



Newsletter
March/April
2026

PASS IT ON

NEWSLETTER@CAPEATLANTICAA.ORG

Trust and Boundaries in Recovery



- Absecon
- Avalon
- Atlantic City
- Barnegat
- Barnegat Light
- Beach Haven
- Brant Beach
- Brigantine
- Cape May
- Cape May C. H.
- Cape May Point
- Dennisville
- Egg Harbor City
- Egg Harbor Twp.
- Galloway
- Linwood
- Little Egg Harbor Twp.
- Manahawkin
- Margate
- Marmora
- Mays Landing
- New Gretna
- North Wildwood
- Northfield
- Ocean City
- Palermo
- Pleasantville
- Pomona
- Rio Grande
- Seaside City
- Ship Bottom
- Somers Point
- Stone Harbor
- Surf City
- Townbank
- Tuckerton
- Ventnor
- Villas
- Waretown
- West Cape May
- West Creek
- Wildwood
- Woodbine

Something I find challenging in AA based off my perspective only- is the unspoken-or sometimes spoken-belief that we "should" automatically trust everyone simply because they are in the rooms. That has not been my experience of reality. We are all people-imperfect, growing, and at different stages of our recovery.

At times, outside issues involving the world-or even people in AA whom I had highly regarded as friends and trusted completely-blindsided me and disturbed me deeply, bringing up feelings of betrayal, fear, abandonment, extreme anger, and grief. Instead of suppressing those emotions, I am choosing to process them, take my own inventory, and grow from them,acknowledge them, and letting GO of these negative emotions well because that is what the Group of AA and my sponsor(s) have taught me.

I also have to manage my own expectations. We are human-we all have them, despite the "shouldn'ts." People will let you down, especially when feelings aren't addressed and anger is absolutely repressed and then expressed in unhealthy, hateful, ways-through explosive/disruptive, outbursts, and essentially turning back to old coping behaviors like drinking or using. Basically relapsing with or without the **Alcohol or self pity**. Patterns of my codependence can also quietly take hold if not careful and not addressing the Elephant in the room and hoping it will go away.

Trust is not automatic. It is built over time. It is earned through consistent actions, honesty, and alignment between words and behavior. That includes learning to trust ourselves again, healing, and self compassion. Responding appropriately in these moments is hard-even for "normies." That's why it's so important to look inward, reflect honestly, and make sure we don't repeat the same unhealthy patterns. This is part of learning emotional sobriety.

There is a difference between being open-hearted and being unguarded. There is a difference between practicing principles and abandoning boundaries. Recovery does not require blind trust. It requires discernment. I can care about someone, pray for them, and wish them well while still maintaining healthy boundaries -a change from the past, when I tried to change others, wished they would be a certain way, engaged in victimization, refused to accept them for who they are, or closed the door and wished them harm along with generous amount making them regret it! I used to hold those unwell thoughts.

Today, that is not so much of a resentment; that is emotional sobriety. Although there are still people I am working on-people I need to do better with-I sometimes still want them to F#@%\$ OFF. I've learned that letting go doesn't mean shutting the door completely or pretending the feelings don't exist. Letting go means releasing control over others, releasing resentment, and being willing to open the door if someone returns with redemption-while still maintaining my own boundaries and protecting my peace of mind. That is active, mindful letting go.

The good news is that there are people I have developed and maintained levels of trust with-both inside and outside the rooms-people I can speak with privately and honestly. Everyone needs connection. Those relationships did not happen overnight. They required my own accountability, effort, patience, willingness-and action.

Still Sober Bitches!-G
Progress, not perfection.



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Archive's

AKRON, Ohio – August 16, 1939 – When asked to bend hospital rules to admit an alcoholic patient, Sister Ignatia Gavin did not hesitate. Instead, she quietly made space where none existed, placing the man in the hospital's flower room – a small area typically reserved for bouquets and, at times, the deceased awaiting transfer to the morgue.

At the time, Sister Ignatia worked the admissions desk at St. Thomas Hospital in Akron. Soft-spoken and unassuming, she moved through the corridors largely unnoticed. But her decision that summer day would help transform the treatment of alcoholism in America.

Hospitals in 1939 adhered to strict standards. Physical injuries were treated. Pneumonia warranted admission. But alcoholism was considered a moral failing, not a medical condition. Patients suffering from withdrawal were routinely turned away. Institutions feared disruption, unpaid bills, and liability. Dr. Bob Smith, an Akron surgeon who had struggled with alcoholism himself, understood the consequences. In 1935, he and Bill Wilson founded Alcoholics Anonymous, built on the principle of one alcoholic helping another. While meetings provided support, those in severe withdrawal often required medical supervision – something no hospital would provide.

Believing Sister Ignatia might listen, Dr. Smith approached her directly.

She weighed the request against hospital rules and the cost of refusal. Her response was simple: "Bring him in."

The patient was admitted under a diagnosis of acute gastritis, a legitimate consequence of prolonged drinking. With no beds available, Sister Ignatia placed him in the flower room. The space was sparse and uncomfortable, but it offered safety and dignity.

That decision marked St. Thomas Hospital as the first institution in the world to treat alcoholism as a medical illness rather than a moral defect.

Word spread quietly. There was a place that would not turn sufferers away. A nun who looked beyond trembling hands and clouded eyes.

Patients arrived in despair – careers lost, families fractured, hope diminished. Sister Ignatia met each one calmly and without judgment. As demand grew, the flower room proved insufficient. She successfully advocated for a dedicated ward, which became known as Rosary Hall.

The ward was modest, furnished with only a handful of beds and a coffee pot she insisted never run dry. More important than the coffee, former patients would later say, was her steady presence. She remained at bedsides through the worst of withdrawal symptoms, asking difficult but direct questions: "Are you ready to change?"

Those who relapsed were not rejected. They were welcomed back.

Upon completing treatment, patients received a small Sacred Heart medallion. Sister Ignatia instructed them to keep it while sober and to return it to her before drinking again. Many credited that simple act of accountability with sustaining their recovery.

Dr. Smith died in 1950, but Sister Ignatia continued the work. In 1952, she opened another treatment ward in Cleveland, insisting on proper resources – including a coffee bar – despite administrative resistance.

Estimates suggest she personally aided approximately 15,000 individuals in recovery and supported nearly 60,000 family members through programs she helped establish. She declined public recognition, maintaining that success belonged to the patients themselves.

In 1961, President John F. Kennedy wrote to thank her for her service. Health issues forced her retirement in 1965. She died the following year at age 77.

Her funeral drew many men who once lay in that flower room – men who had encountered her at their lowest point and left with renewed hope.

Sister Ignatia Gavin's quiet defiance of policy helped reshape medical understanding of addiction, leaving a legacy that continues to influence treatment today. By D

WHO IS A MEMBER OF ALCOHOLICS ANONYMOUS?

—1946—

Tradition Three grew out of this piece by Bill W. in AA Grapevine

The first edition of the book Alcoholics Anonymous makes this brief statement about membership: “The only requirement for membership is an honest desire to stop drinking. We are not allied with any particular faith, sect, or denomination nor do we oppose anyone. We simply wish to be helpful to those who are afflicted.” This expressed our feelings as of 1939, the year our book was published.

Since that day all kinds of experiments with membership have been tried. The number of membership rules which have been made (and mostly broken!) are legion. Two or three years ago the General Office asked the groups to list their membership rules and send them in. After they arrived we set them all down. They took a great many sheets of paper. A little reflection upon these many rules brought us to an astonishing conclusion. If all of these edicts had been in force everywhere at once it would have been practically impossible for any alcoholic to have ever joined Alcoholics Anonymous. About nine-tenths of our oldest and best members could never have got by!

In some cases we would have been too discouraged by the demands made upon us. Most of the early members of A.A. would have been thrown out because they slipped too much, because their morals were too bad, because they had mental as well as alcoholic difficulties. Or believe it or not, because they did not come from the so-called better classes of society. We oldsters could have been excluded for our failure to read the book Alcoholics Anonymous or the refusal of our sponsor to vouch for us as a candidate. And so on ad infinitum. The way our “worthy” alcoholics have sometimes tried to judge the “less worthy” is, as we look back on it, rather comical. Imagine, if you can, one alcoholic judging another!

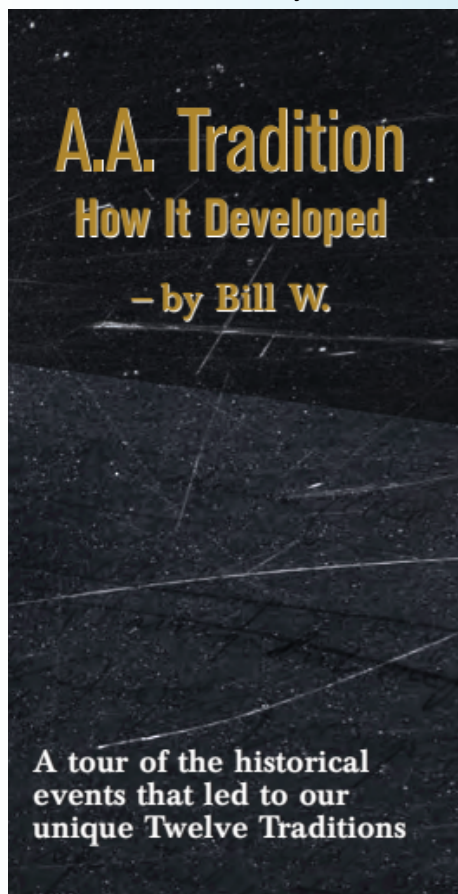
Every older A.A. shudders when he remembers the names of persons he once condemned; people he confidently predicted would never sober up; persons he was sure ought to be thrown out of A.A. for the good of the movement. Now that some of these very persons have been sober for years, and may be numbered among his best friends, the old-timer thinks to himself, “What if everybody had judged these people as I once did? What if A.A. had slammed its door in their faces? Where would they be now?”

That is why we all judge the newcomer less and less. If alcohol is an uncontrollable problem to him and he wishes to do something about it, that is enough for us. We care not whether his case is severe or light, whether his morals are good or bad, whether he has other complications or not. Our A.A. door stands wide open, and if he passes through it and commences to do anything at all about his problem, he is considered a member of Alcoholics Anonymous. He signs nothing, agrees to nothing, promises nothing. We demand nothing. He joins us on his own say-so. Nowadays, in most groups, he doesn’t even have to admit he is an alcoholic. He can join A.A. on the mere suspicion that he may be one, that he may already show the fatal symptoms of our malady.

Of course, this is not the universal state of affairs throughout A.A. Membership rules still exist. If a member persists in coming to meetings drunk 14 he may be led outside; we may ask someone to take him away. But in most groups, he can come back next day, if sober. Though he may be thrown out of a club, nobody thinks of throwing him out of A.A. He is a member as long as he says he is.

While this broad concept of A.A. membership is not yet unanimous, it does represent the main current of A.A. thought today. We do not wish to deny anyone his chance to recover from alcoholism. We wish to be just as inclusive as we can, never exclusive

Perhaps this trend signifies something much deeper than a mere change of attitude on the question of membership. Perhaps it means that we are losing all fear of those violent emotional storms which sometimes cross our alcoholic world; perhaps it bespeaks our confidence that every storm will be followed by a calm; a calm which is more understanding, more compassionate, more tolerant than any we ever knew before!



3. Our membership ought to include all who suffer alcoholism. Hence we may refuse none who wish to recover. Nor ought A.A. membership ever depend upon money or conformity. Any two or three alcoholics gathered together for sobriety may call themselves an A.A. group, provided that, as a group, they have no other affiliation.

The only requirement for A.A. membership is a desire to stop drinking.

To Submit your recovery story email newsletter@capeatlantic.org

Cape Atlantic Intergroup

Our 24/7 Hotline is staffed with recovering/recovered alcoholics ready to answer your questions.

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Mental Health Matters

The Benefits of Gratitude

Ultimately gratitude is more complex than merely expressing courtesy or focusing on positive thinking. When you regularly focus or meditate on what you are thankful for, it causes effects that promote well-being, including psychological and physical health. Here are some remarkable benefits:

Gratitude helps you develop a more positive mindset. This can lead to an improvement in mood, but it also helps condition your brain to filter out negative ruminations. It becomes easier to avoid dwelling on toxic emotions like resentment, envy, and jealousy.

Gratitude reduces stress. It reduces levels of the stress hormone cortisol, which in turn benefits cardiac function. For example, regular gratitude practice correlates with better heart rate variability (HRV), indicating a balanced autonomic nervous system. This can help you better manage stress when it arises.

Gratitude reduces anxiety. Gratitude affects the amygdala, which regulates the SNS and our anxiety responses. Regularly journaling about gratitude or discussing it as part of a group have long been parts of successful life-coaching approaches and mental health interventions.

Gratitude reduces depression. Because gratitude reduces stress hormones and manages autonomic nervous system functions, it can help to significantly reduce depression symptoms. When we experience or express gratitude, neurotransmitters cause an increase in activity in the prefrontal cortex, the region of the brain that manages negative emotions like guilt and shame. This activity helps us reduce the power of those emotions, which are often central to depression. Furthermore, gratitude's effect of activating the brain's reward centers enhances motivation and goal-directed behavior. This is beneficial for treating depression and anxiety, which are characterized by reduced motivation. Gratitude helps amplify the desire to pursue fulfilling activities and take active steps toward healing and growth.

Gratitude improves emotional resilience. Practicing gratitude can help you reduce future stress and rewire cognitive pathways so that you can better cope with emotions that arise from difficult circumstances.

Gratitude improves focus. The release of dopamine enhances concentration and vitality, which can help you better achieve tasks and personal or professional accomplishments.

Gratitude improves immunity. It triggers the release of hormones that regulate the immune system and help it function efficiently, so that you can fight off infections and more quickly recover from illnesses.

Gratitude improves sleep. It triggers the hypothalamus, which has an important role in regulating sleep. So expressing or experiencing gratitude can help us get better quality, deeper, and healthier sleep naturally. This further strengthens immune function and resilience.

Gratitude helps with social bonding. Expressing appreciation enhances our connection to others. This helps to build and strengthen community and cooperation.

Gratitude can improve general health concerns. Individuals who experience high levels of gratitude have been found to have fewer headaches, infections, digestion problems, dizzy spells, and less congestion. It can decrease symptoms of head pain, sore muscles, and nausea.- G