

Reconstructing Meaning in Life for Older Adult Patients in Palliative Care: A Writing Therapy-Based Approach

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Abstract

Against the backdrop of deepening population aging, this paper explores how to address the core spiritual distress—loss of meaning in life—faced by older adult patients during palliative care. It aims to systematically elucidate the unique value and mechanisms of writing therapy as a non-pharmacological intervention in reconstructing their meaning in life. Writing therapy is not merely an auxiliary tool for symptom management but also a profound medical humanities practice that enables modern palliative care to achieve "holistic care." By reviewing the theoretical foundations and developmental trajectory of writing therapy, and considering the terminal physical and psychological characteristics of older adult patients, this paper analyzes in depth how writing therapy facilitates the positive reconstruction of meaning in life through a series of processes: alleviating suffering, reviewing life, connecting emotionally, sublimating experience, and affirming value.

Keywords: Palliative care; writing therapy; meaning in life; older adult population

Introduction

Aging Background and Issues

Addressing population aging is a global challenge and also a major difficulty currently facing China. Population aging is a fundamental national condition that will persist throughout the 21st century in China. The 15th Five-Year Plan period represents a critical stage in which China's population aging level transitions from moderate to severe, and it is also an important window for actively responding to population aging and laying out long-term strategies. The pace of aging continues to accelerate, its intensity deepens further, and the demographic dividend is gradually shifting into a demographic burden period. According to Qiao Xiaochun's population projection results, the proportion of the population aged 65 and above is expected to reach 19.5% by 2030 and exceed 20% from 2031 onward, at which point China will formally enter a super-aged society [1]. Data from the fifth sampling survey on the living conditions of urban and rural older adults in China show that China's older adults are characterized by trends such as empty-nest households, declining fertility, aging, and regional population changes. The data indicate that China has the world's largest older adult population, with approximately one in every four older adult's worldwide living in China.

China is a populous country. Although population aging is a common problem faced by all countries, for China it presents a more complex and severe challenge. China's population aging exhibits the dual characteristics of "rapid speed and deep intensity," with its aging pace far exceeding that of most developed countries, and the absolute number of older adults has long ranked first globally, placing short-term pressures on social adaptation and resource allocation that are difficult to alleviate. The continuously rising older adult population will cause a series of issues in China, including imbalanced aging structures, increased resource mismatches due to urban-rural aging disparities, and dual pressures on the economic and social security systems [2]. According to data from the National Bureau of Statistics, China's death toll exceeded 10 million in 2024. This indicates that death is no longer an abnormal phenomenon in hospitals but a social issue that warrants serious attention. This also reflects, from another angle, an issue closely related to aging that deserves in-depth focus—namely death. End-of-life care is not only a medical need for individual patients but also a social need for specific social groups.

Terminal Characteristics of Older Adult Patients in Palliative Care

The World Health Organization (WHO) defines palliative care as a systematic approach provided to patients with life-threatening illnesses and their families, aimed at improving their quality of life and their ability to cope with crisis situations [3]. It encompasses comprehensive physical, psychological, and spiritual care and humanistic concern, and through the collaboration of interdisciplinary teams (including professional healthcare providers, psychological counselors, social workers, volunteers, etc.), it controls patients' pain and distressing symptoms, enhances the quality of life for patients in their final stages, alleviates family members' psychological grief, and helps both patients and their families face the end of life with equanimity. In palliative care, older adult patients constitute the main group; exploring the terminal characteristics of older patients and examining their life circumstances and care approaches will have significant implications for the development of palliative care in China.

Physiological Characteristics of Terminally Ill Older Patients

In the palliative care setting, older patients in the terminal stage typically present a progressive decline in bodily functions, with various significant physiological issues, which can be categorized as follows: first, circulatory system failure, with reduced myocardial contractility; second, respiratory system failure, due to respiratory center depression, weakened respiratory muscles, and inability to clear secretions normally; third, thermoregulatory dysfunction, caused by disorders of the thermoregulatory center or infectious factors; fourth, abnormal muscle tone, with patients experiencing general flaccid paralysis; and fifth, neuropsychiatric system abnormalities, with progressive sensory decline, sleep disturbances, and in some cases hallucinations and

other abnormal psychiatric symptoms.

Five Psychological Stages of Terminally Ill Older Patients

The renowned American psychoanalyst Elisabeth Kübler-Ross, through extensive interviews with advanced-age elderly individuals and research on their psychological activities before death, divided the dying process into five psychological stages: denial, anger, bargaining, depression, and acceptance. The first stage is denial and isolation: most patients, whether informed of their condition clearly from the outset or initially unaware and later realizing they have a terminal illness, often first experience denial, with varying degrees of denial emotions. The second stage is anger: as initial denial proves futile, anger, rage, envy, or resentment follow. The third stage is bargaining: this involves negotiating with the harsh reality, a phase of making deals and gaining time. The fourth stage is depression: when terminally ill patients can no longer deny their situation, this is replaced by intense feelings of loss and anxiety. The fifth stage is acceptance: patients no longer mourn the loss of life's wonderful prospects but quietly await the moment of departure.

Review of Writing Therapy and Its Research

Definition of Writing Therapy

Writing therapy is now more formally known as "expressive writing" or "written disclosure therapy" [4]. As a form of expressive narrative therapy, writing therapy is a self-help recording treatment method validated by neuroscience and psychology, which restores life events through words, expresses views, releases emotions, integrates trauma, and reshapes cognition. Writing has gradually evolved from a personal spontaneous cathartic means into a scientifically grounded therapeutic method interpreted by various psychological theories and ultimately applied clinically.

Domestic and International Research Review of Writing Therapy

The international development trajectory can be divided into several key phases. In the mid-19th century, Kierkegaard, based on personal experience, first revealed the self-healing function of writing. In the first half of the 20th century, Selye's stress response theory provided explanations from a physiological perspective, while Freud's psychoanalysis proposed the theory of "sublimation and displacement" from a psychological angle, suggesting that writing could transfer repressed psychic energy (libido) from the unconscious, achieving psychosomatic pleasure. Under the impetus of humanism in the 1950s, Maslow's hierarchy of needs regarded "self-actualization" as the highest need. In the 1980s, narrative therapy founded by White and Epstein formally incorporated writing (narrative) from theoretical discussion into the field of psychological counseling practice, marking the establishment of writing therapy as an independent approach. In ancient China, there was the concept of "using literature to facilitate healing" (as seen in works such as Guanzi, Tao Yuanming, and Zhong Rong), recognizing literature's therapeutic effect in calming the mind. However, under the mainstream Confucian thought of "literature as a vehicle for morality," this function was long overlooked. In 1998, scholar Ye Shuxian first explicitly proposed the concept of "literary therapy," and since then systematic research in this area has begun [5]. Overall, modern and contemporary writing therapy research has mostly focused on the psychological domain, with a relatively broad scope and failed to break down a certain group. Studies specifically addressing the significance of writing therapy for terminally ill older patients are scarce. This paper, starting from writing therapy, aims to provide theoretical support for reconstructing meaning in life for older palliative care patients.

Feasibility of Writing Therapy in Localized Palliative Care

Chinese traditional culture is profound and extensive, within which family culture, filial piety culture, good-death culture, and funeral culture exert a profound influence on palliative care [6]. Given China's national context, writing therapy is more suitable for Chinese people in palliative care, primarily because it aligns with Chinese people's reserved emotional expression

habits, the cultural tradition of valuing family and life continuity, and the low cost adaptable to primary healthcare. Currently, a multiplicity of cultures coexists, and the collision of diverse values leads to ethical conflicts [7]. Specifically: first, most Chinese people are not accustomed to openly and directly expressing their terminal fears, regrets, or concerns for family members; writing provides an "indirect and safe" outlet for expression, avoiding the awkwardness and pressure of face-to-face communication. Second, Chinese culture values "leaving traces" and "passing down family heritage"; the life memories, family precepts, insights, or affectionate letters written by patients not only confirm their own life value but also leave a spiritual legacy for their families, aligning with the cultural psychology of "reverent remembrance of the departed." Third, palliative care resources in China remain unevenly distributed; writing therapy requires no complex equipment or full-time accompanying professionals, is low-cost and easy to promote, and can adapt to community-based, home-based, and other care settings, better meeting the practical needs of grassroots care.

Reconstructing Meaning in Life for Older Adult Patients—Based on Writing Therapy

Alleviation of Suffering—From "Agony" to "Release"

Advancing age is the primary risk factor for increased morbidity and mortality from most chronic diseases [8]. Chronic diseases are prolonged in duration, progress slowly, and lead to physiological functional decline. In Li Yi's fieldwork, it was found that chronic illness causes physical pain through three main channels: disease-specific symptomatic pain directly related to the condition, consequences of long-term treatment, and interactions among aging, disease, and lifestyle [9]. Even a study published in *Pain Management Nursing* from a U.S. NICHE-certified hospital confirmed that when dementia patients cannot self-report pain, neither nurses' age nor years of experience suffice to ensure accurate assessment—it is not that the elderly feel no pain, but that we fail to recognize it.

The significance of writing therapy in alleviating physical and psychological suffering for older patients essentially lies in helping them shift from a state of "passively enduring pain" to one of "actively taking charge of life," creating a positive cycle of written expression—emotional regulation—meaning construction—psychosomatic interaction. In palliative care, writing (in the form of diaries, essays, memoirs, etc.) uses text as a medium. Immersed in writing, older patients' thinking is occupied by words and stories, thereby diverting continuous attention from physical pain. At the same time, writing creates a "non-judgmental space for expression," allowing patients to freely articulate hidden emotions such as fear and helplessness without the pressure of direct communication, reducing psychological drain from emotional suppression. Sustained writing can significantly lower depression scale scores in older patients with depression. On the basis of emotional calming, writing further brings a series of positive physiological regulatory effects. The emotional calming achieved through writing can improve sleep quality, enhance immune cell activity, and strengthen the body's resistance to disease. For older adults, writing serves as "brain exercise," effectively activating cognitive functions and delaying cognitive decline. As emotional tension is initially released, writing therapy can further guide patients toward narrative organization of their "suffering" experiences, facilitating cognitive restructuring. For instance, in group writing therapy, older patients can share their works, discover similar experiences and feelings among others, generate group resonance, and form mutual support networks, thereby reinforcing positive group identification. The core value lies in respecting the subjectivity of older patients, allowing suffering to be digested and accepted through expression, ultimately achieving both physical and psychological relief.

Life Review—From "Remaining Time" to "Complete Narrative"

"Individuals narrate their life stories in their own words, or record life stories based on dialogues and interview outcomes" [10]. Life review is a commonly used method in gerontological social work. Writing therapy, by awakening memories, organizing threads, and integrating narratives, can help older patients transcend anxiety about "remaining time" and construct a complete life narrative encompassing past, present, and future, thereby enhancing meaning in life, improving psychological state, and

strengthening social connections. Issues include loss of self-identity and avoidance of death-related topics.

In medical models and social perceptions, the life course of older patients is often reduced to an overlay of "disease treatment" and "remaining time," a perception that views the terminal phase as a period of "decline" and "ending." Older patients are prone to passive states such as "life is meaningless," "loss of self-identity," and "waiting for the end." The starting point and destination of life narrative are both the aspiration for and pursuit of a flourishing life state, taking as its mission the inquiry into human spiritual meaning and the exploration of spiritual outlets [11]. Moreover, people internalize the life stories they construct, thereby endowing life with meaning [12]. In "remaining time," the past life narrative fractures into three dimensions: first, fragmented memories—patients strongly wish to recount memorable past experiences, whether glorious or dark, yet struggle to form a coherent life trajectory; second, emotional suppression—faced with aging, illness, and separation, older patients often suppress negative emotions such as fear, regret, and loneliness, lacking effective channels for expression, resulting in a disconnect between emotion and narrative; third, weakened social connections—family and society focus primarily on physical care for older patients, neglecting their spiritual needs, so that their life stories are rarely heard and acknowledged, leading to a loss of narrative meaning.

Writing therapy, through the cyclical process of "writing–reflection–reconstruction," facilitates the transformation of older patients' life perception from "remaining time" to "complete narrative." Corr's task-based approach to coping with dying indicates that at the end of life, individuals often face issues across four main dimensions: physical, psychological, social, and spiritual [13]. Physically, writing can effectively divert pain caused by illness. Psychologically, by reviewing life stories through writing, older patients can effectively alleviate negative emotions such as anxiety and depression. Socially, the life narrative texts generated through writing therapy become important bridges for communication between older patients and their descendants. Through reading these texts, descendants gain deeper understanding of their elders' inner journeys, and patients themselves feel the continuity of their lives. Spiritually, constructing a complete life narrative through writing therapy is a process of both seeking and establishing meaning in life. "The assignment of writing tasks helps mobilize service recipients' initiative, especially since this group often tends to indulge in self-neglect or become increasingly despondent during this period. Compiling written documents into volumes can serve a similar 'ritual' function" [14]. Through reflection on questions such as "Who am I?", "What have I experienced?", and "What value does my life hold?"—in the medical humanities context, social workers encourage and guide older patients to exercise their subjective initiative, empowering themselves through writing, and in this process gain deeper insight into patients' inner worlds and needs, providing personalized psychological support and humanistic care.

Emotional Connection—From "Dialogue" to "Farewell"

At the end of life, the relationship with oneself is the foundation of all relationships. The impact of illness and dying often breaks the connection between patients and their past selves and their present ailing bodies. Older patients in palliative care frequently fall into profound loneliness due to physical decline and the fading of social roles; emotional connections with family, friends, the world, and even themselves become fragile or severed. This "emotional isolation" is a major source of existential distress. Writing therapy plays an irreplaceable bridging role here. Through an inward-to-outward writing journey—from dialogue with oneself, to communication with others, and ultimately to farewell to the world—writing therapy provides older patients with a structured, ritualized pathway to articulate, express, and complete the most significant emotional affairs. "Everyone experiences birth, aging, illness, and death; we rejoice in new life, and we should be fearless of death" [15] It is not merely a monologic catharsis but a constructive communicative ritual, guiding patients from internal, silent "dialogue" to external, ceremonious "farewell," thereby repairing emotional bonds and achieving relational reconciliation and life closure.

"Practice-based life review may be effective for the 'hope' mindset of older adults, while dignity therapy may be less effective" [16]. Letter writing has been proven to be an effective intervention for coping with complex emotions such as grief, guilt, loss, or shame [17]. Writing as internal dialogue can repair the connection with oneself. Older patients engage in dialogue with their

past and reach reconciliation with themselves—for example, through "a letter to my younger self" or "my life" narratives, allowing patients, with mature present-day perspectives, to comfort past pains and achieve profound self-reconciliation. Dialogue with the ailing body—writing about "my body" or "the harm caused by localized pain"—prompts patients to re-examine their relationship with their bodies, gradually shifting from initial resistance and estrangement toward difficult acceptance and coexistence. "Stephanie Howlett listed 'writing letters to significant others' as a specific working method, allowing clients to reconsider their relationships with important people in real life" [18]. In repairing connections with others, writing provides a safe, manageable relational bridge. For many older patients, unexpressed emotions constitute the greatest psychological burden in the terminal phase, and writing therapy serves as an ideal tool for completing the "four expressions" (apology, gratitude, farewell, and love). A heartfelt letter or a brief gratitude list can concretize deeply hidden emotions, bringing inner peace. Likewise, writing therapy as a farewell ritual also facilitates the transition from connection to release—some patients may attempt to write their own eulogies or spiritual wills, facing the end with equanimity, completing the deepest and most profound emotional connection and farewell with the world.

Experiential Wealth and Wisdom Sublimation—From Personal Legacy to Family Heritage

In the twilight of life, the most precious resource possessed by older patients is not material wealth but the experience and wisdom accumulated over a lifetime. However, with the onslaught of aging and disease, these invaluable "intangible assets" often face the risk of loss due to the lack of effective carriers. The role of writing therapy in experience and transmission extends far beyond psychological comfort. It is a profound cultural creative activity that successfully helps older patients transform their greatest private property—life experience—into the most valuable public wealth (for the family) —cultural capital. This not only enables patients to confirm the enduring value of their own experience at the end of life but also actively engages them in the final fixation and infinite extension of their life's meaning, establishing in the family's historical river an indelible spiritual monument of their own.

"The acquisition of tacit knowledge must be a process of embodied immersion and earnest summarization leading to insight" [19]. The act of writing is essentially a process of externalizing "tacit knowledge" into "explicit knowledge." When patients take up the pen to review their lives and attempt to tell descendants about "our generation" or "leaving the village we depended on," they mobilize cognition to sort out, summarize, and logically organize vague experiences. This process forces implicit wisdom to be extracted, examined, and finally inscribed in the stable objective form of text. "Grandpa D, through writing, found meaning beyond rehabilitation training in the hospital and perceived the 'photo album' as an important object left to descendants for educating future generations" [14]. In this sense, the patient's writing is basically like establishing a unique "family spiritual archive." It gives solid material form to otherwise elusive family memory and ethos, providing descendants with an authoritative "primary document" for understanding family history and spirit. The ultimate significance of writing therapy at the level of transmission lies in its help for patients to transcend from biological existence to cultural existence.

Affirmation of Value and Transcendence—From "Personal Story" to "Universal Meaning"

The ultimate humanistic concern of palliative care is to assist individuals at the end of life in achieving final affirmation of their existential value and, further, to transcend the finitude of individual life and touch a more universal sense of meaning. The blurring or even loss of perceived individual value lies at the core of spiritual suffering in the terminal phase. Writing therapy, through an "evidentiary" narrative process, transforms value from a vague feeling into a tangible entity open to examination. The life-review writing guided for patients is not merely nostalgia but a systematic "archaeological excavation" of self-worth. Narrative change theories have been used in interventions to help patients make significant life changes; by utilizing the client's own stories, the individual gains the capacity to navigate change across the life course [20,21]. When patients reassemble and organize events, choices, and relationships scattered across their long lives—such as dedication to career, contributions to family, and resilience in adversity—through written narrative, the value becomes tangible and explicit. Of course, affirmation of value

is important, but true transcendence lies in integrating personal value into a larger network of meaning. When patients delve deeply into their personal experiences—whether the ordeal of fighting illness or the memory of deceased loved ones—these concrete sufferings and loves naturally touch upon the eternal themes universally faced by humanity: life and death, love and loss, finitude and eternity. Their personal stories may be compiled as exemplary cases, distilling "life wisdom" for others' reference; or, in the long history of humanity, when facing the ultimate issue of death, they may achieve the deepest and most consoling realm possible.

Conclusion

Research Conclusions

Centering on the core proposition of "reconstructing meaning in life," this paper systematically demonstrates the central significance of writing therapy for older patients in palliative care. Against the background of population aging and the characteristics of terminally ill patients, the paper argues through five dimensions: at the level of "alleviation of suffering," writing helps older patients achieve reconciliation with their afflictions; through "life review," it weaves remaining twilight years into a coherent narrative song; via "emotional connection," writing effectively repairs multiple relationships—with self, others, and the world—and accomplishes a dignified farewell; finally, through the duet of "experience sublimation" and "value transcendence," older patients are enabled to transform their individual legacies into inheritable family cultural capital. This progressive mechanism of meaning-making allows finite lives to merge into the universal river of human history, thereby achieving a philosophical transcendence of death. This study explicitly defines writing therapy as a profound medical humanities intervention, revealing that its effects extend far beyond emotional diversion—it constitutes a pathway of meaning generation that runs throughout the end-of-life process.

Research Limitations

As a care service responding to population aging, palliative care is gradually developing, yet a considerable gap persists between growing demand and actual service provision, and nationwide palliative care services require further improvement. To better serve palliative care, various therapeutic approaches have been applied clinically. As one of these, writing therapy still has the following limitations in practical research with older patient populations. First, the relatively low educational level of rural older adults narrows the beneficiary base. As a populous country, China has a high proportion of older adults, with rural older adults outnumbering urban ones; the adaptability of writing therapy in rural settings awaits practical examination. Second, obstacles at the patient level: the pain, weakness, and debilitation manifested by advanced older patients make writing conditions more difficult, necessitating reliance on caregiver-assisted oral transcription for simplified writing interventions. Third, clinical contextual conflicts: hospitals primarily focus on pain management and symptom relief, and limited human resources prevent long-term deployment for writing-based interventions. Fourth, insufficient institutional and social support: current medical insurance and palliative care funding cover limited scopes, and professional evaluations prioritize medical interventions over humanistic care, resulting in inefficient humanistic intervention outcomes.

Future Prospects

Looking ahead, the application of writing therapy for older patients in palliative care still holds broad development potential. First, it is necessary to integrate China's national conditions, Chinese traditional cultural views on life and death, and regional family concepts to develop culturally tailored localized intervention programs with greater relevance. Second, rigorous qualitative research and scientific quantitative evaluations should be conducted to further validate its clinical effects and mechanisms of action at the corresponding research levels. Third, feasible pathways should be explored to systematically integrate writing therapy into the multidisciplinary team care model of palliative care, so that it can form organic synergy and effective complementarity with existing medical, nursing, social work, and psychological support services. We earnestly hope that, through the guidance of theoretical significance and scientific practice, the power of writing will benefit more terminal individuals, enabling them in their final life journey not only to exit peacefully but also to complete their unique life exhibition with dignity and meaning.

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