By Laurie Miller

My husband of 39 years passed away last December. I had been his caregiver for almost 28 years. The last 4 years of his life were exceptionally hard, as he and I were dealing with his rapidly declining health due to a massive stroke and severe cardiac issues. Since his passing I have often returned to the journals that I kept over the years. These journals were my sanity and still are. They give me perspective and allow me to realize that we did okay with all we had to deal with. I came across this journal entry this morning. It was written on our 32nd anniversary, eight years ago. We had gone to the beach for a couple of days to celebrate. My husband had gotten sick and spent the weekend in bed unable to participate. I spent the weekend "alone" with my husband. Here is a reflection I wrote after returning from the beach.

What is loneliness? Is it the same as being alone? I don't think so. Is it never having had something? Or is it the loss of something once loved and treasured? Can you have someone that you love with all your heart and still be lonely? Isn't it worse to still be in a together state that appears the same to others but has actually lost so much?

Chronic pain is a thief. It slowly steals all the things you once enjoyed. For the one who is in chronic pain and suffering, it is loss of activities, hobbies, movement, and everyday activities. As it progresses it steals more and more—your awareness, your focus, your sense of adventure. It steals your self-confidence and sense of self. It insidiously puts doubts in your mind. It makes you feel guilty.

But not only does it steal from the sick one. It steals from the partner who no longer has the same strong one to lean on. It shifts things so that the sick one becomes the protected one, the one who is always first, whose needs are always met, who is taken care of. It makes the well one take a back seat. The well one becomes the hands and feet for the sick. The shift is gradual. You can't, and wouldn't, complain. But you are gradually doing more and more until you find you are more of a caregiver than a partner, wife or lover. It's sad. It's lonely. It's a tremendous sense of loss.

You walk the beach alone where you once walked together. Yet you are not alone ... that special someone is still there. Just not able to do the same

(continued on page 2)
things. You tell yourself to be grateful for what you have, and you are for the most part. You make the best of it and feel fortunate to be loved, and to love, a wonderful man. But every once in a while that great sadness and loneliness and sense of loss just sweeps in and sideswipes you—like when you are walking on the beach alone.

The Buddhists say when you meditate you should just observe the emotions, don't label them as good or bad. You are not wrong for experiencing them—just human.

So I am grateful for my wonderful love. And I am grateful for all we have and share. And I miss what we've lost with all my heart.

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**Presidents’ Perspective**

Dr. Barry Jacobs’ cover article, “Accentuating the Positive in Family Caregiving,” in our last issue triggered some strong reactions from members and in our closed Facebook group. A robust discussion of any topic pertaining to well spouses is certainly welcome but, above all, we must be willing to respectfully agree to disagree.

We are a diverse group, with our status as spousal caregivers our only commonality. We all fall somewhere on the continuum of ratios for positive/negative feelings about that status. For any of us, whether positive or negative feelings predominate (and to what degree) is based on the amount and complexity of care we must give, the length of time we've been caregiving, availability of supportive resources, quality of the well spouse/ill spouse relationship, and myriad other factors. It's a complex, highly individual mix, and the judgment of others as to the validity of a person's resulting perspective is inappropriate in a peer support organization such as WSA. We often feel invisible and invalidated by the non-caregiving population; surely WSA should be the one place of refuge where we know our voices will be heard.

National Family Caregiver Month is approaching. It’s the perfect time to help heighten our visibility, and promote recognition of the essential care we give day in and day out to our vulnerable, high-needs ill spouses. See page 7 for how you can help!

—Dorothy & Jan

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***SAVE THE DATE***

**2017 WSA National Conference**

October 27-29, 2017

Philadelphia, PA

Our newsletter takes its name from Maggie Strong’s book *Mainstay: for the Well Spouse of the Chronically Ill.*

Our articles are available for reprint. Permission required.
I take exception to much of what was said in Dr. Barry Jacobs’ cover article, "Accentuating the Positive in Family Caregiving,” in the last issue. For 26 years I was a caregiver to my husband with multiple sclerosis who ultimately died in a nursing home, with cognitive loss and almost complete paralysis. Over those years, we created much in our lives that was positive. We had fun with our four young children plus cats; we "kept love alive," along with "the meaning of marriage and family," accepting our "limitations," as Jacobs described. But we could not ACCENTUATE the positive. Nor could we deny the negatives. And we couldn't get away from the belief that it seemed some nerve of society to expect us to go it alone for so long.

The article says, "At support groups, caregivers vent about their lack of sleep, their frustrations navigating the healthcare system, and their feelings of abandonment at the hands of other family members." Indeed. Over time these features of being a caregiver become more and more pronounced, and feeling "sad and angry" seems very well taken.

As to the "caregiving research" that 16% of caregivers say they're not stressed—well, 16% isn't a large portion. And WHICH caregivers were included in this research? Specifically, what kind of caregiving did these caregivers do? Surely things like "spiritual growth" and "gratification" must be functions of how difficult the caregiving is.

Yes, I'm sure that "more than one former family caregiver" is "grateful for having had the chance to be the primary caregiver to someone she loved," but more than one isn't a very big sample size. I believe that to a large extent, society encourages caregivers to feel "grateful" for the "opportunity."

As to "Caregiving is a choice": currently, caregiving is NOT a choice. At the onset of a family member's illness or disability, it's just assumed—by more distant family, friends, the health care system, and all of society—that the caregiver will step into the role automatically. A caregiver can't "just say no." (I finally did, and the system didn't make it easy.) Caregivers have often told me they’ve felt pressured and manipulated; they did NOT make any choice. I believe that, right from the illness’s onset, caregivers SHOULD be given the choice to NOT be caregivers. Health-care professionals should HELP them make that choice then, and at various points throughout the caregiving "odyssey" (caregivers often do change their minds).

As to "Values inform choices … It is the right thing to do morally … God has put this task in my life's path": While true for some, such may be wishful or imitative thinking for others, and not realistic or practical.

As for keeping "the big picture in mind" (meaning looking toward the future): a non-caregiving future is not always guaranteed. Studies have shown that caregivers are more prone to illness/early death than non-caregivers.

As for grasping "the greater purpose they're serving," what IS that purpose? Is it putting someone else's life above one's own? There has to be a better balance than that. While I understood that my ill spouse was suffering and more physically powerless than I, I also valued my own life, and the lives of many others. I didn't want the burden of caring for him to fall only on my shoulders when there was a whole world out there of potential helpers.

I'm sure that these "strategies ... for promoting positive caregiving" might work for many caregivers, if only because that's what society ALREADY pushes.

—Marion D. Cohen

My support group discussed Barry Jacobs’ article and we loved it. We feel for those who do not get love from their spouses or rewards from their caregiving. That is what Well Spouse® is for—when you learn self-care and also take care of your spouse, it can be very rewarding. My wife has had multiple sclerosis for almost 50 years (the last 25 being progressive). Sometimes life is intolerable, but there are often solutions: more help, better medical advice, the right support from family, and other tools to be used for each problem as it occurs. Everyone deserves a rewarding life (even caregivers and the disabled).

—Bob Mastrogiavanni
**Respite Offering: We are Not Invisible to Everyone**

WSA has been contacted by someone who cared for her elderly parents as well as her in-laws, and knows firsthand the toll caregiving can take. She is generously offering one level of her home as a respite site. Below is a description of the offer and the guest agreement participants would sign. She wants to offer this gratis, and suggests that any contribution a guest might wish to make should take the form of a donation to WSA.

While the suite can accommodate two people, it is not meant to be used for romantic getaways. It's a good opportunity for some one-on-one time with your "well child." WSA is not officially sponsoring this; it is a transaction between you and the host, who has merely asked us to advertise it and to verify that potential guests are supporting WSA members.

Sometimes the kindness of strangers buoys us when we most need it.

For more info, contact president@wellspouse.org.

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**Urban Renewal**

Self-Renewal Retreats for People Who Support People

**Guest Agreement**

**Urban Renewal Respite Services**

The purpose of Urban Renewal is to provide a cost-sensitive retreat for caregivers to rest, relax, play and rediscover simple pleasures while taking a break from supportive care duties. Retreats are launched from a two-story Cape Cod house located in Linthicum, Maryland, a suburb of Baltimore and Washington, DC. The location affords easy access to Washington, DC, the Baltimore Inner Harbor, and other popular destinations.

**Lodging**

The retreat suite consists of 4 rooms, located on the second floor of this single family home, 13 steps up from the front door. *Ability to independently negotiate stairs is required.* The suite can accommodate up to two individuals per night. Guests under 18 must be accompanied and supervised at all times by an adult. The retreat suite includes:

- Bedroom with queen-size bed
- Full bath (tub and shower)
- Meditation/journaling room with twin-size futon
- Living Room/Kitchenette with microwave and refrigerator

**Meals**

Breakfast and an evening meal or snack (if the guest arrives back after 6 p.m.) is provided. Meals are served family-style in the main first floor kitchen, or if preferred, the guest can eat out, bring meals in, or heat prepared foods in the microwave and store items in the refrigerator located in the suite. Prior to arrival, retreat guests will be asked about food preferences and food allergies. *For insurance purposes, no oven or stovetop cooking is permitted in the suite kitchenette at any time.*

**Guest Stay**

Guests are invited to stay for 2 nights and 3 days, beginning Friday at 3:00 p.m. and departing by 5:00 p.m. on Sunday. *There is no lodging fee for Well Spouse® members in good standing.*

(continued on page 5)
Getting Here
Guests are responsible for arranging their travel to and from the respite house. Street parking is available for one vehicle. There is ample local off-site parking for a fee. Use of public transportation is heartily supported to reduce carbon footprint. With prior arrangement, free transportation is happily provided by the host to and from the following hubs:

— Baltimore/Washington International Airport (BWI)
— Linthicum, MD Light Rail Station
— BWI Train Station (Amtrak)
— MARC Train BWI Station
— Greyhound or BOLT Bus (Baltimore Terminal)

Activities
Guests are encouraged to tailor their retreat to meet their unique needs. Prior to arrival, guests will receive a menu of possible activities based on season and local event calendar, along with associated costs. If desired, the respite host can accompany guests as a guide.

Area Attractions:
— Washington, DC (30 minutes by MARC train)
— Baltimore Inner Harbor (20 minutes by Light Rail)
— Patapsco State Park (15 minutes by car)
— Local bike trails (trailhead 1/2 mile from front door)

Guest Expectations
— Rest is important. Quiet time begins at 10 p.m.
— Respect private areas of the house occupied by host.
— Smoking is not permitted in the guest suite. Smoking is permitted on the first floor and designated smoking areas outside.
— No pets are allowed.
— Must have ability to independently negotiate 13 stairs up to respite suite.
— Advise host in advance if not taking breakfast or evening meal at the house, and provide own prepared food or plan to shop for prepared food after arriving at the house. Oven and stovetop cooking are not permitted in the retreat suite.
— Report any maintenance needs to the host in a timely manner.
— WiFi is available and is expected to be used responsibly.
— This is a peaceful house. No weapons of any kind, illegal drugs or disrespectful behavior allowed. Anyone violating this policy will be asked to leave immediately.

As a guest of Urban Renewal, I understand and accept the expectations in this agreement.

Guest Name: ____________________________________________

Signature: ___________________________ Date: ____________________
In 2006, Wendy Picardo was coping with her husband’s transition to a nursing home while raising two sons who also had medical issues. Her career as a family advocate with the state of Connecticut meshed well with her joyful, giving lifestyle. Wendy decided to start a WSA support group for well spouses residing in Connecticut. By the time I joined, she had three women regularly meeting with her for supportive sharing. Over the years, we have added to our "family" and continued our mutual support and growth. Today, meetings are attended by an average of eight. We also enjoy many social events together—plays, state parks, trips and dinners, and are always just a phone call away when one of us is in need. Besides being members we are FRIENDS. A majority of our group are now formers, but we will always gather for ourselves and others.

Wendy, and the remaining members of our group, literally saved my life. I was at the lowest point ever when I found them, attended a meeting, shared, cried, and bonded forever. When I was WSA President, I asked Wendy to join the Board of Directors, and she served with distinction as our National Support Group Coordinator for three years.

Wendy is now faced with the ongoing care of her beloved husband, additional caregiving for her best friend, now facing a debilitating condition, and also is sandwiched by caring for her mom who increasingly needs her help. In order to level her life, Wendy is stepping down as facilitator for our group (but remaining as a valued participant and mentor). I will humbly attempt to fill her shoes. Those of you who have had the privilege of meeting her know her infectious laugh and supportive, nurturing style.

Wendy, I, we, THANK YOU from the bottom of our hearts.

How can YOU all honor Wendy? Give back to those in need around you. Start a support group so you can help yourself and others.

—Larry Bocchiere III

Morning greets me with a catheter gone awry as he lies trapped in immobility, urine staining his undershirt up to his armpits drenched pillows cradling his contracted hands once fluffy sheepskin matted from the mire the vile deluge breaching three “waterproof” pads, victorious against my hard fought battle for an untainted mattress.

Cleaning him, I take the stench upon myself nightgown wet against my legs.

Mind silently screaming my urge to run from this, heart feeling his abject powerlessness and resignation, and his trust in me to render him clean and dry, his wellbeing, his comfort, his dignity at stake.

But restoring those to him, again, and again, and yet again ... is diminishing my spirit.

—Anonymous

Calling All WSA Members!

Mainstay is a publication by and for our members. Please share your stories, poetry, humor, artwork, or any expression of your caregiving experience. Letters to the editor are also welcome.

Send your submissions to: mainstay@wellspouse.org
November is National Family Caregivers Month

This is the perfect time to raise awareness about the subset of caregivers known as well spouses. What can you personally do to highlight our contributions as unpaid caregivers, and to spread the word that WSA is available with resources and support? Here are two easy ways that you can help:

First—send the following letter to the editor of your local newspaper. Also consider sharing it with your civic association, place of worship, etc. if they have newsletters.

November is National Family Caregivers Month, commemorating the countless number of steadfast caregivers quietly caring for their loved ones with physical and mental illnesses and disabilities.

I am a spousal caregiver. We span all ages, from the wife of a 23-year-old paralyzed vet with post-traumatic stress syndrome to the frail 93-year-old caring for a spouse with Alzheimer’s. A chronic or progressive illness wreaks havoc on a family’s finances, lifestyle, and relationships. Often the ill spouse can no longer work, while overwhelming responsibilities at home make it difficult for the well spouse to function optimally in a fulltime career. When the illness is severe, the well spouse loses the partner who helped run the household and raise the children. Medical expenses skyrocket; expensive alterations for wheelchair access may be needed; home health care and child care expenses can loom. Government assistance with these costs is rare for the middle class, and health insurance coverage virtually nonexistent.

These caregivers need support. Preparing a meal or raking their leaves are helpful gestures that tell them their dedication and sacrifices have not gone unnoticed. Refer them to the Well Spouse® Association, www.wellspouse.org, a peer support organization which will help them to also care for themselves.

Second—please take a few minutes to phone or visit the director of a local nursing home, home health agency, or hospital discharge planning department. Tell them about WSA, give them a brochure printed from our website, and ask them to inform any well spouses with whom they are in contact of WSA’s existence.

Help lead others in need to the peer support which you have found at WSA. A few minutes of your time could extend a lifeline to a struggling well spouse.

Help for Caregivers of Veterans

A recent National Alliance for Caregiving member call featured a presentation by Meg Kabat, the National Director of VA Caregiver Support. She informed us that there are many things the VA offers to enable veterans to stay in their homes: visiting nurses, physical modifications to homes/cars, technological solutions (telehealth, smart homes, etc.), home health, and back-up generators.

For veterans serving after 9/11/2001, there are Caregiver Support Coordinators at each Medical Center. These are social workers or psychologists, and generally, there are 3 to 4 per center. They provide follow-up to callers to the Caregiver Support Line, and make sure that caregivers get connected to a Comprehensive Care Assistant.

Caregivers for all veterans are offered the following services:

* Caregiver Self-Care Course—in person or through Easter Seals
* Monthly Education Calls offering assorted topics each month, with 100-300 participants per call
* Telephone support groups
* A closed forum
* Caregiver Support Line, which receives 200 calls daily—855-260-3274

For more information, please visit www.caregiver.va.gov.
This documentary chronicles a year in the life of one man and his sudden and progressive journey into a life of disability, specifically from Lou Gehrig’s Disease, also known as ALS (amyotrophic lateral sclerosis).

We first see Steve Gleason speaking to the camera; then the documentary cuts to 2001 when he is playing football for Washington State University. We hear comments about Steve by other team players, then comments by Michel, Steve’s girlfriend whom he later marries. The first part of this film describes Steve’s early life, which he calls “the good life,” before the onset of his symptoms. He retires from professional football in 2008 and moves to New Orleans, and his first signs that something is not quite right begin. Steve says to the camera, “I’ve been having some strange medical issues lately.” He questions whether he has a neurological disease.

His wife Michel is feeling frustrated and angry at Steve’s doctor, as she doesn’t understand what he is saying. Six weeks after Steve receives the diagnosis of ALS, Michel discovers she is pregnant. Steve continues to make his video blog, stating to the camera that “My intention is to pass on as much as I can to you [his unborn child].” He questions whether he has a neurological disease.

His wife Michel is feeling frustrated and angry at Steve’s doctor, as she doesn’t understand what he is saying. Six weeks after Steve receives the diagnosis of ALS, Michel discovers she is pregnant. Steve continues to make his video blog, stating to the camera that “My intention is to pass on as much as I can to you [his unborn child].”

As time progresses, Steve decides to take a two-month trip to Alaska. Michel accompanies him, and Steve wants to “be present now.” There are adventures and beautiful scenery. During this trip, they stop to visit Steve’s divorced parents. Each parent is interviewed for the video blog, and we learn what Steve was like growing up. Steve’s father takes Steve and Michel to a faith healer at a church service. Steve tries to run across the room during the service, but he falls down. He gets himself up and is cheered by the congregation.

During this trip, Michel is pregnant, worried and scared. During the faith healing, she tells Steve’s father, “Don’t touch me,” and says, “This is bullshit.” She states there is “pressure put on me to believe in healing.” She is told, “You’re his partner. You need to be there for him.”

As the documentary progresses, we see Steve’s values and outlook on life evolve. He goes public about his illness at a football game. At this point, his speech is affected and more physical symptoms have developed. He states, “I don’t want to die.” Steve founds “Team Gleason,” a nonprofit organization which he wants to be service-based.*

We start to see a strain in the relationship between Steve and Michel. She cries. In October, she gives birth to a baby boy.

I could relate to the primary caregiver and spouse, Michel. No one is ever ready for a catastrophic illness or disability and how it affects their loved one, as well as how it affects themselves. A caregiver’s life is never the same as it was before illness intruded. What are the reactions and issues for the spousal caregiver? Pain, discomfort, fatigue, understanding, the ability to relate all too well, definitely empathy, and possibly, some acceptance. Regardless of the illness, individuals endure their impairments uniquely, and caregivers cope the best they can according to their personalities and abilities, as well as through the resources and support they do or do not receive.

The outdoor and historical scenes in this documentary kept my interest. Steve’s story is captivating, if sometimes a bit repetitive and claustrophobic. That could be because that’s the way a life of disability often is—endless tasks to do and ongoing deterioration—a sad but true description.

Hopefully, “Gleason” will increase awareness in the "abled" world, and encourage the health and social services fields to further assist the disabled and the ill … and their CAREGIVERS.

*This organization was instrumental in lobbying for a bill, now needing only Obama’s signature to become law, which will make critical technology for patients with ALS and other neurological disorders available through Medicare and Medicaid. This includes innovative speech-generating devices like the one Gleason uses to type words through eye movements. "People like myself, who are literally voiceless, were heard—loud and clear," Gleason said. "This legislation may have my name on it, but please know it is the ALS community and the diligent legislators who deserve our applause."
Book Reviews

*AARP’s Meditations for Caregivers: Practical, Emotional, and Spiritual Support for You and Your Family*
by Barry J. Jacobs, PsyD. & Julia L. Mayer, PsyD.
Reviewed by Bob Mastrogiovanni

This is a short but powerful book which touches on 28 topics related to caregiving. It was just released and can be purchased on Amazon. While not exclusively for well spouses, the wisdom and encouragement can be moving for all caregivers. Each of the chapters starts with a quotation, and then presents a few vignettes for examples of how the real lives of caregivers are affected. Then a few sentences follow to summarize the point we should take from these examples.

I am the type of reader who doesn’t like long, drawn-out books that are a struggle to get through. I favor this kind of book—short and to the point. It holds a caregiver’s interest, and I know I could read it again and again.

Barry Jacobs contributes his time and talents to WSA by serving on our Honorary Board; his co-author, Julia Mayer, is his wife. He mentions WSA in the chapter on seeking out other caregivers (page 177); and in resources (page 212), he lists our information for referrals.

I highly recommend that all well spouses have a copy of this book in their homes. It is the sort of guide that can be consulted over and over. I believe that is why it is called "Meditations."

*When Bad Things Happen to Good People*
By Rabbi Harold S. Kushner
Reviewed by Bob Mastrogiovanni

This is an inspirational work. Kushner wrote this book after losing his 14-year-old son to progeria or "rapid aging." In answering the question, "Why did this happen to my family?" his analysis explores the concept of God and His mercy and justice. As a rabbi, Kushner counsels many families in times of death, illness and tragedy. He shares not only his story, but also the stories of many of the people he counseled over the years. In chapter one, he explores the questions, "Why do the righteous suffer? ... Why do cells divide and cause cancer? ... Why do accidents happen?"

Kushner gives expert analysis of the Bible’s story of Job and a later rewritten improved version. He explains what he believes about God, and concludes that sometimes there is no reason and no exception for good people.

He debunks all the platitudes you hear from well-meaning friends and family at times of tragedy. From his years of vast experience, counseling and studying, he lays out the questions for you to answer and provides his thoughts for you to consider. I found it easy to agree with his analysis.

Personally, for years I was mad at God for not only allowing Kathy to be crippled by multiple sclerosis, but also for allowing her pain from MS, RA and her deteriorating body. I wondered why she should suffer so much. I even wrote an article about it for Mainstay titled “I Am Mad at God.” I have since developed a peaceful co-existence with God; I don't want to hurt my chances of getting a heavenly reward, if there is one. Even though I still don't like what happened to my wife, I am now madder at the disease than at God. But the question of why there is disease at all must also be answered. This book does just that.

This outstanding 163-page book is a quick, easy read, and its analysis provides comfort for people like me. I highly recommend it to you.

WSA Holiday Party
Saturday, December 3, 2016
6:00 p.m.
Come and enjoy yourself with your friends.
Uxbridge Clubhouse in Cherry Hill. Bring a friend—this is an open event.
100 Uxbridge, Cherry Hill, NJ 08034
Questions? Contact Bob:
856-354-6391 (h) or 609-560-5742 (c)
Launching Special Topic Mentors

In addition to our general mentorship program, we would like to start offering mentors for specific topics. If you need help navigating the healthcare system; applying for Medicaid; selecting a nursing home; handling your ill spouse’s non-compliance, anger, or other problematic behavior; dealing with your minor children’s reactions to their parents’ illness; or any other topic related to spousal caregiving, please call our office (800-838-0879). And if you would like to serve as a mentor for a specific topic, please let the office know.

Mentors and mentees use email, text, phone calls or in-person meetings (if convenient) to communicate with each other; they might talk just once, or engage in a sustained dialogue, depending on their mutual preference.

Let’s share our hard-earned knowledge to light the paths that our peers must walk.

Huffington Post Seeks Extraordinary Caregivers

In November, the Huffington Post will feature extraordinary caregivers. You can nominate a caregiver age 50 or older (including yourself) with the following:

Nominee’s name, hometown, email address & daytime phone; why the nominee is a great caregiver (500 words or less); photo or video of nominee.

Send to: Shelley.Emland@huffingtonpost.com and put “caregivers” in the subject line.

Some of the most inspiring caregivers will be featured.

Deadline is October 19, 2016 at 11:59 p.m. Eastern time.

For more information, go to:
http://www.huffingtonpost.com/entry/rita-wilson-we-are-seeking-stories-of-inspiring-caregivers_us_57eab88ae4b082aad9b760b5

—Photography by Dave Spicer—
Let Me Count The Ways…

Did you know there are many ways you can help WSA? You can…

♦ Pay your dues
♦ Donate to the Coffee House Fund
♦ Join the Maggie Strong Legacy Society
♦ Shop through iGive.com
♦ Shop through Amazon Smile
♦ Buy gift cards through the Scrip program
♦ VOLUNTEER:
  * Start a support group
  * Write a letter to your hometown newspaper
  * Serve on a committee
  * Plan a respite event
  * Spread the word about WSA

VOLUNTEER ADVERTISING MANAGER

WSA needs an advertising manager to solicit new advertisers for our website and for Mainstay. We offer many very reasonably priced ad options, and we need to get the word out to companies relevant to our members.

For more info, or to volunteer, please contact Larry@wellspouse.org.

Well Spouse® Association

Mailing Address: 63 West Main St., Suite H, Freehold, NJ 07728-2140

Phone: 800-838-0879 or 732-577-8899
FAX: 732-577-8644
Internet: www.wellspouse.org
Email: info@wellspouse.org

Membership Services: Contact the main office at members@wellspouse.org or call and leave a message.

MAINSTAY: Mail your comments and questions to us at WSA Mainstay, 63 West Main St., Suite H, Freehold, NJ 07728 or send email to mainstay@wellspouse.org

Support Group Information: Contact support@wellspouse.org or leave a message at the main office.

“When one is sick… two need help™”

WSA Membership Dues and Donations

Name ________________________________
Address _____________________________________________________________________
City __________ State ______ Zip + 4 __________
Phone ______________________  Email________________________
Preferred Username for Website ______________________________
Spouse’s illness/ disability? _________________________________________________
STATUS?  ___ Current Caregiver  ___ Spouse deceased  ___ Spouse in nursing home  ___ Separated/Divorced
Children:  ___under 18  ___ over 18  ___ No children
Your Age:  ___20-35  ___36-45  ___46-55  ___56-65  ___66+
   ___ I am interested in starting/leading a WSA support group.
   ___ Opt-In to Connecting Caregivers Program (see website for details).

Membership Type: ___ New  ___ Renewal  □ New Address/ Phone/ Email
___ Gift Membership **fill out above for recipient w/your contact info on the back.

Well Spouse® Membership:
___ One Year………………….. $30
___ Two Year…………………. $55
(Outside US rates: $35/yr. and $60/2 yrs.)

Supporting Membership:
___ Friend of WSA…………….. $30
___ Friend of WSA/Respite……. $15
___ Professional/ Non-Profit……. $50
___ For-Profit Corporations……. $100

Additional Contribution………___

ANNUAL APPEAL……………___

TOTAL PAID………………___

No well spouse is denied membership due to financial hardship. If you cannot afford full membership dues at this time, please enclose whatever amount you can afford. ($5 minimum)

Mail check payable to Well Spouse® Association to WSA, 63 West Main St., Suite H, Freehold, NJ 07728-2140

Annual membership includes a subscription to Mainstay, all WSA mailings, and participation in regional support groups (where available), workshops, respite weekends, and conferences. Your dues also help underwrite the operating cost of our online website and other support programs.
IMPORTANT REMINDER FOR MAINSTAY

If you are currently receiving a hard copy of Mainstay, you will continue to have it mailed to you. If you wish to change to having it electronically mailed to you, please notify the office, as this will save WSA printing and mailing expenses. If you are receiving Mainstay electronically and would like to receive a hard copy, or if your email address changes, please call the office at 800-838-0879 or email us at members@wellspouse.org or info@wellspouse.org.

Telephone Support Groups

Current Well Spouse Telephone Support Group: One weekend afternoon every month. Contact currentwstsg@wellspouse.org.

Former Well Spouse Telephone Support Group: 1st Friday every month, 9 pm ET. Contact formerwstsg1@wellspouse.org.

Separate Lives Telephone Support Group: 1st Monday every month, 9 pm ET. Contact separatewstsg@wellspouse.org.

Younger Well Spouse Telephone Support Group: last Monday of every month, 9 pm ET. Contact youngerwstsg@wellspouse.org.

“Surviving the Healthcare System” Telephone Support Group: Meets monthly; day and time are variable. Contact Sue at 914-924-5421.

WSA MEMBERS:

We are asking members who update their profiles on the WSA website to also notify the WSA office at info@wellspouse.org, so that the office records can be updated as well.

Thank you!

NOTE: Please consult a physician or an attorney before taking action on any medical or legal information contained in any Mainstay article. The views expressed by our writers are their own and do not necessarily reflect the views of WSA.