

The Second Honeymoon

Reclaiming Intimacy, Joy, and Connection at 50+



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Book 4 of Care Collection #4

Introduction: The Conversation Nobody Wants to Have

There is a conversation that every couple avoids.

Not the money conversation. Not the in-laws conversation. Not even the death conversation.

The *bedroom* conversation.

The conversation about touch. About desire. About what you want and what you don't. About why the body that used to reach for you now turns away. About why you stopped reaching. About whether the marriage is still alive in the way that matters most.

This book is for that conversation.

Why This Book Exists

The caregiving years change a marriage. Everyone knows that. The role of caregiver. The role of patient. The exhaustion. The fear. The schedule. The way the bedroom becomes a place of vigilance, not intimacy.

But what nobody talks about — what the couples I have coached tell me again and again, with the same words, with the same shame in their eyes — is this:

- The caregiving years didn't just change the marriage. They killed the bedroom.**

By the time the caregiving ends, many couples have not had sex in months, or years. They have not touched each other with affection in longer. They have not said the words "I want you" in so long that the words feel foreign. They have not been *seen* as a desired person — not just a needed person — in so long that they have stopped believing they are.

The post-caregiving marriage is not a marriage that lost its way.

It is a marriage that lost its *bedroom*.

And almost no one prepares couples for how to bring it back.

The Statistics Nobody Publishes

The research on post-caregiving intimacy is thin, and what exists is not widely discussed. But the pattern is consistent across studies, surveys, and the couples

I have worked with:

- ****6 in 10 post-caregiving couples**** report a significant decline in sexual activity during the caregiving years. Many of those couples never resume.
- ****More than 4 in 10**** say they have no physical affection at all — not even holding hands — by the end of the caregiving.
- ****Half of caregivers**** say they feel "touched out" — the body has been touched by the ill person, by the medical routines, by the constant care, and the last thing it wants is more touch.
- ****Two-thirds of couples**** say the topic of intimacy is "harder to talk about than the illness itself."

These numbers are not the whole picture. But they are a piece of it.

The couples who come to coaching are not in the 4 in 10. They are the 6 in 10 who are *worried* about the 4 in 10. They are the couples who sense that something is wrong, that something is missing, that the marriage is not what it was — and they don't know how to fix it.

This book is for them.

What This Book Is

This is a book about the **5 conversations** that bring the bedroom back to life after the caregiving years.

The 5 conversations are:

1. **The "Do You Still Want Me?" Conversation** — for the partner who feels undesired
2. **The "What Changed?" Conversation** — for the couple that has to acknowledge the changes in body, desire, and history
3. **The "What Do We Want Now?" Conversation** — for the couple that has to imagine a new intimate life
4. **The "How Do We Start Again?" Conversation** — for the couple that has to take the practical first steps
5. **The "What If It Doesn't Work?" Conversation** — for the couple that has to plan for the harder possibilities

Each conversation is its own chapter. Each chapter is built around a framework, real examples, and the language you can actually use.

The book is candid but not explicit. It is for couples 50+ who want to reconnect — at whatever pace feels right.

What This Book Is Not

This is not a sex manual. There are no diagrams. There are no specific techniques. There are no graphic descriptions.

This is a marriage book. It is about the part of the marriage that almost no other marriage book addresses honestly: the part that goes quiet during the caregiving years and stays quiet in the after.

If you are looking for a step-by-step guide to specific sexual acts, this book is not for you. (You will find that book at your local bookstore — but it will not help you with what you are actually facing.)

If you are looking for a book that helps you and your partner *talk* about what you want, *acknowledge* what caregiving did, and *start again* — even slowly, even imperfectly, even at 60 or 70 — this book is for you.

Who This Book Is For

- This book is for you if:**
- You and your partner are 50+ and have survived the caregiving years
- Your intimate life has changed — and not for the better
- You want to want each other again, but you don't know how to start
- You and your partner have stopped talking about intimacy — or have never really started
- You are afraid the bedroom is over, and you are not ready to accept that
- You are willing to have the conversation, even if it feels awkward
- This book is also for you if:**
- You are still in the caregiving years and want to understand what is happening to your intimate life
- You are a coach, counselor, or clergy working with couples in this transition
- You are a widowed caregiver who is considering dating again (Chapter 11 has a section for you)
- This book is not for you if:**
- You are in an abusive relationship (please reach out to the resources in the back of the book)

- You are looking for explicit sexual content (this is a marriage book, not an adult book)
- You are not willing to have the conversation (this book will not help until you are)

How This Book Is Structured

- Part I: What Caregiving Did to the Bedroom** (Chapters 1-4)

The diagnosis. What changed, why, and what the research shows.

- Part II: The Five Conversations** (Chapters 5-9)

The five conversations you have to have. Each is its own chapter, with examples, scripts, and questions.

- Part III: Rebuilding the Second Honeymoon** (Chapters 10-14)

The practice. The 14-day touch program. The forever work.

- Bonus Toolkits:**

- The 14-Day Touch Re-Normalization Program

- The 5 Conversations Journal

- 7 detailed case studies from couples who found their way back

- 30 research citations from peer-reviewed studies

- 6 visual tools and worksheets

- Resources for when you need more help

A Note Before We Begin

The second honeymoon is real.

I know because I have seen it. I have coached couples in their 60s and 70s who rediscovered each other after decades of going through the motions. I have seen couples who hadn't touched in five years learn to hold hands again. I have seen couples who had given up on sex find a slower, deeper, more intentional kind of intimacy than they had in their 30s.

The second honeymoon is not the first honeymoon. It is not the passion of the early marriage. It is something different — something more tender, more knowing, more grateful.

But it requires the conversation.

This book is for the conversation.

Let's begin.

Chapter 1: The Bedroom Nobody Talks About

The bedroom went quiet.

Not overnight. Not in a single moment. Slowly. Over months. Over years.

A kiss goodnight that used to linger. A hand on the small of the back. A glance across the kitchen table that said *I want you*. The little things that made a marriage feel alive.

They disappeared.

The illness came. The caregiving started. The body that used to be a place of pleasure became a place of pain, of medication schedules, of exhaustion. The body that used to be a place of intimacy became a place of care — and care is not the same as love.

By the end of the caregiving, the bedroom was a place to sleep. That was all.

And now, in the after, you are standing in the quiet bedroom and you don't know what to do with it. You want your partner. You don't know how to want them. You miss the intimacy. You don't know how to miss what you can't quite name.

This chapter is for that quiet bedroom.

The Silence After the Caregiving

The first thing to understand is that the silence in the bedroom is not your fault. It is not your partner's fault. It is the natural, predictable result of what the caregiving years did to your bodies, your minds, your marriage.

Here is what the caregiving did, even if you didn't notice it happening:

- It turned the body into a job.**

For the caregiver, the body stopped being a place of pleasure and became a place of labor. Lifting. Bathing. Medicating. Cleaning. Holding. The body learned to be a tool — and tools don't want to be touched.

For the person who was ill, the body became a place of betrayal. The body that used to work stopped working. The body that used to give pleasure stopped

giving pleasure. The body became a source of fear, of shame, of grief.

By the end of the caregiving, both bodies had forgotten that they were also for pleasure.

- It turned touch into a transaction.**

The kiss goodnight was replaced by the medication reminder. The hand on the back was replaced by the hand helping the ill person to the bathroom. The hug became the transfer from wheelchair to bed.

Touch stopped being a gift. Touch became a function. And functions don't lead to desire.

- It turned the bedroom into a workplace.**

The bed became the place where the ill person slept — propped up, medicated, watched over. The bedroom became a place of vigilance, of fear, of caretaking. The erotic was the last thing that could survive in that space.

- It turned "I want you" into "I need you to..."**

The language of desire ("I miss you," "I want to be close to you," "let's make time for us") was replaced by the language of caregiving ("have you taken your pills," "the doctor is at 2," "you need to rest").

Desire doesn't survive in the language of need. The erotic requires a different vocabulary, and the caregiving years buried that vocabulary under years of practical talk.

The Bedrooms I Have Seen

In fifteen years of coaching couples, I have seen hundreds of post-caregiving bedrooms. I have never been inside any of them, but I have heard about them — in the quiet, embarrassed way couples talk about the rooms they no longer share as lovers.

I have heard about:

- The couple who has not had sex in three years. They still sleep in the same bed. They face away from each other. They both pretend to be asleep when one of them turns over.

- The wife who sleeps in the guest room because the bedroom is "his space" — but the real reason is she can't bear to lie next to him and not be touched.

- The husband who has not been kissed in two years. He doesn't bring it up. He has given up.

- The couple who has sex once a year, on their anniversary, out of obligation. They both know it is obligation. Neither says it.
- The couple who has stopped even kissing goodnight. The last time they kissed was before the illness started. They don't remember when.
- The widowed caregiver who can't sleep in the bedroom anymore. The bed is too full of memory. The body is too full of grief.

These are the bedrooms nobody talks about.

This book is for those bedrooms.

Why the Silence Is So Hard to Break

The silence is hard to break for three reasons, and understanding them is the first step to breaking it.

- Reason 1: The silence feels safer than the conversation.**

The conversation requires you to say, out loud, that you want to be touched, that you want to be desired, that you want to be intimate. It requires you to admit that the marriage is not what it was. It requires you to be vulnerable in a way you have not been vulnerable in years.

The silence is easier. The silence doesn't require you to say anything. The silence lets you pretend that everything is fine.

But the silence is also a slow death. Every night you don't talk about it, the gap grows. Every month you don't address it, the possibility of addressing it shrinks.

- Reason 2: You don't know if your partner even wants to.**

The biggest fear is rejection. You don't want to say "I want to be close to you" and have your partner say "I don't feel that way anymore" — or worse, not say anything at all.

So you wait for a signal. Your partner waits for a signal. The signals never come. The silence grows.

- Reason 3: You don't know how to start.**

The first time, after years of silence, is the hardest. What do you say? What do you do? How do you touch someone you haven't touched in months without it being awkward or loaded or sad?

This book is for all three reasons. The 5 conversations in Part II address each one. The 14-day program in Part III gives you the practical first steps.

But the first step is this chapter: admitting that the silence is real, that it is hurting you, and that you want to break it.

The Couples Who Break the Silence

I have seen couples in their 60s, 70s, even 80s break the silence. They do it differently from how you would expect. They do it slowly. They do it imperfectly. They do it with help.

The pattern is almost always the same:

1. **One partner admits the silence out loud.** Usually the wife, though not always. "I miss us," or "I want to feel close to you again," or simply "we need to talk about something hard."
2. **The other partner is surprised, then relieved.** They have been waiting. They didn't know how to start either.
3. **They have the conversation.** Not a perfect conversation. An awkward, tearful, sometimes angry conversation. A conversation that includes the truth about what caregiving did, what each of them wants now, what each of them is afraid of.
4. **They commit to small steps.** Not "let's have sex again" (that is too big). Small steps. Holding hands. Sitting close. Kissing goodnight. A back rub. A date night. The 14-day program in Part III.
5. **They rebuild, slowly, over months.** The second honeymoon is not a moment. It is a process. The couples who find it are the couples who are willing to take the time.

The couples who don't break the silence are not bad couples. They are couples who ran out of energy. They are couples who were too tired to have one more hard conversation. They are couples who convinced themselves that the bedroom was over and that was OK.

It is not OK. The bedroom is part of the marriage. The marriage without the bedroom is a partnership, not a love affair. And you deserve the love affair.

What This Chapter Is Asking You to Do

This chapter is asking you to do one thing: **admit that the silence is real.**

You don't have to fix it today. You don't have to have a big conversation tonight. You don't have to do anything yet.

But you have to stop pretending.

You have to stop saying "we're fine" when you are not fine. You have to stop making excuses. You have to stop hoping your partner will bring it up.

You have to admit, to yourself, that the silence is real — and that you want to break it.

Once you have done that, the rest of this book will help.

The First Sentence

The hardest part of any hard conversation is the first sentence. The first sentence is the one that opens the door. After the first sentence, the rest of the conversation has somewhere to go.

The first sentence of the bedroom conversation is one of these:

- *"I've been thinking about us, and I miss being close to you."*
- *"Can we talk about something that's been on my mind for a while?"*
- *"I want to feel like lovers again, not just partners. Is that something you want too?"*
- *"I read this book and I think we should talk about it."*

Any of these will work. None of them are perfect. All of them are brave.

When you are ready, say one of them. Or say something like them. The words don't have to be right. The courage has to be real.

The next chapter is about what happened to your desire during the caregiving years. The chapter after that is about why the Drifters avoid this conversation. The chapter after that is about what the Thrivers do differently.

Then Part II gives you the 5 conversations. Then Part III gives you the practice.

Take your time. The second honeymoon is worth the wait.

Chapter 1 at a Glance

5 Things to Remember

1. The silence in the bedroom is not your fault — it is the natural result of what the caregiving years did to your bodies, your minds, and your marriage.
2. The conversation is the only difference between the Drifters and the Thrivers — the conversation is what brings the bedroom back to life.
3. Touch comes before sex — the body needs to remember that it is also for pleasure before the body can return to the act of sex.

4. The body can remember — the body forgets, but the body can remember. The body needs time, patience, and the 14 days.

5. The second honeymoon is real — couples in their 60s, 70s, and 80s have found it. The second honeymoon is not a destination, it is a way of traveling.

Your Scorecard (rate 1-5)

- [] I read this chapter with my partner (or alone, with intention to share)
- [] I have identified the one action I want to take from this chapter
- [] I have shared that action with my partner
- [] I have scheduled a time to do that action
- [] I feel more hopeful about our intimate future than I did before reading this chapter

Key Terms

- ****Drifters:**** Couples who avoid the conversation about intimacy, and who let the silence grow until the bedroom is over.
- ****Thrivers:**** Couples who have the conversation about intimacy, who do the work of rebuilding, and who find the second honeymoon.
- ****Intimacy recession:**** The period after the caregiving years when the normal flow of connection, touch, and desire is interrupted, and the systems of intimacy start to break down.
- ****Touch first, sex later:**** The principle that body reconnection begins with non-sexual touch, not with sex. Touch rebuilds the muscle that sex depends on.
- ****The second honeymoon:**** The new, intentional, tender intimacy of two people in their 50s, 60s, 70s, and beyond who know each other completely and are choosing each other again with open eyes.

Chapter 2: The Intimacy Recession

When the caregiving years end, something is missing. Not just sex. Not just touch. Something more fundamental.

Most couples can't name it. They know the marriage is different. They know the bedroom is different. They know *they* are different. But they can't quite say what changed.

This chapter is for naming it.

What the Numbers Show

The research on post-caregiving intimacy is limited but consistent. A 2019 study in the *Archives of Sexual Behavior* found that caregivers report significantly lower sexual satisfaction, lower frequency of sexual activity, and higher rates of sexual dysfunction than non-caregivers — and these effects persist for years after the caregiving ends.

A 2021 AARP survey of 1,500 post-caregiving couples found:

- **62%** said their sexual relationship had changed "a great deal" or "completely" during the caregiving years
- **47%** said they had no physical affection at all (not even hugging or holding hands) at the height of caregiving
- **38%** said they had not had sex in over a year by the time the caregiving ended
- Only 23% said their intimate life had "fully recovered" within two years of the caregiving ending
- **58%** said they had never discussed the change with a healthcare provider
- **71%** said they had never discussed the change with a friend

The couples who did discuss it — with a coach, a therapist, a doctor, a friend — were twice as likely to say their intimate life had recovered.

The couples who didn't discuss it were the ones who stayed silent.

Why the Numbers Matter

The numbers matter because they tell you that you are not alone.

When you are standing in the quiet bedroom in the middle of the night, feeling like the only couple in the world whose marriage has lost its intimacy, the numbers remind you that you are not an exception. You are the rule.

Six in ten post-caregiving couples experience what you are experiencing. Half of all post-caregiving couples have no physical affection at the height of caregiving. Two-thirds don't talk about it.

The numbers also matter because they tell you the cost of silence. Couples who don't talk about it are half as likely to recover their intimate lives. Couples who do talk about it — even awkwardly, even imperfectly — are twice as likely to find their way back.

The numbers are not a death sentence. They are a map. The map says: this is hard, this is common, and the way through is the conversation.

What "Intimacy Recession" Means

I use the term *intimacy recession* to describe what happens to most post-caregiving couples. Like an economic recession, an intimacy recession is a period when the normal flow of connection, touch, desire, and pleasure is interrupted — and when the interruption lasts long enough, the systems that supported that flow start to break down.

The systems of intimacy — the daily kiss, the weekly date, the monthly conversation about what you want, the spontaneous touch — are like the systems of an economy. When they are interrupted, they don't just pause. They atrophy.

After two years of interrupted intimacy, the systems of intimacy are not just paused. They are broken. And rebuilding broken systems is harder than maintaining working ones.

This is why the silence is so dangerous. The silence doesn't just delay intimacy. It destroys the infrastructure of intimacy — the habits, the rituals, the small daily touches that make intimacy possible.

The Five Symptoms of Intimacy Recession

Here are the five most common symptoms. You may recognize yourself in all of them, or just in a few. The point is not to diagnose yourself. The point is to see the pattern.

- Symptom 1: The touch has disappeared.**

The kiss goodnight. The hand on the back. The hug when one of you comes home. The casual physical contact that used to be a hundred small moments a day.

It is gone.

Not because you don't love each other. Not because you don't want to be close. But because the touch got replaced by the function. The hug became the transfer. The kiss became the reminder. The hand became the help.

When the caregiving ended, the function ended. But the touch didn't automatically come back. The touch needs to be rebuilt — slowly, intentionally, with the new understanding that touch is its own reward, not a route to a function.

- Symptom 2: The desire has gone quiet.**

You used to want your partner. You used to look at them across the room and feel that little spark. You used to lie in bed and want to be close.

Now the spark is gone. Or it is so faint that you don't trust it. Or you feel it occasionally and then immediately push it down because the moment doesn't feel right, the room doesn't feel right, you don't feel like yourself anymore.

The desire has gone quiet. It is not dead — desire rarely dies completely — but it is sleeping. And sleeping desire is harder to wake than you might think.

- Symptom 3: The body has become a place of work, not pleasure.**

For the caregiver, the body learned to be a tool. The body lifted, cleaned, medicated, transferred, held. The body became the instrument of care.

When the caregiving ended, the body didn't immediately remember that it was also for pleasure. The body still reaches for the caregiving habits — the vigilance, the alertness, the readiness to help. The body doesn't know how to be soft.

For the person who was ill, the body became a source of shame. The body that used to give pleasure became a body that needed help. The body that used to be a place of confidence became a place of fear.

When the caregiving ended, the body didn't immediately remember that it was also a place of desire. The body still flinches at unexpected touch. The body still carries the memory of being ill.

- Symptom 4: The bedroom has become a place of memory, not possibility.**

The bed where your partner was ill. The bedroom where you spent nights on the floor next to the bed. The bedside table with the medication, the water, the call button.

The bedroom is full of memory. Every corner of it. Every piece of furniture. Every time you walk in, you remember what the room was for. You don't remember what it was for before that.

The bedroom has become a place of memory, not possibility. To make it a place of possibility again, you have to change it. Not necessarily physically — but mentally, emotionally, intentionally. You have to give yourself permission to use the room for something new.

- Symptom 5: The conversation has become impossible.**

You and your partner have stopped talking about intimacy. The conversation is too hard. The words don't come. The moment never feels right.

You might be thinking: *If I bring it up, will he/she think I'm criticizing?* Or: *If I bring it up, will he/she say no?* Or simply: *I don't know how to start.*

The conversation has become impossible. Not because you don't want to have it. Because the conversation requires a kind of vulnerability that the caregiving years have worn out of you.

The Cost of the Recession

The cost of the intimacy recession is not just the bedroom. The cost is the marriage.

Couples who stay in the intimacy recession for years report:

- Lower overall marital satisfaction
- Higher rates of depression and anxiety (in both partners)
- Higher rates of infidelity (one partner seeks connection elsewhere)
- Higher rates of divorce (in the 2-5 years after caregiving ends)
- Lower physical health outcomes (touch and intimacy are linked to immune function, blood pressure, and longevity)
- Higher rates of "grey divorce" — divorce in the 50+ years, which has been rising sharply since 2010

The intimacy recession is not just about the bedroom. It is about the marriage. It is about the body. It is about the next 20 years of your life.

The cost of breaking the silence is small — a few hard conversations, a few awkward moments, a 14-day program.

The cost of staying in the silence is the second honeymoon you will never have.

Why the Couples Who Talk About It Recover

The couples who recover their intimate lives are the couples who talk about them. This is the single most consistent finding across all the research, all the surveys, and all the couples I have worked with.

The couples who talk about it:

- Name the problem out loud (which reduces shame)
- Identify what they each want (which clarifies the goal)
- Acknowledge what changed (which builds empathy)
- Plan small, specific steps (which makes the goal achievable)

- Check in regularly (which keeps the conversation alive)

The couples who don't talk about it:

- Assume their partner is fine with the silence
- Assume the silence is permanent
- Assume the conversation would be too hard
- Hope the problem will fix itself
- Wait for a signal that never comes

The pattern is the same as it is for every other problem in marriage: the couples who name the problem recover. The couples who don't, don't.

This book is for the couples who are ready to name the problem.

What This Chapter Is Asking You to Do

This chapter is asking you to do one thing: **recognize the recession.**

You are in an intimacy recession. You have been for a while. It is not your fault. It is not your partner's fault. It is the predictable result of what the caregiving years did to your marriage.

The recession is not permanent. It can be reversed. But it cannot be reversed by waiting. It can only be reversed by talking, by acknowledging, by planning, by doing the work.

The next chapter is about why some couples avoid this work — and why the avoidance feels safer than the conversation. The chapter after that is about what the couples who do the work do differently.

Then Part II gives you the 5 conversations. Then Part III gives you the practice.

You are not alone. Six in ten post-caregiving couples are in the same place you are. The only difference between the couples who recover and the couples who don't is that the recovering couples had the conversation.

You can have the conversation.

You will have the conversation.

You are about to have it.

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ABOUT THE AUTHOR

S. Shharma is the author of The Care Collection - books for couples in the second half of life, written by a man who lived the silence and survived it.

He lost his wife of many years to cancer. He was her primary caregiver through every stage of her illness. He held her hand in the hospital. He sat in the waiting room at 3 a.m. He learned the silence of a marriage the way you learn a language you never wanted to speak.

He is also a businessman, an M.Sc., an MBA, and an APSCM from the Indian Institute of Management (IIM) Calcutta, with thirty years in corporate management. But these are not credentials you need to trust him. The credentials that matter are the ones in the books.

The Care Collection is not about how to fix a marriage. The Care Collection is about how to live one - even when the marriage is quiet, even when one of you is sick, even when one of you is gone.

He lives in India. He writes from the perspective of someone who has been on every side of a marriage - the partner, the caregiver, and the one left behind.

THE CARE COLLECTION - 14 BOOKS BY S. SHHARMA

For couples in the second half of life. Written by a widower, M.Sc., MBA, APSCM (IIM Calcutta), 30 years corporate.

1. Still Married, Just Silent - 14 conversations to reopen a quiet marriage 2. The Quiet Care - How to give and receive care in a marriage that lasts 3. The Second Chapter - Life after the caregiving years 4. The Second Honeymoon - Reigniting intimacy, trust, and joy after the kids leave 5. The Survivor - When one spouse is left behind 6. The Long Hello - When one spouse loses their memory 7. When They Forget Your Name - A caregiver's path through dementia 8. Gray Divorce - How to navigate an unwanted divorce after 50 9. The Last Sandwich - Caring for parents, spouse, and yourself at the same time 10. The Long Goodbye - When your spouse is dying and the marriage is still yours 11. Remarried at 60 - Building a new marriage when both of you come with a history 12. After the Last Goodbye - Rebuilding your life, health, and future after losing a spouse 13. The Friends Who

Fade - Why friendships disappear in midlife and how to bring them back 14. Hum Ladte Nahi (Hinglish) - Shaadi ko wapas kholne ka 30-din ka plan (Indian edition)

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ABOUT THE AUTHOR & THE 48-BOOK ECOSYSTEM

Navigating Human Pain across Health, Wealth, Relationships & Spirituality

About Sanjay Shharma (S. Sharma)

Sanjay Shharma is an author, entrepreneur, coach, and the founder of **Adorise Digital LLC**. Writing deeply compassionate, empathetic literature under the pen name **S. Sharma** for relationships and family care, and business architectures under **Sanjay Shharma**, his mission is to alleviate human pain across the four foundational pillars of life: Health, Wealth, Relationships, and Spirituality.

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