

The Survivor

Rebuilding Your Life After Losing Your Spouse at 55+



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Book 5 of Care Collection #5

Introduction: The First Morning Without

The first morning is the worst.

Not the day of the funeral. The funeral is a ceremony. The funeral is a community. The funeral is other people carrying you. The funeral is, in a strange way, a relief — because the waiting is over, the body is gone, the formal thing has been done.

The morning after the funeral. The first morning you wake up in a house that no longer has your spouse in it. The first morning you reach for the phone to tell them the news, and then you remember there is no one to call.

The first morning is when the loss becomes real.

This book is for the first morning. And the second morning. And the hundredth morning. And the thousandth morning. This book is for the mornings that come after the funeral, when the casseroles stop arriving and the phone stops ringing and the people who said "call me if you need anything" are no longer there.

This book is for the widowed caregiver.

Who This Book Is For

You are the widowed caregiver if:

- Your spouse died after a long illness — cancer, dementia, Parkinson's, heart disease, any of the long goodbyes
- You were their primary caregiver, or you shared the caregiving with siblings, or you watched from a distance as someone you loved did the caregiving
- The caregiving is over. The spouse is gone. You are still here.
- You are 50+. You have a long life ahead of you. The long life feels empty.
- You are not sure how to live the long life. You are not sure you want to.
- You have been told to "move on." You have been told that time heals. You have been told that they are in a better place. You have been told a lot of things that did not help.

You are The Survivor. You survived the illness. You survived the caregiving. You survived the funeral. You are surviving the after.

This book is for the surviving.

What This Book Is Not

This book is not a grief manual. There are no stages. There is no timeline. There is no "right way" to grieve. Anyone who tells you there is a right way to grieve is selling you something.

This book is not a religious text. The author is spiritual but not religious. The book draws on the wisdom of many traditions — Christianity, Hinduism, Buddhism, Islam, Judaism, secular humanism — but the book is not a sermon. The book is for people of all faiths and no faith.

This book is not a self-help book in the usual sense. The book does not promise to "fix" you. The book does not promise that you will be "okay." The book promises that you will be a person who has lost a spouse — and that this is a real thing to be, not a broken thing to be fixed.

This book is not for the recently widowed who are in crisis. If you are in crisis, please reach out to a crisis line. The numbers are in the resources at the back of the book. You are not alone. There is help. Please ask for it.

This book is for the widowed caregiver who is past the immediate crisis, who is beginning to face the long journey, who wants a companion for the journey.

This book is for you.

How This Book Is Different

Most books about widowhood are written by therapists. The books are good. The books are clinical. The books are about the psychology of grief.

This book is different. This book is written by a widower. This book is from the inside. This book is about the lived experience of being The Survivor — the first morning, the first year, the first decade.

This book is also different in that it is specifically for the widowed caregiver. Not the widowed in general. Not the bereaved in general. The widowed who did the caregiving. The widowed who lost their spouse to a long illness. The widowed who watched the person they loved disappear over months or years. The widowed who held the medication schedule, the doctor's appointments, the family schedule, the hope — and who are now holding the empty space where the spouse used to be.

The widowed caregiver has a specific kind of grief. The widowed caregiver has a specific kind of survival. The widowed caregiver has a specific kind of

rebuilding to do.

This book is for that specific kind.

What This Book Offers

This book offers three things:

- 1. The 90-day plan for the first three months.**

The first 90 days are the hardest. The first 90 days are the most important. The first 90 days are when the foundation of the new life is laid. The first 90 days are also when most widowed caregivers are too overwhelmed to plan.

This book gives you a plan. The plan is in Bonus Toolkit I. The plan tells you what to do in week 1, week 2, week 4, week 8, week 12. The plan tells you what to expect. The plan tells you what to do when the unexpected happens.

- 2. The map for the first year.**

The first year after the caregiving is a year of learning. The first year is when you learn who you are without the role of caregiver. The first year is when you learn to eat alone, to sleep alone, to make decisions alone. The first year is when you learn that the grief does not end but that the grief can be carried.

This book gives you a map. The map is in Part II and Part III. The map tells you what the first year looks like, week by week, season by season. The map tells you what is coming. The map tells you that the coming is survivable.

- 3. The hope for the years after.**

The first year is hard. The years after the first year are also hard — but differently. The years after are when you learn to live with the loss. The years after are when you learn to be a person who lost a spouse, instead of a person who is defined by the loss.

The years after are also when you may find something unexpected: joy. Not joy that replaces the grief. Joy that lives alongside the grief. Joy that is real, even when the grief is real. Joy that is yours, even when the loss is yours.

This book gives you hope. The hope is not naive. The hope is not "everything will be fine." The hope is "you will be okay, in a way you cannot yet imagine." The hope is real.

A Word About the Author

I am Sanjay Shharma. I am a widower. I lost my wife to cancer after 18 years of marriage. I was her primary caregiver. I held her hand when she died.

I am also a marriage and family coach. I have spent the years since her death helping other widowed caregivers rebuild their lives.

I have also written four other books in The Care Collection — books about the marriage, the caregiving, the post-caregiving rebuild, and the second honeymoon. Those books are for the couples who are still together. This book is for the ones who are not.

I wrote this book because no one gave me a book like this after my wife died. I wrote this book because I now know what I needed to know then. I wrote this book because the widowed caregivers I work with need a companion for the journey.

I am not a therapist. I am not a grief counselor. I am not a medical doctor. I am a widower who has been through the work. I am a coach who has helped other widowed caregivers through the work. I am also a writer who can put the work into words.

This book is my offering to you. The book is yours to use however you need. The book is yours to ignore if you need to. The book is yours to come back to when you are ready.

I hope it helps.

— Sanjay

Chapter 1: The First Morning

The first morning is the morning after the funeral. The first morning is when the world expects you to start the new life. The first morning is when you realize you do not know how.

This chapter is for the first morning. This chapter is for what to expect. This chapter is for what to do.

What the First Morning Is

The first morning is not a metaphor. The first morning is a real thing. The first morning is the moment you wake up — in your own bed, in the house you shared with your spouse — and realize that the person is not there.

The first morning is a moment of recognition. The first morning is when the body finally understands what the mind has been avoiding. The first morning is

when the brain stops buffering the loss and the loss arrives, full force, in your chest.

The first morning is not when you cry. The first morning is when you cannot cry. The first morning is when the tears are too small for the loss. The first morning is when you lie in the bed, in the dark, and you breathe, and the breathing is all you can do.

The first morning is the beginning. Not the beginning of the new life. The beginning of the long walk. The first morning is the first step on a path that will take years to walk. The first morning is the first step that you do not have to walk alone.

What the First Morning Feels Like

The first morning feels like a thousand things at once. The first morning feels like:

- Shock.** The shock that is finally real. The shock that has been buffered by the funeral, by the family, by the arrangements, by the adrenaline. The shock that arrives in the quiet of the morning, when there is no one to perform for, no one to be strong for, no one to organize for.
- Numbness.** The numbness that is not cold. The numbness that is the body's way of protecting itself from the full force of the loss. The numbness that will not last forever, but that may last for weeks, and that is normal.
- Disbelief.** The disbelief that the spouse is really gone. The disbelief that the body you held is not in the next room. The disbelief that the voice you heard is not going to call your name.
- Absence.** The absence of the small things. The absence of the sound of the breathing. The absence of the smell of the coffee they made. The absence of the weight of them on the other side of the bed. The absence is the loudest sound you have ever heard.
- Grief.** The grief that is not yet a wave. The grief that is the ocean. The grief that is underneath the shock, the numbness, the disbelief, the absence. The grief that will, eventually, become waves. The grief that will, eventually, have a shape.

The first morning feels like all of this. The first morning feels like more than you can hold. The first morning feels like you are not going to survive it.

You are going to survive it. Not because you are strong. Because the body is designed to survive. The body will carry you through the first morning, and the

second morning, and the hundredth morning. The body knows what to do. The body just needs you to let it do it.

What to Do in the First Morning

The first morning is not the morning to plan. The first morning is not the morning to make decisions. The first morning is the morning to do only what is necessary.

The first morning is the morning to do these three things:

- 1. Get out of bed.**

The bed is a dangerous place on the first morning. The bed is the place where the loss is freshest. The bed is the place where the grief is sharpest. The bed is also the place where you can stay for hours, days, weeks.

The bed is not your friend on the first morning. The bed is a trap.

Get out of the bed. Stand up. Walk to the window. Open the curtain. Look at the day. The day is still here. The world is still here. The day and the world are waiting for you.

- 2. Drink water.**

The body is dehydrated. The body has been through trauma. The body needs water. Drink a glass of water. Drink another glass of water. The water is not a metaphor. The water is medicine.

If you can eat something, eat something. Toast, soup, fruit, anything. The body needs fuel. The body will not let you grieve if the body is starving. Feed the body.

- 3. Tell someone.**

You are not alone. There is someone — a friend, a family member, a counselor, a hotline, a neighbor, a priest, a stranger on the phone — who needs to know how you are.

Tell them. Tell them: *"My spouse died. I am alone. I am not okay. Can you come?"*

The telling is the first step. The telling is what makes the loss real in the company of another human being. The telling is what begins the work of carrying the grief together.

If you do not have someone to tell, call one of the numbers in the resources at the back of this book. The numbers are 24/7. The numbers are free. The numbers are for you.

What Not to Do in the First Morning

The first morning is also not the morning to do many things. The first morning is the morning to NOT do:

- Do not try to plan the funeral. The funeral home will help. The family will help. A friend will help. The planning can wait.
- Do not try to make decisions about the house, the money, the future. The decisions can wait. The decisions will be clearer in a month, in three months, in a year.
- Do not try to "be strong." Being strong is not what the morning is for. The morning is for being honest. The morning is for being a person who has just lost a spouse.
- Do not try to "move on." Moving on is not what the morning is for. The morning is for being present. The morning is for being with the loss.
- Do not try to make sense of it. The loss does not make sense. The loss will not make sense for a long time. Trying to make sense of it will not help. Being with the not-making-sense is what helps.

The First Morning Is Not the Last

The first morning is hard. The first morning is also not the last. The first morning is the beginning of a long walk.

The first morning will be followed by the second morning, and the third morning, and the hundredth morning. The mornings will be different. The mornings will get, slowly, slowly, slightly easier. The grief will not go away. The grief will become more familiar. The grief will become, over time, a part of you — a heavy part, but a part you can carry.

The first morning is the morning you will remember for the rest of your life. The first morning is the morning that will, eventually, become a chapter in the story of your survival. The first morning is the morning you will look back on and say: *that was the morning. That was the morning it became real. That was the morning I began.*

You are beginning. You are surviving the beginning. You are not alone.

The next chapter is about the body — the body that remains, the body that has to keep going, the body that has to be cared for, even when you do not want to care for it.

But for now, just get through this morning.

You are doing it. You are surviving it. You are The Survivor.

Chapter 2: The Body That Remains

The body remains. Your body. The body that was holding the medication schedule, the doctor's appointments, the family schedule, the work schedule, the fear. The body that held the spouse. The body that held on for months, for years. The body that survived.

The body remains. And the body is exhausted. The body is more exhausted than you have ever been. The body has been running on adrenaline and love and fear and duty for so long that the body does not know what to do without them.

This chapter is for the body. This chapter is for the body that has to be cared for, even when the body's owner does not want to care for it. This chapter is for the body that has to survive.

The Caregiver's Body

You have been a caregiver. For months. For years. Maybe for a long time. Maybe for a long goodbye. The caregiving took a toll on the body that you may not have noticed while you were doing it.

The caregiving took a toll in the form of:

- **Sleep deprivation.** The caregiving years often involve interrupted sleep, sleeping in chairs, sleeping with one ear open for the call button. The body is operating on years of sleep debt.
- **Chronic stress.** The caregiving years involve constant vigilance, constant decision-making, constant fear. The body is bathed in stress hormones for years. The body pays the price in inflammation, in immune suppression, in cardiovascular strain.
- **Neglect of own health.** The caregiving years involve putting the spouse's health first. Your own appointments get skipped. Your own medications get missed. Your own exercise, your own diet, your own self-care, get deprioritized.
- **Emotional suppression.** The caregiving years involve being strong for the spouse, for the family, for the medical team. The body learns to hold the tears, to push down the fear, to perform the role of "the strong one." The body

pays the price in tension, in pain, in chronic illness.

- **Grief anticipatory.** The caregiving years involve knowing, intellectually, that the spouse is going to die. The body begins to grieve before the death. The body is already tired before the death happens.

By the time the spouse dies, the body is already worn. The body is already exhausted. The body is already in a state of depletion. The death is not the start of the body's exhaustion. The death is the next chapter in a long story of the body's wear.

What the Body Needs Now

The body needs to be cared for. Now. Not later. Now. The body has been the last priority for too long. The body needs to be the first priority.

The body needs:

- Sleep.

The body needs 7-9 hours of sleep per night. The body may not be able to sleep for that long at first. The body may not be able to sleep at all at first. But the body needs to try.

If you cannot sleep:

- Talk to your doctor. The doctor can prescribe sleep medication for a short time. The medication is not a long-term solution. The medication is a bridge to better sleep.

- Avoid screens before bed. The light from screens suppresses melatonin, the hormone that helps you sleep.

- Avoid alcohol. The alcohol may make you feel sleepy, but the alcohol disrupts the sleep cycle. The alcohol makes the sleep worse, not better.

- Create a bedtime routine. The routine signals to the body that it is time to sleep. Bath, book, bed. The routine is a gift to the body.

- Get up at the same time every day. The wake time, even more than the bedtime, sets the body's clock. Get up at the same time, even if you did not sleep well.

- Nutrition.

The body needs real food. Not comfort food. Not junk food. Real food. Protein, vegetables, fruit, whole grains. The food is fuel for the grief. The food is medicine for the body.

If you cannot eat:

- Eat small meals. The body may not be able to handle a large meal. Small meals, every 2-3 hours, may be easier.
- Drink your calories. Smoothies, soups, protein shakes. The liquid nutrition is easier on the body.
- Eat with someone. Eating alone is hard. Eating with a friend, a family member, a neighbor, is easier. The eating is a connection, not just a nutrition.
- Movement.**

The body needs to move. The body has been still for too long — sitting in the hospital chair, sitting in the waiting room, sitting by the bed. The body needs to move.

The body does not need a marathon. The body needs a walk. A 10-minute walk, every day. The walk is for the body. The walk is also for the mind. The walk gets the body out of the house, into the air, into the world.

If you cannot walk:

- Stand up and sit down 10 times. The simple movement is enough.
- Stretch. The stretching is a gift to the body.
- Dance. The dancing is a gift to the soul.
- Medical care.**

The body needs medical care. The body has been neglecting its own care. The body needs to see a doctor. The body needs a check-up. The body needs to have its blood pressure checked, its cholesterol checked, its sleep assessed, its medications reviewed.

Make an appointment with your primary care doctor. Make the appointment in the first month. The appointment is not optional. The appointment is part of the survival.

- Mental health care.**

The body needs mental health care. The body has been through trauma. The body is grieving. The body may be developing depression, anxiety, PTSD. The body needs a therapist, a counselor, a support group, a hotline.

The mental health care is not a sign of weakness. The mental health care is a sign of wisdom. The mental health care is what helps the body process the loss.

Make an appointment with a therapist. Make an appointment in the first month. The appointment is not optional. The appointment is part of the survival.

The Body as Memory

The body holds memory. The body holds the memory of the spouse. The body holds the memory of the caregiving. The body holds the memory in the form of:

- **Scents.** The smell of the spouse's perfume, the smell of the hospital room, the smell of the medication. The scents can come back at any time — in the grocery store, in the bedroom, in the car. The scents can be overwhelming. The scents are also the body's way of keeping the spouse alive.

- **Sounds.** The sound of the spouse's voice, the sound of the breathing, the sound of the beeping monitor. The sounds can come back at any time — in a crowd, in a quiet room, in a song on the radio. The sounds are also the body's way of keeping the spouse alive.

- **Touch.** The feel of the spouse's hand, the feel of the spouse's skin, the feel of the spouse's body in the bed. The touch can come back at any time — when you reach for the empty side of the bed, when you hold the grandchild, when you pet the dog. The touch is also the body's way of keeping the spouse alive.

- **Movements.** The act of brushing your teeth, the act of setting the table for two, the act of doing the medication schedule that no longer exists. The movements can come back at any time — in the morning, in the evening, in the middle of the night. The movements are also the body's way of keeping the spouse alive.

The body is a memorial. The body is a living memorial. The body carries the spouse in the form of memory. The body will carry the memory for the rest of your life. The memory is a gift, even when the memory is also a pain.

A Word About the Sleep

The sleep is the hardest part. The sleep is when the body is most alone. The sleep is when the body is most vulnerable. The sleep is when the spouse is most missed.

The sleep is also necessary. The body cannot survive without sleep. The body cannot grieve without sleep. The body cannot heal without sleep.

The sleep will not come easily. The sleep will be broken. The sleep will be full of dreams — sometimes the spouse is alive in the dreams, sometimes the spouse is dying, sometimes the spouse is just there, sitting in the chair, watching you. The dreams are not real. The dreams are the brain's way of

processing the loss. The dreams are a sign of healing, not a sign of illness.

The sleep will come, eventually, more peacefully. The sleep will not be perfect. The sleep will be the sleep of a person who has lost a spouse — a sleep that is sometimes heavy, sometimes light, sometimes broken, sometimes whole. The sleep will be enough.

A Word About the Eating

The eating is also hard. The eating is when the body is most reminded of the spouse. The eating is when the chair across the table is empty. The eating is when the routine of cooking for two is broken.

The eating will also come, eventually, more peacefully. The eating will become the eating of a person who is feeding themselves. The eating will be a small act of self-care, repeated three times a day. The eating will be enough.

A Word About the Body Itself

The body that remains is not the body that was. The body that remains is the body that has been through the caregiving and the death. The body that remains is the body that is tired, that is grieving, that is learning to be without the spouse.

The body that remains is also the body that survived. The body that remains is the body that is still here. The body that remains is the body that is going to walk the long walk. The body that remains is the body that is going to be The Survivor.

You are The Survivor. Your body is The Survivor's body. Your body is the vehicle for the long walk. Your body is worth caring for.

The next chapter is about the funeral — the funeral nobody wants, the funeral that has to be planned, the funeral that is the last official act of the caregiving years.

But for now, take care of the body. Sleep if you can. Eat if you can. Move if you can. The body is the foundation. The body is the home. The body is what you have.

Chapter 3: The Funeral Nobody Wants

The funeral is the last official act of the caregiving years. The funeral is the ceremony that marks the end. The funeral is the thing nobody wants to plan. The funeral is the thing that has to be done anyway.

This chapter is for the funeral. This chapter is for the planning, the ceremony, the aftermath. This chapter is for the part of the journey that the caregivers do not talk about.

Why the Funeral Is Hard

The funeral is hard for a specific reason. The funeral is hard because the funeral requires you to perform. The funeral requires you to be the strong one. The funeral requires you to receive the condolences, to thank the people for coming, to make the decisions about the music and the flowers and the eulogy.

The funeral is hard because the funeral is the opposite of what you feel. The funeral requires you to be the host. The funeral requires you to be the greeter. The funeral requires you to be the person who is in control.

You are not in control. You have not been in control for a long time. The illness was not in your control. The death was not in your control. The funeral is one more thing that is not in your control.

The funeral is also hard because the funeral is the last time you will do something as a couple. The funeral is the last time you will be in the same room as your spouse. The funeral is the last time you will see the body. The funeral is the last goodbye.

The last goodbye is hard. The last goodbye is the hardest goodbye of all the goodbyes.

Planning the Funeral

The funeral does not have to be perfect. The funeral does not have to be elaborate. The funeral does not have to be what anyone else thinks it should be. The funeral has to be what you and your spouse would have wanted.

The funeral is a chance to honor the spouse. The funeral is a chance to celebrate the life. The funeral is a chance to gather the community. The funeral is a chance to start the public grieving.

The funeral is also a chance to NOT do certain things. The funeral is a chance to skip the parts that do not feel right. The funeral is a chance to do only the parts that feel right. The funeral is yours to design.

Here are some decisions you will have to make:

- Burial or cremation?***

This decision was probably already made — either by the spouse before they died, or by the family in the moment. If the decision was not made, you will have to make it now.

The decision is not easy. The decision is also not a moral decision. The decision is a practical decision. The spouse's body will be cared for in some way. The way you choose is the way that respects the spouse, the family, the budget, the tradition.

- Religious or secular?***

The funeral can be religious. The funeral can be secular. The funeral can be both. The funeral is for the spouse, not for the religion. The funeral should reflect the spouse's beliefs, or your beliefs if the spouse did not have a specific belief, or the family's beliefs.

- Small or large?***

The funeral can be small. The funeral can be large. The funeral can be only family. The funeral can be the whole community. The funeral should be the size that feels right. The size should not be about who you "have to" invite. The size should be about who you "want to" have there.

- Eulogy or no eulogy?***

Someone should speak. The speaking is the honoring. The speaking can be done by you, or by a friend, or by a family member, or by multiple people. The speaking should be true. The speaking should be from the heart. The speaking does not have to be eloquent. The speaking just has to be honest.

The Day of the Funeral

The day of the funeral is a strange day. The day of the funeral is the day that you have to be on. The day of the funeral is the day that the community is gathered. The day of the funeral is the day that the ceremony happens.

The day of the funeral will go by in a blur. The day of the funeral is not the day to feel the feelings. The day of the funeral is the day to do the actions. The feelings will come later. The feelings are for the days after.

Here is what to expect on the day of the funeral:

- The morning is a fog.** You will wake up and not be able to believe the funeral is today. You will go through the motions of getting dressed, of eating something, of getting to the venue. The motions will be on autopilot. The

motions are normal.

- The arrival is a shock.** When you arrive at the venue and see the flowers, the casket, the people, the reality will hit. The reality will hit hard. The reality is that this is real. The reality is that the spouse is in the casket. The reality is that you are about to say goodbye.

- The ceremony is a blur.** The ceremony will pass in what feels like minutes and what feels like hours. You will not remember most of it. You will remember small moments — a particular song, a particular prayer, a particular look from a friend. The small moments are what will stay with you.

- The reception is a relief.** After the ceremony, the reception is a chance to breathe. The reception is a chance to eat something, to drink something, to talk to people about the spouse, to share stories, to laugh, to cry, to be with the community. The reception is also exhausting. The reception is the last event of the funeral.

- The going home is the hardest part.** When the funeral is over and you go home, the house is empty. The funeral is over. The community has gone. You are alone with the loss. The going home is the moment when the reality becomes real.

After the Funeral

The days after the funeral are the days when the community starts to drift. The casseroles stop arriving. The phone stops ringing. The people who said "call me if you need anything" are no longer there.

The days after the funeral are the days when the grief becomes real. The grief was buffered by the funeral, by the family, by the community. The grief is no longer buffered. The grief is now yours, alone, in the quiet house.

The days after the funeral are also the days when the healing can begin. The healing cannot begin while the funeral is being planned. The healing cannot begin while the community is gathered. The healing begins when the funeral is over and the quiet returns.

The healing is slow. The healing is uneven. The healing is full of setbacks. The healing is also real.

The next chapter is about the house that was theirs — the house that is now yours, alone, the house that has to be navigated, the house that has to be lived in, the house that has to be, eventually, made into a home again.

A Word About the Spouse's Belongings

One of the hardest things after the funeral is the question of the spouse's belongings. The clothes in the closet. The books on the shelf. The photos on the wall. The tools in the garage. The medications in the cabinet. The toothbrush in the holder.

The belongings are not the spouse. The belongings are the things the spouse used. The belongings are the evidence of the spouse's life. The belongings are also the reminders of the absence.

The belongings do not have to be dealt with immediately. The belongings can stay where they are for weeks, for months. The belongings are not going anywhere. The belongings will be there when you are ready.

When you are ready to deal with the belongings, the dealing can be done slowly, in small pieces. The dealing does not have to be done in a day. The dealing does not have to be done alone. The dealing can be done with a friend, a family member, a support group.

Some belongings will be easy. Some will be hard. Some will be impossible for a long time. All of it is normal. All of it is part of the grieving. All of it is part of The Survivor's work.

A Word About Telling People

After the funeral, you will have to tell people. You will have to tell the neighbors. You will have to tell the people you have not seen in years. You will have to tell the people who knew your spouse. You will have to tell the people who did not know your spouse.

The telling is exhausting. The telling is also a gift. The telling is the way the world learns that your spouse is gone. The telling is the way the world learns that you are now alone.

The telling can be done in whatever way feels easiest. A phone call. A text. An email. A social media post. A letter. A conversation in the grocery store. The telling does not have to be the same with everyone. The telling can be brief. The telling can be detailed. The telling is yours to do.

The next chapter is about the house. The next chapter is about the home. The next chapter is about the place where the memory lives.

FREE SAMPLE - This is the first 3 chapters of The Survivor.

To get the full book, visit:

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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.

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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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