
Author's response:

It is exciting for me to see a letter from someone who is both a gerontological nurse and a caregiver. I was most interested in Dr. Hogstel's reaction to the protective caregiving category. Her observations, based on many years of experience, raise some important questions. Most importantly, when are the different types of caregiving more predominant?

My findings that protective caregiving was the most significant and most difficult may be related to specific populations of caregivers. In particular, none of the caregivers I interviewed were caring for parents who were severely physically disabled. Several of the parents were quite frail but were still independent in basic self-care activities. A number of the parents (in which caregiving was predominantly protective) had mild to moderate cognitive impairments. This combination of parent characteristics may well increase the likelihood that protective caregiving is central.

I have recently completed a study of family caregiving in nursing homes. One of my objectives was to look at protective caregiving (whether, when, and how it occurs) in nursing home settings. I presented the findings at the Gerontological Society Meeting in Novem-

ber. Many of the parents in the nursing home study were very disabled and were aware of their disabilities. Families in this population had been relieved from much of the instrumental care they had previously been providing, because care was being performed primarily by the nursing home staff. This allowed families to engage in protective (emotional) care. An important missing piece is the seriously physically disabled population at home, a stage occurring between those presented by the two studies. This may be where the instrumental care category is most crucial and most difficult for families. Nursing home placement may be one strategy for taking back the protective care by delegating the instrumental care.

I agree that an open discussion is often beneficial. However, many caregivers fear the consequences of such an open discussion. My suggestions for nurses would not be to support the invisibility of the caregiving but simply to discuss those feelings with the caregivers in an effort to encourage a more open dialogue.

Barbara J. Bowers, RN, PhD
Assistant Professor
School of Nursing
University of Wisconsin-Madison

IN MEMORIAM

It is with deep sadness that we note the death on December 26, 1986, of Barbara G. Schutt, editor of the *American Journal of Nursing* from 1958 to 1971. She was born on March 25, 1917. During her notable career in nursing, she became a charter member of the American Academy of Nursing, was recipient of the American Nurses' Association's prestigious Honorary Recognition Award, and was President of the Connecticut Nurses Association. "From the Editor" (untitled) in *ANS*, Vol. 9:2 (January 1987) pays tribute to Barbara's visions of strength and unity in the profession, and her work on behalf of the economic and general welfare of nurses.

The Connecticut Nurses Foundation has established a nursing scholarship fund in Ms. Schutt's name. Contributions can be sent to the Foundation at 1 Prestige Drive, Meriden, CT 06450.