age, that's many years ago. By a relative I went to her house, and I attended her a few times. At one point I went up in the room, she didn't know who she was talking to anymore. I realized that there wasn't much I could do there, but in one of the calls, she worried a lot about her daughter with the dreams that her daughter wouldn't live, like having her mother at the altar with her at the wedding, the lack that this mother would do and everything else you can imagine, I asked the patient: look, today you're in bed, do you think your daughter is okay? She said yes to me, and soon I've been sorry, her parents are taking very good care of her, you don't have to worry about your daughter, you can be at peace. The patient died a few days later. Is there a psychoanalysis possible there?

Of course not, we are not facing a path of analysis in which we have time in our favor. Or in which we can afford to schedule two or three schedules to meet this person and build with patients an analytical demand itself. But I run the risk of saying that it is possible rather a work of listening, care, and even some form of healing that allows them, through my experience with psychoanalysis, to get a little better, or even, in the worst case, to leave.

One last case to exemplify, this is more common than you might think. Patient arrives with bouts of dizziness, malaise and feeling sick. Labyrinthitis diagnosed years ago, very punctual and wants to try psychoanalysis to cure her of labyrinthitis. Obviously we have many possibilities to question this patient, but if we take the complaint as the goal of treatment, we'll be sticking our feet in our hands. There is no possible analysis when the person who seeks us knows exactly what he wants, how to achieve and succeeds. Just think about it for a minute. If you know what you want, you will not direct the knowledge to the analyst, this point is essential that it happens before or during preliminary interviews. If you know how to succeed, the analyst is in trouble, any gesture or act will be used against you at any time. If you can do it then, then you don't need an analyst. We can say that this triple is what we expect from an end of analysis, not a beginning.

So, to summarize the thing, the preliminary interviews also serve to guide us whether or not a case can be accepted under analysis. This idea I present to you here today is by no means new. However, every day that passes, the famous psychologists of Instagram insist on going against much of Freud's legacy and still call whatever they do psychoanalysis. Claiming that psychoanalysis is good for everyone and that everyone should do analysis. Freud has left us many and many texts to think about this, which leads me to reflect on the ignorance of psychoanalysts in the present day of Freud's own text, and also of psychoanalysis.

Just to exemplify things, I will quote an excerpt from one of the first psychoanalytic texts written by Freud in 1905 "Psychoanalytic therapy was created from and for patients with lasting inability to live, and its triumph is what makes a satisfactory number of them able to live their existence in a lasting way." (p.71).

I wanted to touch this passage, just to demonstrate to you, in Freud's words that psychoanalysis is not a practice to all, but for those who need it, and that there are also those who need it and for some reason do not correspond to treatment. This is a little further on in the same text. Fact is, we must be very careful before receiving someone under analysis, we should rather conduct a selection and preliminary interviews are the best we have at our disposal for this.

But What is Preliminary Interviews?

Far from giving you a manual, which would mischaracterize everything we think of as a psychoanalysis, I intend to at least give some beacons so that you can affirm yourself theoretically but always remembering that this does not work by itself, we must also follow in supervision, we have to think about the clinical case and assemble it according to what is allowed by theory. Anyway, I hope it's interesting.

When a patient arrives at the clinic he should be asked to talk about his problems, the analyst, in turn, should adopt

usually a posture of silence. This silence does not mean to say nothing, but to silence one another, to put your ion out, to be there to welcome, to listen and to intervene from what you speak and only to what the patient speaks. The theory, the knowledge about the multiple determinations of human suffering, the poetry, the supervisions, the years of analysis and everything else that favors the analyst in the sense of knowing or understanding anything that the patient is bringing in the form of gestures, tears or words, should not appear. This silence of itself is the maximum disposition we must have from the first meeting to the last day of treatment. However, every case is a case, I never get tired of saying it. Silencing yourself is being open to whatever appears on the other.

At this point, the analyst throws the bait, "say whatever comes to your head." You see how amazing, here there is nothing free, the analyst provokes, seduces, summons the patient to say. But it's just bait, our interest is not in this talk all, but in the associate. However, there can only be any association to the extent that the cards are on the table. I'm not surprised that a lot of patients give up psychoanalysis when they find dumb analysts who tell patients to keep talking and get that uh-huh sound. There's nothing psychoanalysis about that. Just as there is nothing psychoanalysis when the patient arrives and the analyst explains what the patient is feeling or why he is suffering. The position that the analyst occupies is a position that questions, which he asks, which questions in order to make the patient present as many elements as possible that he knows why he suffers.

Some people stop in interviews, usually this is not what happens when we already have a certain route and can sustain this function, but why do they stop? There are some causes, we will not be able to explore all of them, but in addition to the iatrogenic causes, we also found that some people just needed a space to talk, to put out, to take courage, I don't know, the variables are many, but what turns out is that there was no analytical demand. The complaint was resolved, as quickly, and sometimes in 10 or 20 sessions as in other mental health practices. If the complaint has been resolved, the patient has left and is feeling good, great. However, let us not be fooled, it was not an analysis, but on the other hand, perhaps, without the other, without the analyst in his role, the patient would still be skating.

So we have to in the preliminary steps to the treatment, things happen. And they happen because although we are not yet in analysis itself, there is someone there who makes an attentive listening, who follows and promotes the rule of the game and who checks in a short time, some important therapeutic effects, but that do not get to be analytical effects, but therapeutic effects.

Another function of preliminary interviews is to be able to build a demand for analysis. This demand will be the guiding thread of the treatment and that we can see in the analytical transfer its attempt to achieve.

It is necessary to distinguish complaint from demand, briefly, the complaint is what the patient usually talks about in the sessions. He tells his story, re-cries, asking for something to be given to him. However, what the patient asks for is, without shadow of a doubt, return to the previous state of illness. This state is impossible for us to return to. Here we enter another point that should be discussed as a function of preliminary interviews, the question of the production of a properly analytical transference.

When Freud writes "The dynamics of transference" more than 20 years had passed since his early work with neurotic patients. This gives us an interesting amount of cases so that it is possible to formalize some things. In the same text, Freud warns us that our patients come to us from a certain drive arrangement to try to satisfy with the psychoanalyst something that was dissatisfied. This part, at the very beginning of the text brings us a glimpse of many differences between psychoanalysis and other therapeutic modalities, including, with a closer reading, it becomes impossible to say that the transference and its management in the psychoanalytic clinic has something to do with rapport, or with the relationships between doctors and patients. This first relationship, which we can even compare with rapport, when the patient approaches with his expectations of satisfaction, treatment and cure, must be managed for another relationship to appear. We can say then in a few words that being would deal with 2 moments in the transference, a first moment in which we would have a commonly constituted relationship like any other between the patient and the psychoanalyst, and a second moment that, from the interventions of the analyst, what is produced is a properly analytical transference.

It is very important to make this clear, this time, of the construction of an analytical transference here does not correspond to the time of so many sessions, but of a production in which the analyst assumes a certain place of object in the relationship that is produced with the analyzer. I want to leave this here very demarcated, both analyst and analyzing do not exist a priori, much less the Freudian unconscious, which is the subject of the unconscious. This is all a product of the clinical device.

Returning to the question of the construction of the demand for analysis, what we see is that the relationship that is produced between the one who speaks and the one who poses as an object ends up constituting not a relationship of complaint, but of lack. The patient, from his complaints, becomes the account of a fault and inserts the analyst in the game of his love relations presenting himself, in the here and now his problem. Put in this way, it is easier to think how timeless Freudian unconscious is and why we say that psychoanalysis does not take place by exploring the past, but in the present, in the here and now.

The silence of the analyst, a function we have seen a little here, should produce as an effect an important turn from the transference relationship. Rather than demand from the analyst

for an answer, the analyst is led to recognize a lack of knowledge about himself. At this point, we will produce an assumption of knowledge in the analyst. The analyst assumes a knowledge in the analyst, a knowledge about what makes him suffer and analyst demand a response. Look, we're in the speech ground. The analysis takes place entirely in the game of speech, it is not accurate and to some extent is totally dispensable any other means other than the patient's own speech and the attentive listening of the analyst with his interventions that should always sustain and produce the association free of ideas. Yes, for some this may come as a surprise, but who supports the association free of ideas is the analyst. In other words, if the analyst intervenes in the wrong way, mistakenly, if it precipitates, the association ceases, the work ends, we can say that the unconscious closes. Therefore it is very important that the analyst is able to take this place, so I emphasize more and more the importance of a solid and rigorous training in our field of work.

I don't know if they're following me here, but we're going through a lot of concepts. I'm trying to align them not in the sense of building a "pure" path but rather a mapping of what occurs in the sessions. So far we have seen then about the transference, about the silence of the analyst, about the first contacts, about the subject supposed to know, and a little about the fundamental rule.

I return to the question of the free association of ideas as a method of psychoanalysis and also as a sinequanon condition. Notice that when it comes to association free of ideas, we cannot be guided either by florals, hypnosis, or by questions directed, nor by questionnaires, because this ethically hurts the logic of the game. I suspect who does these things and calls it psychoanalysis. You obviously haven't read it, or you don't understand what a psychoanalytic treatment is, and you don't even know much about what it's for.

Let us return to the beginning of our class, because for a cancer, a caries, a fracture in the bones, our craft is of no use. This has to be made very clear. Freud does not propose a psychoanalysis for everyone, because he finds that our object of work and our objective are too particular to be linked to a causality of human suffering that we can locate in the human condition of inhabitants of language. The suffering with which psychoanalysis deals is one that has unconscious determinations. Daniel Omar Perez locates this problem very well in history when he points out that Freud discovers the 3rd causality of suffering, unconscious psychic causality.

The entire course of an analysis must necessarily respect not only the method, but investigate whether what the patient suffers from, complains and intends to undergo treatment, is succeedable to the field of psychoanalysis. We've already seen that preliminary interviews have this function. But what would it be to say that a type of suffering can be mitigated and generally cured with psychoanalytic treatment?

Let's Go in Parts

Neurotic, psychotic, perverse, autistic, or rather, illness of those who dwell in one of the clinical structures is not always of the order of the body, or of the "mind". As was the case of the hysterical ones attended by Freud, or the man of rats, or of those who venture to be psychoanalysts. There is another kind of suffering that, no the more it is done, no one is trained, as much as it is known, no seed... Insists. This suffering can lead to biochemical changes to such an extent that it can culminate in death, either by an act of attempting to attack life quickly and directly or by a depression that gradually sucks up the whole possibility of continuing to exist. Fact is, something doesn't go well and the means available for treatment rarely function as it would be expected to work.

The bet on an unconscious determination is not for everyone. But it is in the process of welcoming and listening that we will gradually go on the course of interviews locating a certain type of suffering, or rather, of insistence of something that limps, that skids, that skates. Realize that neither analyst nor analyst knows what it is, this is essential because, a certain hypothesis of whatever the cause makes the whole process of analysis can end before it even begins.

It is before this enigma, this doubt ignorance that things are more or less straightening. When Freud states that psychoanalysis is a treatment, a research and a series of systematized concepts, it is exactly what Freud is talking about, that each psychoanalysis gives an investigation, a treatment and also a theoretical construction about each case. Lacan uses the term praxis to define psychoanalysis, which, on a case-by-case basis, when the theoretical beacons are respected, we see that not only psychoanalysis is alive but also serves us today. But what do we do for? Here we can say the purpose of an analysis.

That Psychoanalysis Serves Something, That Is Evident, But What Would That Be?

When we receive a patient in the clinic and he begins to speak, what we realize is that in speech there is a kind of knot, or even, speech is the effect of a series of threads of diverse senses that is usually fixed at a common point. Everything the patient says leads us to this knot, to this point, to this hole where words seem to be lacking. Saying everything that comes to mind is the decoy to get here. From what we suffer is in reality of imprisonment, or even of the fixation in a certain strict sense of something. We suffer from an interpretation. We suffer for and through the word.

I insist on it, if someone calls me now and says my daughter's dead, I think I die together. My whole body will change, the word goes through the organic, causes in the supposedly biological body a series of changes that can only be compensated from another sense that puts the body novament on the axis. But what

would this axis be? If I insisted on calling the human padecent at the beginning of this class, it was to get to this point here, already ending this part of the course.

The reality, as we recognize it, is first and foremost a very precarious reading of what is around us. Reality is always subjective, filtered by our fantasy, by our psychic apparatus. If the cards are marked in the sense that the choices we make in our lives tend to a repetition, they are not by repeating the same thing, of the same card, but rather by, after the choice, reading the same thing regardless of the letter that is).

This fixation, this point in which we see our patients sink before a supposedly previous sense, here we have the possibility of a psychoanalytic treatment and, consequently, the cure. It cures this that will allow after a long and arduous work on itself, to the extent that it is said and freely associated with the scenes, memories, ideas and affections, the liberation of the subject from his own deadly fantasy. Here I could tell of such a fantasy crossing, as Lacan came to say once or twice in his life, but opt not. For crossing the fantasy has gained so many interpretations in the field of psychoanalysis that I do not know if it is good tone to compare the end of the analysis with this aspect of the theory that, yes, we verified this in the clinic, but even so, the crossing of fantasy is not the same as the end of an analysis. Explain.

If man inhabits language in the condition of suffering from it, the problem is not the fantasy itself, in the sense that the unconscious will continue to produce its formations. The question is to reseur, to be destined to remain in a certain situation of suffering, of regret of dissatisfaction always demanding from the other an impossible. A fantasy, whatever it is, is something of the structure of the subject, its basis, there is no subject without fantasy. So what does an analysis do? This is a simple and at the same time complex question, because, it does not change fantasy, but if it is used to be otherwise.

An analysis must necessarily lead someone to such a point of subjective destitution, that is, of dispassion of ones, of de-reconhand cement, of ignorance, I think you have already understood a little, finally, an analysis should lead the subject to the point of no longer sustaining himself from a certain knowledge

about himself that is confused with the truth of the subject. An analysis, when revealing the truth, what it produces is the analyst of his own experience, as Lacan will say.

So it takes time for someone to be able to exercise the job of analyst. A time that is not seen in clock in number of sessions or whatsapp pro analyst, because it is the time to veirificar some effects in which it undergoes the analytical method. Note that the silence of the analyst is not possible if we still see with the lenses of our fantasies. Again, the study of theory, supervisions, ties to the School, the cartel, and all training devices help us remove our skin, but it will only be under analysis that this will consolidate. This is very important, it is not because someone has come to the end of an analysis that will be vaccinated of suffering, or even in this way of being and existing in the world, however, once warned of everything that occurs to us and how we let ourselves be taken by certain elements that are dear to us, it is a little easier to occupy this place that Freud known to be of one of the impossible offices.

I want to leave this very delimited, the end of analysis is ultimately the formation of the analyst. Lacan goes so far as to say that the analyst is another of the formations of the unconscious. This is very beautiful and at the same time almost a mantra, but we should not keep repeating it like parrots without understanding what it is about.

If the psychoanalyst is one of the formations of the unconscious, he does not survive outside the clinical device engendered by psychoanalysis. Hence Lacan's proposal that the psychoanalyst is, first of all, an act and not a being and psychoanalysis an ethics and not a profession. If we take into account all of Lacan's work to formalize psychoanalysis, we will see that he deals with the beginning to the end of his work to think and question not only the theory, the technique, the institutions, but what is at the center of everything, the formation of the analyst.

In one of my favorite texts on the theme "Proposition of October 9, 1967" Lacan summarizes what would be an analysis from beginning to end, demonstrating that the end of analysis is necessarily the production of something from a path of de-being. Now, if psychoanalysis heals, and heals, it heals us from the passion of being.



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