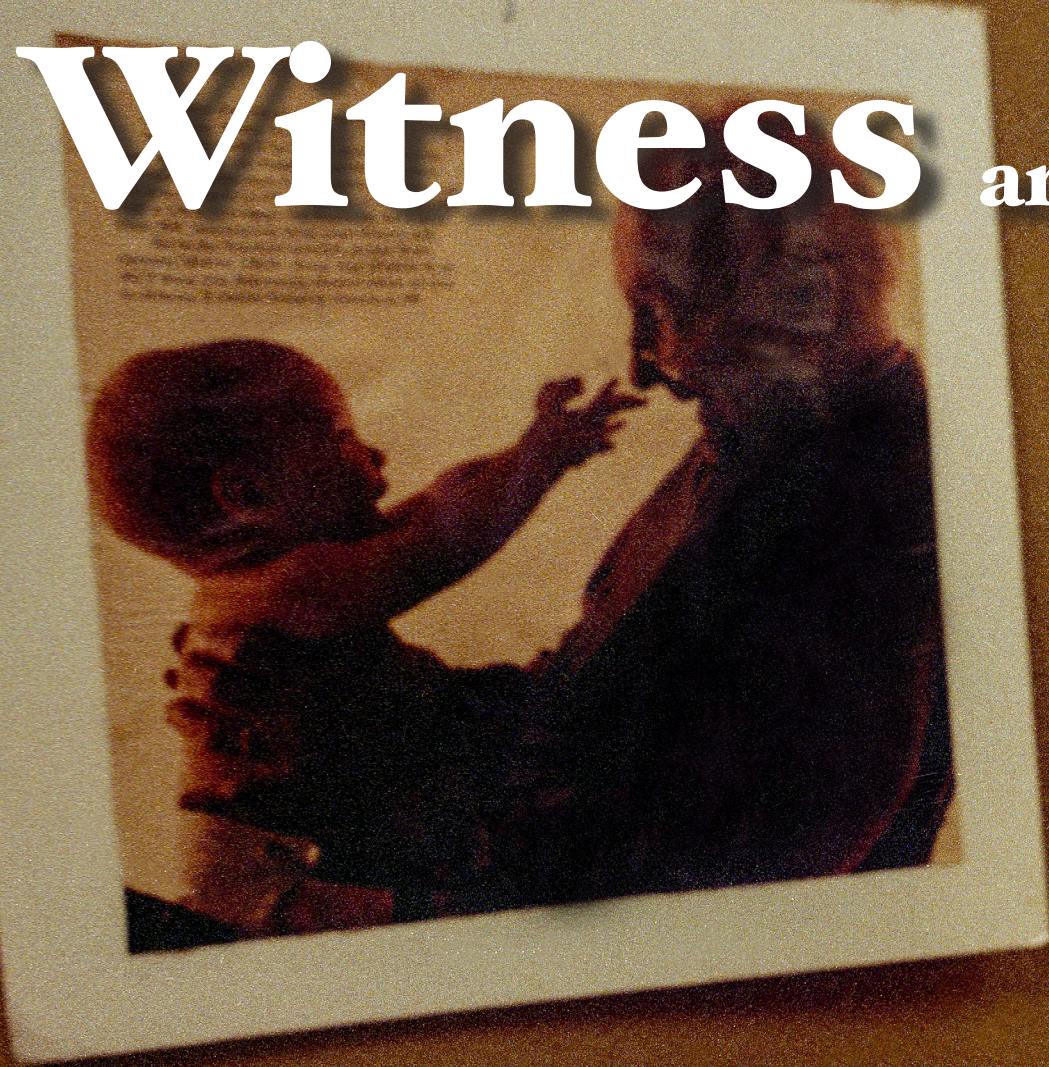


# Witness

an online magazine



## The Fading Away

Alzheimer's Disease

Photographs & Text  
by  
Richard Falco



# The Fading Away

## Alzheimer's Disease

Photographs & Text

by

Richard Falco

The world changed drastically for Mary and Gap Rigolioso. All their well-laid plans for their golden years together were not to be. The first hallucinations began in February. Then came the gradual, but steady, deterioration of Gap's mental abilities. By the year's end, he was diagnosed with Alzheimer's disease. Their dreams about spending their final years peacefully together began to evaporate before their eyes.

In the U.S., there are currently about 7.2 million older adults (age 65+) living with Alzheimer's dementia as of 2025. Based on prevalence studies and incidence estimates, over 900,000 Americans aged 65 or older develop Alzheimer's each year. Globally, an estimated 55+ million people are living with Alzheimer's disease or another form of dementia in 2025.

In 1906, German psychiatrist Alois Alzheimer presented the case of a woman whose memory, language, and behavior had deteriorated, puzzling the medical community. After her death, he examined her brain under a microscope and described unusual clumps and twisted fibers — what we now call amyloid plaques and tau tangles. More than a century later, those same biological signatures define the disease.

Mary Rigolioso washes her husband Gap's face before they go out.



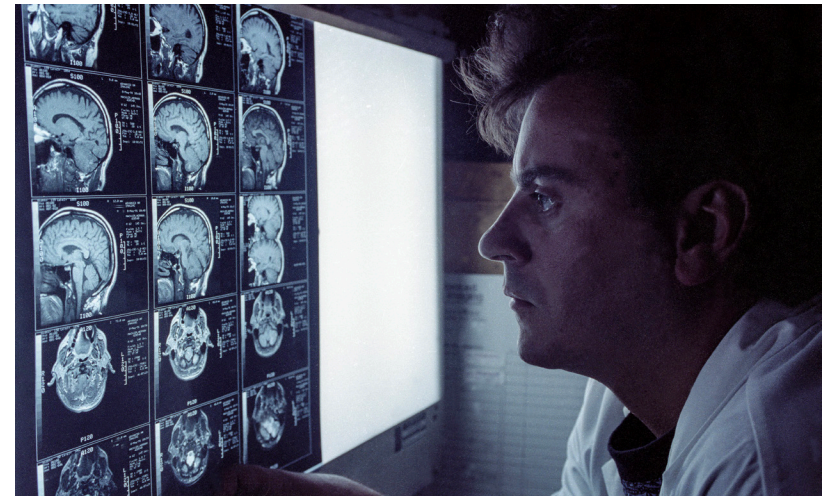


Gap is in the final stage of Alzheimer's. He is totally dependent on his family for every aspect of daily life. His wife, Mary, and son, Frank, are the main caregivers.

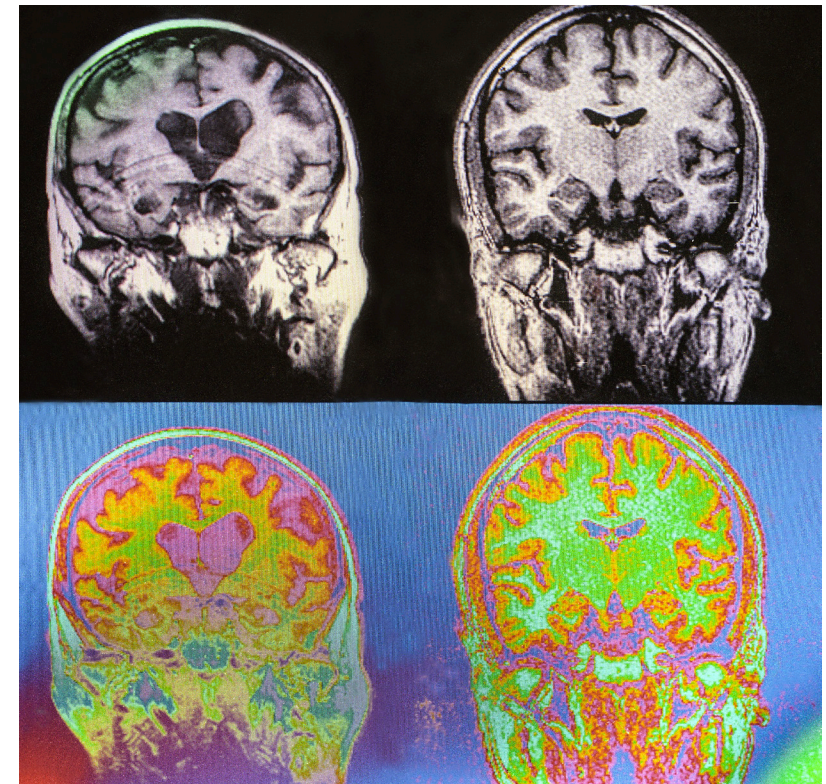
Alzheimer's is a progressive neurodegenerative disorder — meaning it gradually damages and kills brain cells. Long before Gap began to forget little things, protein fragments called beta-amyloid had begun accumulating between her neurons, forming sticky plaques that disrupted communication. Inside the neurons, tau proteins had twisted into tangles, interfering with the cell's internal transport system. Nutrients could not move efficiently. Signals faltered. Cells died.

The damage typically begins in the hippocampus, the brain's memory center. That is why recent memories fade first — appointments, conversations, what happened yesterday. Over time, the disease spreads outward into areas responsible for language, reasoning, judgment, and spatial awareness. MRI scans reveal the physical toll: measurable shrinkage of brain tissue, widening grooves where cells once lived.

By the time symptoms appear, neuroscientists estimate the disease may have been unfolding silently for a decade or more. Alzheimer's does not begin with forgetting. It begins with a microscopic change. There is no single everyday test that simply declares Alzheimer's present or absent. Instead, diagnosis is a mosaic assembled piece by piece. The neurologist begins with questions about memory lapses, daily routines, and family history. A patient is asked to remember three words. To draw a clock. To subtract by sevens. These cognitive screenings, such as the Mini-Mental State Examination or the Montreal Cognitive Assessment, measure memory, attention, language, and executive function. A Magnetic Resonance Imaging (MRI) scan follows. The images show subtle shrinkage in the hippocampus. A Positron Emission Tomography (PET) scan reveals reduced metabolic activity in specific regions of the brain — patterns consistent with Alzheimer's disease. In some specialized centers, cerebrospinal fluid can be analyzed for amyloid and tau levels. Emerging blood tests are detecting these biomarkers even earlier, promising a future in which diagnosis may precede noticeable symptoms.

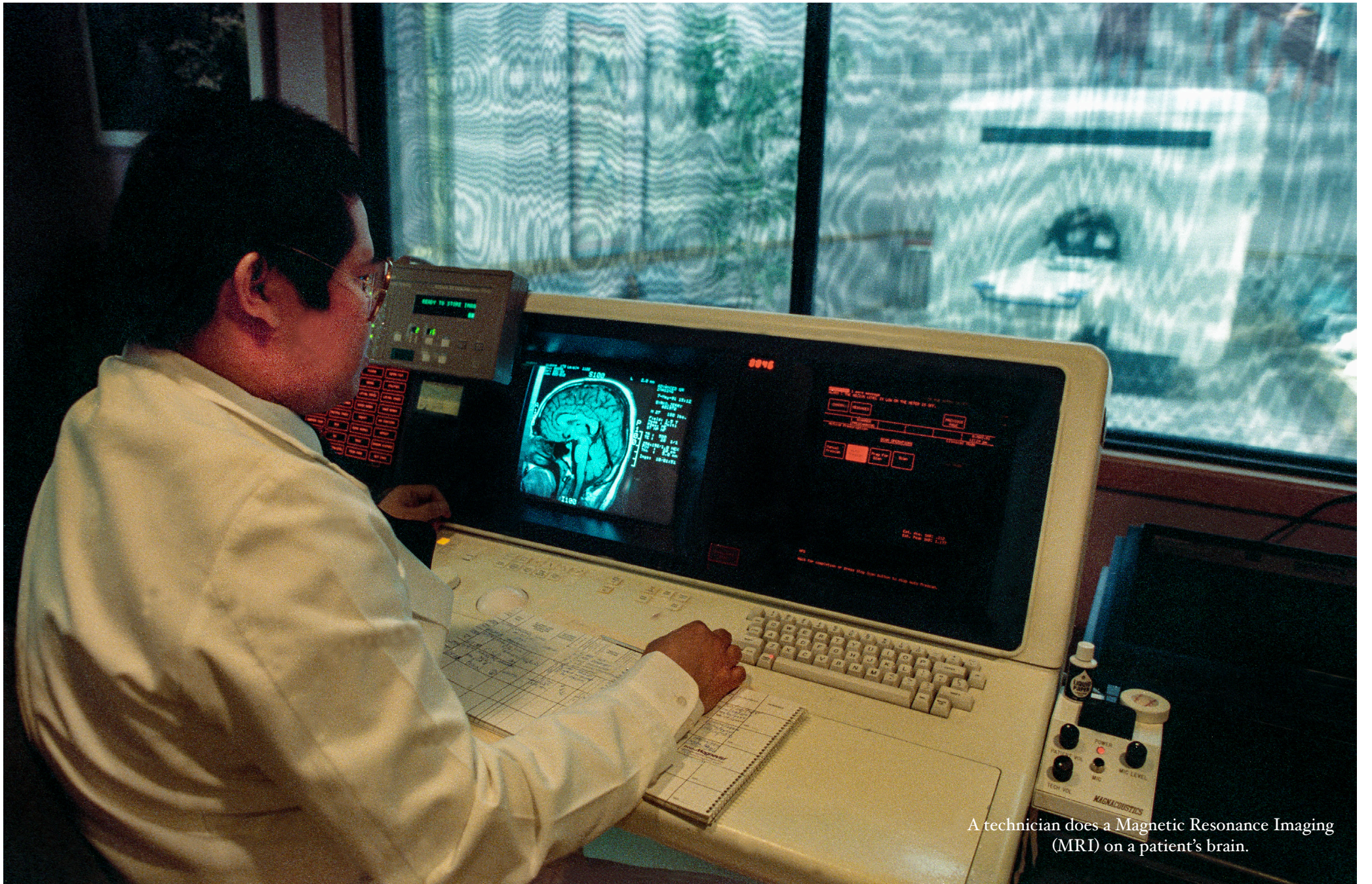


A doctor examines an MRI.



Alzheimer's brain (left)

Normal brain (right)



A technician does a Magnetic Resonance Imaging (MRI) on a patient's brain.

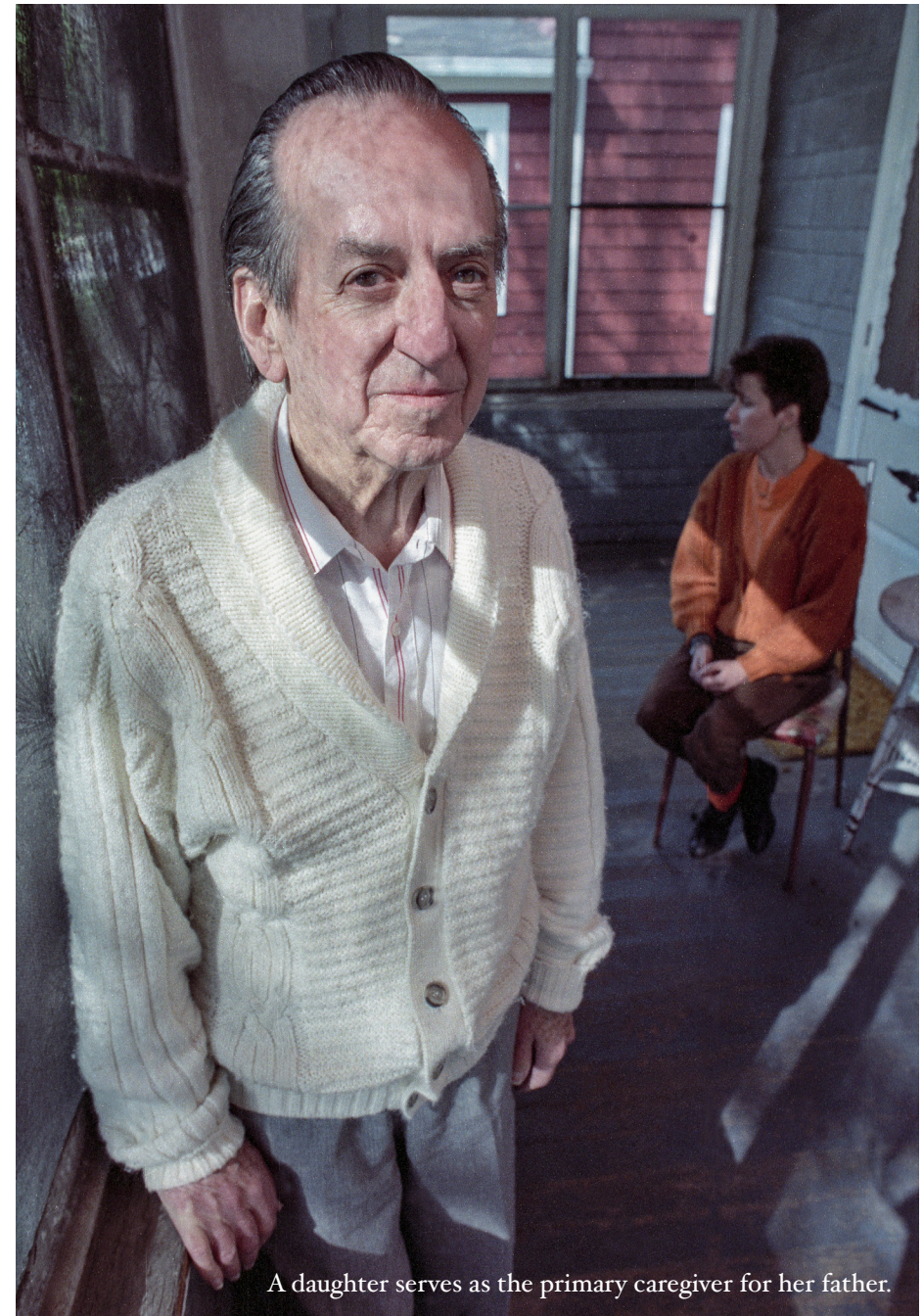
In the mild stage, life looks mostly intact from the outside. An individual with the disease can still dress themselves, still hosts a book club, still insists everything is “fine.” But he or she repeats questions. He or she forgets recent conversations. He or she misplaces items in improbable places — the remote in the refrigerator, her glasses in a kitchen drawer.

For many families, this stage is emotionally confusing. Is it aging? Stress? Something reversible? Psychologists note that this period often introduces what they call anticipatory grief — the beginning of mourning someone who is still physically present. The person you love is here. But something is shifting. Love begins rewriting itself as vigilance.

As the disease advances into its moderate stage, the changes become undeniable. A patient becomes disoriented while driving home from a grocery store he or she has visited for twenty years. He or she confuses her granddaughter with her daughter. A patient can become anxious in the late afternoon, pacing the house in a phenomenon known as “sundowning.”

The brain damage is spreading now beyond memory circuits into regions that govern reasoning and emotional regulation. Neuronal loss accelerates. The architecture of an individual’s mind is being dismantled, cell by cell.

At home, the emotional landscape shifts as well. The family member or caregiver is no longer just a husband, son, daughter, or friend. They are now a caregiver. Psychologists who study caregiving stress describe this as a form of chronic, sustained emotional strain — not an acute crisis, but a prolonged state of heightened vigilance. Research consistently shows that caregivers of people with dementia experience higher rates of anxiety, depression, and physical health problems than non-caregivers. One expert in aging and caregiving psychology, William E. Haley, has emphasized that dementia caregiving is uniquely demanding because of its duration and emotional intensity. The stress, he notes, is not simply about tasks — it is about watching a gradual loss. A caregiver’s world narrows to the radius of a patient’s needs. Isolation becomes a quiet companion.



A daughter serves as the primary caregiver for her father.



Caregivers often use familiar family photos and music to spark recognition, encourage conversation, and help their loved one feel more connected and secure.



A daughter serves as the primary caregiver for her mother.

Alzheimer's disease alters not only relationships, but routines and resources. There are neurologist visits, imaging scans, and medications. Later, there may be in-home aides. Perhaps, eventually, a memory care facility whose monthly cost rivals a college tuition. Many caregivers reduce work hours or retire early. Economic consequences compound emotional strain.

Friends mean well but drift away, unsure how to interact when conversations loop or behavior shifts. Invitations decline. Public outings grow stressful.

Psychologists sometimes refer to caregivers as “the invisible second patients.” The phrase captures a reality families know well: while one person's brain is changing biologically, another's mental health may be quietly eroding under stress. Ms. Bobbie Glaze, a founder of the national Alzheimer's Disease and Related Disorders Association, described the ordeal of her husband's illness as “the funeral that never ends.” Others have described the experience as living with a stranger. Still others have described themselves as in a state of limbo; they're neither wives nor widows, neither husbands nor widowers.”

## ALZHEIMER'S DAY CARE CENTER

Because of the degenerative nature of the disease, a great deal of time and effort is needed to properly care for Alzheimer's patients. Seeking to ease some of the burdens created by the disease, several centers have opened around the country, offering day care and support groups. Adult day care centers for people living with Alzheimer's disease offer structured days filled with activities designed to stimulate the mind, encourage movement, and foster connection. The goal is not simply to pass the time, but to create meaningful engagement in a safe and supportive setting.

A typical day might begin with gentle stretching or chair yoga to support mobility and circulation. Group exercise is often adapted for varying ability levels, helping participants maintain strength and balance in a safe environment.

Cognitive stimulation is woven throughout the schedule. Centers frequently offer music therapy, sing-alongs featuring familiar songs, memory games, storytelling sessions, trivia, and guided discussions about current events or past experiences. These activities are designed not to test memory, but to spark recognition, conversation, and a sense of accomplishment.

Creative expression also plays a central role. Art projects, painting, crafts, gardening, and baking allow participants to engage their senses and experience a sense of accomplishment. Reminiscence sessions — using photographs, memorabilia, or themed conversations about decades past — help tap into long-term memories, which often remain accessible longer than recent ones.

Day care staff must respond to each participant as an individual. A person living with Alzheimer's disease can drift in and out of focus over the course of a single day, their attention shaped by fatigue, medication



Many regular attendees develop strong, lasting bonds with the center's staff.



The arts provide Alzheimer's patients with creative outlets that stimulate the mind, evoke memories, and foster emotional and social connection.

cycles, anxiety, or simple overstimulation. The staff's goal is to keep them engaged—gently redirecting, reassuring, and adapting activities in real time—in order to preserve cognitive function, sustain a sense of dignity and purpose, and reduce the agitation that often accompanies confusion and disorientation.

Social interaction is built into everything. Shared meals, small group conversations, holiday celebrations, and even pet therapy visits help reduce isolation and build friendships. These activities are structured but flexible. Staff members are trained to redirect frustration gently, adapt tasks to individual ability levels, and maintain a calm, reassuring atmosphere. The goal is not productivity — it's engagement, dignity, and enjoyment.

For families, the impact can be just as significant. For the caregiver, the centers provide a temporary respite away from the patient, to recharge, time to work, rest, or manage other responsibilities — while knowing their loved one is supervised and engaged. “I was very apprehensive at first,” says Mary, “but the center has become a blessing. I don't know what I would do without it.”





The staff works to keep patients active and engaged throughout the day.





The centers rely on a wide range of games, performances, and structured activities to keep patients engaged, attentive, and socially connected.





For Alzheimer's patients, music can awaken memories, ease agitation, and foster connection, offering a powerful way to engage and soothe when words fail.





Beyond patient care, the center fulfills a critical secondary role: it offers caregivers dependable respite from the daily demands of caregiving, attend to personal obligations, and maintain their own physical and emotional health.

In advanced Alzheimer's, the damage extends beyond cognition. An individual's speech shrinks to fragments, then to silence. They cannot walk without assistance. Swallowing becomes difficult, increasing the risk of aspiration pneumonia. Weight loss is profound. The same biological processes that began with microscopic changes in proteins have now disrupted the brain's control over basic bodily functions.

Alzheimer's does not directly cause death. Instead, complications do. Pneumonia. Infections. Dehydration. Blood clots from immobility. Hospice becomes part of the conversation.

For the caregiver, this stage is both devastating and clarifying. The caregiving tasks are physically heavier now — lifting, turning, and feeding. Yet decisions grow more focused on comfort rather than cure. Experts who study the emotional impact of Alzheimer's describe caregiving as one of the most complex forms of relational stress.

It combines:

- Chronic uncertainty
- Identity transformation
- Grief without closure
- Physical exhaustion
- Social isolation

Alzheimer's does not just affect the individual with the disease. The entire family is pulled into a descending vortex that changes everyone's life. For the main caregivers, it becomes a journey of relentless responsibility — physically exhausting, emotionally draining, and often heartbreakingly lonely.

Psychologists emphasize that caregivers need structured support — therapy, respite care, community groups — not as luxuries, but as preventive care for their own mental health. Research in health psychology shows that chronic caregiving stress can affect immune function, sleep quality, and cardiovascular health. Emotional strain is not abstract; it is measurable in the body.



Mary & Gap head home from the center.



The Rigolioso's share a meal. Mary says their little dog gives her a great deal of comfort, particularly when her son goes home and it's just Gap and her in the house.

They grieve in slow motion. They lose the person they love in fragments — a forgotten name, a repeated question, a blank stare where recognition once lived. Yet they must keep showing up. Every day. Every hour. Managing medications. Scheduling appointments. Handling finances. Ensuring safety. Repeating gentle reassurances. Answering the same question for the tenth time with the same calm tone.

Their world grows smaller as the disease progresses. Social invitations decline. Sleep becomes lighter. Anxiety becomes constant. Guilt creeps in — guilt for feeling frustrated, for needing a break, for missing the person their loved one used to be. And still, they love.

Mary and Gap's day together begins at about 8:30am, when she and her little dog wake him. She must then wash and dress him. Next, they will eat breakfast together before she drives him to the day care center. Gap goes to the center five days a week, arriving around noon. He participates in

the center's activities as best he can. At about 7pm, Mary comes to pick him up. It is a short drive home. Once in the house, Mary prepares him a snack and then puts him to bed. Many nights, she must stay by the bed and watch. He has developed a pattern of waking up frequently and getting out of bed. She is forced to stay close so she can make sure that he doesn't do anything that could get him hurt. The man she says "always took care of her" is now helpless and totally dependent upon her.

When a patient dies, usually from complications of pneumonia, the caregiver's life changes immediately. For years, the caregivers' days were structured around medication times, safety checks, and doctor visits. Now, there is an empty space. Psychologists note that former caregivers often experience a second wave of adjustment — grief layered with loss of purpose. Some feel relief that suffering has ended, only to feel guilt for feeling relief. Recovery is not immediate. Identity must be reconstructed. Who are you when you are no longer a caregiver?



Alzheimer's disease begins in proteins and neurons. It can be visualized on MRI scans. It can be measured through biomarkers in cerebrospinal fluid. It follows a biological arc: silent onset, gradual progression, systemic decline. But its true magnitude cannot be captured solely in medical charts.

It is found in:

- The spouse who learns to bathe the person who once bathed their children.
- The daughter who manages medications between conference calls.
- The grandson who plays the same song because it sparks recognition for thirty seconds.



Mary and Frank prepare Gap for bed.

Alzheimer's is a neurological disorder. It is also a relational transformation. It reshapes marriages. It rearranges family hierarchies. It tests endurance. It reveals devotion. For every brain scanned in a hospital imaging suite, there is a living room where someone is quietly adapting, grieving, or persisting.

The science continues forward — researchers mapping protein structures, testing antibodies, seeking earlier detection. Perhaps one day, prevention or cure will alter this story. Until then, Alzheimer's remains what many families call it: a long goodbye. A microscopic shift becomes memory loss. Memory loss becomes dependence. Dependence becomes farewell. And in the space between those stages, love is asked to stretch further than anyone ever imagined.





Bedtime is full of emotions for Mary.





For the caregiver, it is in the silence at day's end that the loneliness echoes loudest.

## Richard Falco

For the past thirty-five years, Richard Falco has worked as a photographer, documentary filmmaker, journalist, and educator. He has traveled extensively throughout the world, working on assignments in Asia, Africa, Europe, and the United States. His photographs have appeared in major publications. Clients include *Time Magazine*, *Newsweek*, *Business Week*, *New York Times*, *Life*, *National Geographic Society*, *People*, *Geo*, *New York Magazine*, *Stern*, and *U.S. News & World Report*, to name a few.

There are six published books of his work: *To Bear Witness/September II*, *Medics: A Documentation of Paramedics in the Harlem Community*; *Hunger and Rice in Asia*; *Witchcraft: Ancient Traditions Alive in Salem*; *Water, Wild & Light: The Dingle Peninsula*, and *Autumn Madrigals*.

Mr. Falco is the director of the films, *Crossroads: Rural Health Care in America*; *Project Music: Not A Single Dissonant Note*; and *Holding Back the Surge*, and the executive producer of the films *Josie: A Story About Williams Syndrome* and *Dorothea's Tears: The State of Mental Health Care in America*. He is also the editor & chief of *Witness Magazine*.

He has exhibited in the United States and abroad. Exhibitions include International Center of Photography, NY; Corcoran Gallery, Washington, DC; Nikon Galleries, Tokyo; New York Historical Society, NY and others.

He is a winner of the *International Media Award*, a 15-time award winner for *Excellence in Journalism* from the Society of Professional Journalists, and an *Award for Excellence* from the Society of Publication Designers.

This project is a production of

## VISION PROJECT Inc.

Vision Project is an organization dedicated to the development of investigative journalism, documentary photography, multimedia, film, and education.

The goal of Vision Project is to produce documentary material and educational programs that encourage understanding and awareness about a broad variety of social issues. This information and programming are made available to the general public with a particular focus on members of the younger generation.

Vision Project seeks to reinforce the social, cultural, and historical impact documentary work contributes to society. To reach these goals, we have assembled a group of talented professionals with extensive expertise in journalism, photography, video, design, web technology, and education.

All material copyrighted by Vision Project.  
There can be no use or distribution of this material  
without the written consent of Vision Project.

Vision Project © 2021

For further information contact:

Vision Project Inc.  
[www.visionproject.org](http://www.visionproject.org)  
[info@visionproject.org](mailto:info@visionproject.org)