

## SIX

# A Life Not Worth Living

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What is so striking about *Breaking Bad* is how centrally impairment and disability feature in the lives of the characters of this series. It is unusual for a television series to cast characters with visible or invisible impairments.<sup>1</sup> On the rare occasions that television shows do have characters with impairments, these characters serve no purpose other than to contribute to their 'Otherness.'<sup>2</sup> *Breaking Bad* not only centralizes impairment, but impairment also drives and sustains the story lines.

In the pilot episode, Walter White is diagnosed with inoperable lung cancer. From that moment on, Walter's cancer becomes the driving force of the entire series: it is ultimately the explanation of every event affecting every character in every episode. After being blind-sided with the morbid announcement that the main character is terminal, viewers may expect to see Walter become reconciled to his new identity as cancer patient or to see him delivered the miraculous news that he has beaten cancer and is cured. Both story lines would give viewers "feel good" television. Instead, Walter angrily, violently blazes a third path, one which sees him both deny his status as cancer patient while at the same time bitterly insisting on the inevitability of his imminent death. During both the first and second season, Walter's body makes vivid that Walter is seriously ill. Walter shrinks in size, develops a debilitating hacking cough, loses consciousness, and becomes increasingly frail. Seemingly against his wishes, Walter undergoes treatment. Then, after being told that the cancer has shrunk by eighty percent, Walter submits to, and survives, surgery. And although told that his cancer is then in remission, Walter nonetheless insists that he knows that it is just a matter of time before his doctors will give him unwelcomed news.

Walter is not the only character in *Breaking Bad* who struggles with having a body that is, to use language found in disabilities scholarship, "undisciplined" or "unruly" (Terry and Urla 1995; Siebers 2008). Indeed, each of the main characters struggle to maintain control over his or her body while presenting a public pretense of normalcy. Skyler, Walter's wife, regards herself as a good mother—indeed the moral compass for the family—especially when accusing Walter of being deceitful or when discussing his meth-making activities. Yet, on several occasions she seemingly cannot stop herself from smoking while pregnant, drinking, or from having an adulterous affair. Marie, Skyler's sister, cannot control her kleptomania. Although Hank suffers from post-traumatic stress disorder after witnessing the bombing in Juarez, his later, self-aggrandized version of events is completely false. Later still, after being shot, Hank becomes a hostile paraplegic, fearful that he will no longer be able to function as an officer of the law, or even as a man. Yet, he publically presents himself as confident as ever. Walter Jr., whose cerebral palsy renders his physical impairments most visible, voices the frustrations of a son who cannot understand the disappearance and reappearance of his father in the family home, or the cold war going on between his parents. The stammering speech of Walter Jr. perfectly expresses the slurred rage of a character who wants to, but cannot, fully understand or take control of the situation he is in. As *Breaking Bad* progresses, each of these characters becomes somewhat, though perhaps not wholly, reconciled with their impairments. Skyler smokes and drinks in front of Walter, rather than secretly in the bathroom, and tearfully acknowledges her flaws as a parent and her frailties as a person. Marie acknowledges her need, and the benefits she has received, from seeing a therapist for her emotional and psychological problems. And Hank, though he initially repeatedly, and rudely, refused offers of assistance from others, came to graciously ask for and accept his longtime (and long-suffering) friend Gomie's supporting arm to help him walk while at work.

Jesse, Walter's meth-making partner, starts the series as a drug dealer and drug dependent. Jesse's life lacks direction; his 'business' is sloppily run; he has had many run-ins with the DEA and the local police; and, his knowledge of meth cooking (though he refers to it as an 'art') is crude. Although Jesse has a large circle of associates, and a tight circle of friends he can rely on for small favors, he has no one to whom he can turn for real emotional support. While Jesse has moments of sobriety, whenever confronted with trauma (such as the lethal overdose of his girlfriend Jane or the murder of Gale), he spirals into cycle of self-abuse.

In stark contrast to Jesse's chaotic self-doubt and self-abuse, Walter remains astonishingly unwavering in purpose and unaffected by his experiences. At no point does Walter become reconciled to his cancer status. He neither regards himself as someone living with cancer nor as someone having survived cancer. Indeed, he exhibits an astonishingly level of cog-



nitive dissonance about his cancer, stating on several occasions that his cancer has disappeared and that he is good, but also that he is "dying—we're all dying." But this last claim is an empty rationalization, for, although it is true that we are all dying in the sense that we are all *mortal*, such a claim does not explain anything. And it certainly fails to justify any of the actions that Walter has undertaken since his diagnosis of cancer. Moreover, Walter insists that he is in charge of his life and that cancer does not rule him. This declaration jars in stark contrast with Walter's frail body, the body that lost consciousness, shriveled in size and coughed up blood. And Walter's means of maintaining control requires engaging in lies and acts of violence: murder, assault, and repeatedly deceiving his family members about his business. These efforts do not leave Walter unmarked. Walter is seen with bruised ribs, blackened eyes, and a bandaged and bloodied face. Nonetheless, Walter insists that, despite all evidence to the contrary, he is in complete control.

Walter is not terrified of dying, but he is absolutely unwilling to leave his family financially destitute. As a high school teacher, Walter is a rather inadequate provider for his family; they struggle to make ends meet and their financial future is uncertain. Were he to die, though, he would utterly fail to provide for them, making their already precarious situation profoundly worse.<sup>3</sup> To die is to fail, both as a father and a husband. And so, when confronted with the fact of his almost imminent death, Walter assumes a double life and becomes complicit in a series of lies and unspeakably violent crimes. When he begins this double life, Walter does not believe he is going to cheat death, but he does believe he is going to cheat failure. He believes he has found a winning move in a very bizarre game. But the longer Walter plays this game, the higher the stakes become: the longer he keeps up this double life, the more lies he must tell, and the more utterly depraved and immoral he becomes. Ultimately, the harder Walter works to ensure that he *becomes* the good father and husband he so desperately wants to be, the worse a father and husband he is.

I use three interrelated themes from disability scholarship to analyze *Breaking Bad*. The first theme, *Bodily Control*, is that good bodies are controlled bodies and that uncontrolled, messy bodies are frightening, bad bodies. Indeed, the messiness of impairment and disability is so bad, that impaired and disabled individuals are excluded or shut out from many areas of public life.<sup>4</sup> The second theme, *Normalcy*, is that the effect of hiding away impairment, of attempting to conceal disability, is that society becomes defined by, and structured around, the concept of normalcy. Normalcy, being normal, attaining and maintaining normalcy, is the preoccupation of most in society. To fail to be normal, or to fall from what is considered to be normal, is a source of tremendous anxiety for most people. These two themes, *Bodily Control* and *Normalcy* are conceptually connected: impairment, disease, and dying are so feared because they



are socially invisible and, therefore unknown and unknowable. They are the undiscussable taboos. The third theme, *Bodily Realism*, is that having a realistic view of the body, which would at minimum require accepting the fact that human bodies are fragile things, prone to disease and accident and are ultimately destined to die, makes one more at ease in the world, and able to live better lives and live as a better person. Indeed, so the argument goes, our lives would be richer, more rewarding—emotionally and morally—if we cared less about normalcy because of a dread of abnormalcy, but instead learned to accept if not positively value the physical variability of human existence.

### CONTROL . . . NORMAL . . . REAL—CONTROLLED AND UNCONTROLLED

We have decidedly contradictory beliefs about our bodies. On the one hand, since Descartes, we regard ourselves as essentially thinking beings. Therefore, as thinking things our bodies are of secondary importance to our sense of self. After all, bodies are mutable: they grow, age, get injured, bits may be surgically removed, but it is one's mind through which a person attains a stable sense of identity. Yet at the same time, we are anxious about our bodies. Bodies certainly seem relevant to one's sense of identity when it comes to one's gender, sex and race identity. And one's state of health, well-being, and physicality are surely of central importance to one's sense of self and one's identity.<sup>5</sup> So it is not too surprising that, although we may not want to define ourselves in terms of our bodies, we are nonetheless very concerned, if not anxious, about the health and well-being of our bodies.

Given the intense ambivalence we feel about our bodies, it should not be surprising that a powerful set of ideological beliefs about bodies is embraced by many in our society. Susan Wendell (1996) explains what she refers to as the "Myth of Control." She claims that the essence of this myth is that we can have the bodies we want; if we simply work hard enough, we can avoid illness, disability and even death. Wendell points out that, because there is an element of truth to the myth, we can work to *reduce* risk of disease, and act cautiously to avoid many physical risks. But the myth states more than that; it states that the body can be controlled. Despite the implausibility of the idea of total control, people insist of the truth of this myth even when presented with evidence of its falseness (93-94). When people are blamed or made to feel responsible for having non-ideal bodies despite their reasonable care, when unproveable theories are generated to explain how someone could have avoided becoming ill, when people with disabilities are seen as having their psychological, moral, or spiritual failures written upon their bodies, and when



every death is regarded as a defeat of human efforts, the myth of control is as work.

Wendell refers to the "full reality of bodily life." This reality presents us with a cluster of very unpleasant but nonetheless undeniable facts. Among these facts are that we are born with fragile, vulnerable, disease-prone (perhaps even diseased) bodies. Another undeniable, yet equally unpleasant, fact is that each and every one of us is mortal. Because of this "reality of bodily life," or, speaking more carefully, because of the unpleasantness of bodily reality, the myth of control is widespread in our culture. The key idea of this myth is that if we exert sufficient control over our bodies, if we maintain adequate perfect health and thereby stave off disease, then we could thereby defer our own death. The myth of control is absurd, of course. We are surrounded by people who become ill, have impairments, have disease, and have died—each and every one of us has certainly become ill even if only temporarily at some time during our lives, and many of these people have worked hard to protect their health. Yet the myth of control persists. And, paradoxically, with the advance of medical technology it grows stronger for medicine does not prove to us that we are mortal and that we must suffer illness, but promises us an escape from disease or the suffering caused by impairment or injury. The more medicine advances the more inexplicable disease, impairment and death becomes.

Despite the overwhelming evidence that humans are not immortal and that each of us will experience disease or impairment (unless we die very quickly while we are very healthy), the myth of control serves its ideological function very well. This myth tell us that if we work hard enough, exercise enough, eat right, take the right pills, go to the right physicians, and are very, very disciplined—in other words, do not live badly or take risks, do not make any mistakes with our body—then we will remain healthy and disease free. The reward of normalcy is, according to Wendell, to escape having a "rejected body." In so far as we fail to control our bodies, in so far as we fail to be normal, we will be ill, diseased, abnormal and bad. It is our fear of abnormality, disease, deformity and deviancy that drives us to control our bodies and strive for normalcy.

Initially, Walter would not tell his family about his diagnosis. The terribleness of this disease, of being terminal, is too awful to discuss. The only person he does tell is Crazy-8, a young man he holds hostage in Jesse's basement, locked to a basement ceiling support with a bicycle lock. Since Walter has determined that he must kill Crazy-8, telling him about his cancer is only revealing his terrible secret temporarily. Once Crazy-8 is dead, Walter's secret will die with him.

Because of the complexity of his double life, and Skyler's suspicions of his lengthy absences, Walter is ultimately unable to keep his cancer secret from his family and begrudgingly tells them of his diagnosis. He also tells them that he does not intend to get medical treatment. Alarmed by



this decision, Skyler, in the episode "Gray Matter" (2/4/08), gathers the family together for an "intervention" to change Walter's mind. Skyler starts the conversation by reassuring Walter that, though money is tight, because of the offer to pay for treatments made by his former partner Elliot and his wife Gretchen, there is no reason to not get the treatments. Hank speaks next and both agrees with Skyler that the offer of money should not be rebuffed but also adds that, though Walter was given a poor set of cards, since he wants to remain playing life's game, he should simply make the best of it while fighting. Walter Jr. follows next and accuses his father of not fighting and being scared of the cancer treatments. Marie then argues that Walter should do what he wants to do. She claims that treatment for terminal conditions can be tough for most patients, but those people go through with it merely to make their family members happy, not because they genuinely want to. After hearing Marie, Hank chimes in that he now agrees with Marie, adding that were Walter to refuse treatment he could die on his own accord.

After hearing all their opinions and suffering the heated argument that ensues, Walter finally offers an explanation of his choice. He claims he is refusing treatment not because of the concerns for the cost, not because he is afraid of the treatment, or the thought of the treatment itself as being unpleasant, but because what he needs is to control his life. For his whole life, he has never made a choice for himself and this time, he wants to make a choice for himself. He then describes how he envisions his future if he chooses treatment: thirty to forty pills every single day, loss of his hair, days spent too tired or nauseous to move or even turn his head, a person just marking time till he dies. But worse, according to Walter, is the thought that forever after his death that he would be remembered as a sickly, weak, dying man.

It seems just so obvious to Skyler that the reasonable option is to get medical treatment because that would, she believes, ensure that Walter would live longer and thus allow him to be with his family for more time. Likewise, Walt Jr. cannot fathom why anyone would refuse treatment. Even if the treatment is unpleasant, as medical treatment usually is, in his mind it cannot be any more unpleasant than any other medical treatment that people have undergone and survived. In his mind, his father's behavior is simply dumb.

But Walter is well aware that his chances of surviving lung cancer are practically nonexistent. He simply has, as far as he is concerned, too few choices and the only future that medical treatments will provide is one of debility, dependence and weakness. This imagined future self, though having a *longer* life, is living a life so repulsive to him, that he would rather die sooner than to live as a "dead man." Walter's greatest anxiety is the nature of the legacy he will leave his family: he is desperate that his legacy be financially and emotionally sound. He does not want to leave his family financially vulnerable or with tainted memories of him, memo-



ries of him sickly and repulsive. The idea that they would remember him ill is so abhorrent that he would rather forgo anything medicine has to offer.

Without explanation, Walter does agree to receive medical treatment. Yet his attitude toward cancer and being in control does not change, as revealed in this conversation in the episode "Cancer Man" (2/17/08), which takes place about a year later after his surgery and his cancer is in remission, with a fellow cancer patient while they both wait for a PET/CT scan. The other patient explains to Walter that getting cancer has changed his life and has taught him to give up control of his life. Walter scoffs at this mealy-mouth advice referring to it as crap. In response, he offers his own insights, which is that one should never lose control of one's life. The other patient immediately sees the flaw in Walter's logic, after all, "cancer is cancer." Some people survive cancer and some people do not. That is just the way it is and there is not anything we can do about it. Not Walter. He tells cancer it can go to hell. Strong words, indeed. But *believing* one is in control does not mean one *is* in control. And there is little evidence, other than Walter's words, that Walter is in control of his life.<sup>6</sup>

#### NORMAL AND ABNORMAL

The concept of normalcy pervades our society (Dudley-Marling and Gurn 2010; Snyder and Mitchell 2006). Every aspect of our bodily experience is analyzed in terms of normalcy and abnormalcy. Given the ubiquity of normalcy, it may seem surprising that this term did not appear in English language until 1840 (Davis 2010). It was the French scholar Adolphe Quetelet who first applied the mathematical concept "norm," which was then used by astronomers, to people, and developed the notion of *l'homme moyen*, "the average man." Quetelet hypothesized that *l'homme* was also *l'homme moyen morale* ("the moral man") and set out to with his measuring tapes, calipers and scales to prove it (Davis 2010, 5). Quetelet did not see the average man's body as something mediocre, but as the perfect ideal. He wrote, "an individual who in himself, at a given time, all the given qualities of the average man, would represent at once all the greatness, beauty and goodness of that being" (Porter 1986, 102). The ideal to be attained was a nation entirely comprised of average men, for then we would have a bourgeois paradise. Quetelet was confident that because of the "error curve," a term he coined, all bodily "defects and monstrosities" as well as "vice in morals" would eventually disappear, just as "errors" in mathematics "average out" (Davis 2010, 4-9).

Quetelet's ideas were extremely popular in his day, not only in France but also throughout Europe and the United States. The use of statistics to study humans spawned the birth of many eugenicist societies, each created for the purpose of researching the improvement of the human species



and human societies.<sup>7</sup> Eugenicians assumed that most physical defects and "mental defects" (which included traits such as laziness, criminality, drunkenness, and "imbecility") were hereditary. It was also assumed that, just as with many diseases, some people were carriers of what were considered social diseases (Hubbard 2010). Cleansing society of such individuals became a national preoccupation.<sup>8</sup>

Being normal in such an environment is no minor matter; it is everything. To fail to be normal is not merely to be ill or naughty or mischievous. Rather, you are a burden to your family, a scourge of the city, a source of ruin in the whole society.<sup>9</sup> A physician cuts off a gangrenous leg to curtail the deadly threat to the patient and so, too, reasons the eugenicist, should we curtail the deadly effects that diseased and defective people have on the body politic. In the words of Supreme Court Justice Oliver Wendell Holmes, "Three generations of imbeciles are enough."<sup>10</sup> Tolerating social defectives is comparable to committing medical negligence.<sup>11</sup> Yet, as Hubbard (2010) claims, "health and physical prowess are poor criteria for human worth" (187). There is very little reason to believe that so-called normal people are morally good people and there is very little reason to believe that persons with deviant bodies are the worst citizens.

Jesse is regarded by many as not much more than a fucked up junkie, with little moral or social worth. He has a well-established criminal record and his parents have long ago given up on him. When Jesse announces that he wants out of the meth business, Walter tells Jesse he does not have anything in his life and asks him when they can start back cooking again. Yet, unlike Walter, who can whistle contentedly minutes after hearing a news report about the missing boy they just liquefied in a jug of acid because he witnessed them robbing a train, Jesse is tormented with guilt by the deeds he has committed. Although Jesse knows that there is right and there is wrong, he is repeatedly overwhelmed with self-doubts about his ability to navigate moral terrain.

Jesse first begins attending rehab to manage his drug use and to deal with his feelings of guilt regarding the death of his girlfriend Jane. Later, unable to handle his guilt for killing Gale, Jesse once again lapses from sobriety and starts using crystal meth. Only after Mike forcibly takes Jesse from his home and keeps him clear of all drugs and alcohol is Jesse able to become sober. Still unable to come to terms with the murder of Gale, Jesse, in the episode "Problem Dog" (8/28/11), heads back to rehab for moral support.

Rehab is a place for abnormal: addicts, deviants, and society's outsiders. Yet, the rules of this space make clear that, no matter how horrific their actions, they are rebranded as acceptable because, within that space, nothing is judged. Within that rehab space, abnormality is normality. The discussion leader tells everyone attending that they cannot change the past. Yet, Jesse finds himself so troubled by the gravity of the immoral



actions he is directly responsible for, the latest being his murder of Gale, that he cannot even speak of them directly. Instead he tells the group he is pained because he has recently killed a dog, a "problem dog."

Another person in rehab explains that meth is to blame for this action since using the drug can cause a person to go right back to a dark spot in life where he or she has no control over his or her actions. But Jesse rejects this pat explanation. He did not kill the problem dog because meth made him act rather he chose to do it. Moreover, he had options: he could have put an ad in the paper, dropped "the dog" off at the pound. He did not *have to* kill Gale. There are always choices. To this the discussion leader reminds Jesse that the group is not in a position to render moral judgments. But Jesse is not consoled with these words. Rather, he finds them deeply disturbing. He argues that even if you do nothing about it, this whole process is about self-acceptance and there is really no point to one's actions. To further drive home his point, he mentions that he only came to rehab sessions to sell meth. Only at this point does the rehab discussion leader revise his policy about rendering moral judgments and acknowledge that such behavior is unacceptable.

Rather than seek comfort from such familiar platitudes as 'it all happens for a reason,' or 'what's done is done,'<sup>12</sup> Jesse insists on the acknowledgement of right and wrong. But in doing so, he must acknowledge, both to himself and others, that he has committed acts that are profoundly wrong, acts that cannot be undone. Moreover, the guilt he will feel for what he has done will, in all likelihood, never abate. But in taking full responsibility for his actions he will gain a sense of self as a moral person, as someone who has not only committed profoundly immoral actions, but also of someone capable of tender, loving relationships and doing good deeds, such as taking care of his aunt in her final days while she died of cancer, his love for Jane, financially securing Andrea and Brock, and his loyalty to Walter and Mike. Jesse, despite being nothing more than a socially deviant user, nonetheless demanded and obtained moral agency along with full moral accountability as well as the privilege to make moral judgments.

## REAL AND UNREAL

Tobin Siebers (2008) elaborates on how people perceive their lives,

Most people do not want to consider that life's passage will lead them from ability to disability. The prospect is too frightening, the disabled body, too disturbing. In fact, even this picture is too optimistic. The cycle of life runs in actuality from disability to temporary ability back to disability, and that only if you are among the most fortunate, among those who do not fall ill or suffer a severe accident. (60)



Able-bodied people like to think of themselves as essentially able-bodied: once able-bodied, *always* able-bodied. We grow and work and play within a culture that markets immortality with creams, pills, and surgeries. If we accept the myth of control, we are accepting the idea that we can stave off illnesses, even our own death. Yet we know that cannot possibly be true. But, as Siebers claims,

[T]hat we embrace these contradictions without interrogating them reveals that our thinking is steeped in ideology. Ideology . . . sutures together opposites, turning them into apparent complements of each other, smoothing over contradictions, and making almost unrecognizable any perspective that would offer a critique of it. (8)

We cling to these contradictory thoughts about our bodies, about sickness and health, because we do not want to face the reality of bodies.

Because the truth of the matter is that impaired, diseased or dying bodies sometimes seem to have plans of their own, independent of what we wish them to do. Cheryl Marie Wade (1994) defends what is referred to as a bodily realism, an approach advocated by some disability studies scholars. Wade asserts that only the use of blunt language, shockingly detailed, completely frank and uncensored descriptions of bodily functions and bodily dependence are the way to end our collective fear of disease and disability. Because so long as we refuse to acknowledge the reality of bodily needs, so long as we are ignorant of disabled bodily reality, we will live in fear of those realities. Wade argues that the only way we will ever "be really at home in the world" is if we first use "real language" to discuss these "crude realities" (88-90).

Sick, diseased and impaired bodies can so terrify the able-bodied that they will refuse to even consider the possibility that such bodies exist, or that one day they could have a body like that. But the more disabled are treated as the Other, the more the able-bodied avoid confronting those blunt, crude realities, the more terrifying disability looms in the imagination of ability ideology. It is for that reason that Wade insists that we should talk about these realities. But why should we confront these horrors? Why not just shut them away? Because, according to Wade, this is our world, our home and the way we live in it and if we are to have any hope to *be at home* in it, then we must confront the truths, not only that some bodies are "not normal," but that what is now able-bodied may someday become "not normal." Perhaps the most fortuitous effect of "saying these things out loud" is that the able-bodied will come to realize that most disabled people do not regard their lives as not worth living. Many disabled regard their disability as part of their identity and as a source of pride (Siebers 2008; Wendell 1996).

Walter exerts tremendous effort to conceal not only his criminal life from his family, but also the effects of his sickness from his family. He withholds the diagnosis of cancer for as long as he can. He is saccharinely



false about his illness, lying to them about his coughing fits, his weakness, loss of consciousness and his frailty. Even after his surgery is successful and he is going in for his follow up chemo treatments, he omits to tell his family the results of the tests; if they want to know, they have to ask him about the tests and it is not clear that he is being completely forthright given that he has rarely been truthful with them in the past, ostensibly to spare their feelings.

Walter has missed out on numerous family events in the previous months since he began making crystal meth. And, after Walter moved out of the house, he is only tangentially involved with the family. But completely missing his son's birthday party is even more negligent than usual. Walter Jr., in the episode, "Salud" (9/18/11), arrives at his father's condo for an explanation. Walt Jr. rings the doorbell, but the rings go unanswered. He calls, but the call goes through to the answering machine, and we can hear the answering machine message, with Walter's detached voice identifying himself and asking the caller to leave a message. Walter Jr. asks if he is alright and informs him that he knows he is home because his car is parked in the driveway. Walter listens to his son's pleas as he lays in bed, clutching bloodied sheets, evidence of his most recent fight. Walter Junior continues telling Walt that he missed his son's party and he knows something is wrong so he will call for help. When Walt Jr. speaks of contacting 9-1-1, Walter is sufficiently motivated to admit Walt Jr. into his house. Alarmed by his father's appearance, Walt Jr. asks him what happened and Walt responds that he was in a fight. Alarmed, Walter Jr. starts to call his mother on his cell phone but Walter begs him not to. Then, crying, he confesses to his son that he made a huge blunder and he paid for his mistake. Walter Jr., completely misunderstands this conversation, and believes that they are talking about his father's (non-existent) gambling addiction. He consoles his father, and then leads the distraught Walter to bed, to sleep off the effects of the pain pills and distress.

The next morning, Walter wakes up to find the apartment clean and Walter Jr. asleep on his couch. Embarrassed, Walter apologizes to his son for missing his birthday. Refusing to accept Walter Jr.'s forgiveness, he takes complete responsibility for any misunderstanding between them. Seeing Walter Jr.'s inability to fully understand this apology, Walter tells him that his own father died of Huntington's Disease when Walter was quite young. Worse, the disease caused his father to end his days in a hospital needing full care because of the neurological damage caused by the disease. Despite wanting to know his father, what he was like as a person, Walter confesses that he has only one real memory of his father lying in bed, dying and gasping his last breath of air. This memory so disturbs him that Walter tell his son that, more than anything, he does not want his memory of him to be one of a sick, weak man. Walter Jr.



dismisses his father's worries and tells him that such a memory would not be bad because it would be better than missing him for the past year.

Walter's main concern, as with the Talking Pillow conversation, is the legacy he will leave his family. He is terrified that after he is dead his family will remember nothing more than the smell of him while he is ill, or of him crying and bloodied, wearing nothing but his underwear while clinging to his paraplegic son for support. Walter insists to Walter Jr. that he is his father, as if declaring a biological fact bolsters his credibility. But it does not. In the past year, Walter has been the worst sort of absentee father desperately accumulating millions all so that he can escape being the sickly dead man who needs his family for physical or emotional support.

But to Walter Jr., far worse than dirty sheets or a future with adult diapers is an absentee father, inadequate explanations and false bonhomie which is what life has been for the past year. Even worse is a father that moves in and out of the house and parents who are not on speaking terms with no explanation. In comparison to the controlled deceptions Walter has constructed, the bodily realism of tears and weakness is refreshing indeed.

#### WALTER WINS AN EMPIRE . . . AND LOSES EVERYTHING THAT MAKES A LIFE WORTH LIVING

After killing Gus Fring, Walter calls Skyler to let her know that he is safe and that he has won. Walter did not set out, first and foremost, to topple Gus Fring, to beat cancer, or even to cheat death. Walter wanted to cheat failure. Walter did not want to die smelly and weak, laying in a hospital bed, stinking and frail, with tubes and needles poking into him, the object of pity and a financial burden to his family. He did not like his choices life had handed him so he created his own. After just about a year later, he has more money than he could spend in several lifetimes and is running the highest grade meth operation ever organized, with a territory reaching throughout the entire southwest of the United States and expanding interests in the Czech Republic. So, Walter has won, it would seem. But what has he lost? The love and respect of his wife,<sup>13</sup> the trust and loyalty of Jesse,<sup>14</sup> and, of course, the opportunities to spend time with his two children. Walter was not driven by a naked desire for cash, nor did he have a lifelong desire to make meth. Instead, it was his terror of confronting his illness that prompted everything. But rather than reconcile his parental responsibilities with whatever inevitable, and perfectly natural, physical weaknesses he would experience, he instead chose to abandon his family and his moral values. In effect, Walter's fear that cancer would make his life not worth living propelled him to make ter-



rible choices such that much of what makes life worth living is gone or so thoroughly damaged, that his life *is* not worth living.

## NOTES

1. Throughout this chapter, I will follow Susan Wendell's usage of the terms *impairment*, *disability*, and *handicap*. Wendell is in turn borrowing the United Nations definitions, though with a reasonable degree of caution. An *impairment* is "[a]ny loss or abnormality of psychological, physiological, or anatomical structure or function." A *disability* is "[a]ny restriction of lack (resulting from an impairment) of ability to perform an activity in the manner of within the range considered normal for a human being." Handicap is "[a] disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal, depending of age, sex, social and cultural factors, for that individual." See Wendell's careful and intelligent critique of both the value and limits of the U.N. definitions (Wendell 1996, chap. 1 [especially 13-19]; U.N. 1983). By "visible impairment" I mean any impairment that a non-familiar can become aware of with relatively little or no personal knowledge of that person. Examples of a visible impairment may include paraplegia, cerebral palsy or Down Syndrome. By "invisible impairment" I mean any impairment that a non-familiar could not become aware of by looking at or listening to someone or, perhaps, even working with someone, even for quite some time. Awareness of a person's invisible impairments requires more personal and intimate knowledge of them. Examples of invisible impairments may include partial or perhaps even severe hearing impairment, Autism Spectrum Condition, or myalgic encephalomyelitis (ME) to name a few.

2. Wendell (1996) states that, "Stereotypes of disabled people as dependent, morally depraved, superhumanly heroic, asexual, and/or pitiful are still the most common cultural portrayals of people with disabilities" (46).

If disability appears in a novel, it is rarely centrally represented. It is unusual for a main character to be a person with disabilities, although minor characters like Tiny Tim, can be deformed in ways that arouse pity. In the case of Esther Summerson, who is scarred by smallpox, her scars are made virtually to disappear through the agency of love. On the other hand, as sufficient research has shown, more often than not villains tend to be physically abnormal: scarred, deformed, or mutilated (Davis 2010)

Please see also Kent's chapter on the images of women with disabilities in fiction and drama, Dahl's article on the role of media in promoting images of disability, Harnett's article on images of disability in popular television, and Gartner and Joe's book on images of the disabled.

3. To make matters worse, Walter's medical treatments are extremely expensive, hopelessly beyond his family's financial means. Thus, not only would his death be leaving a wife and two children without a provider, but if he seeks treatment for his (probably terminal) disease, he will leave his family hopelessly destitute, likely homeless.

4. For example, images of impairment and disability are omitted from most forms of advertising unless the advertisements are for charity advertisements or health service magazines. And those images are more negative than positive. Please see Hevey's chapter on the enfreakment of photography, and Gartner and Joe's 1998 book on images of the disabled. Public housing rarely accommodates the needs of disabled and employers underemployed individuals with disabilities (Siebers 2008). Public schools still regularly fail to accommodate the needs of students with disabilities. School districts throughout the United States have renamed special education schools as programs. Once so relabeled, test scores from such programs can be excluded from state



assessment tabulations and schools districts can then report that students in their schools are meeting federal mandates. As to whether or not the children in educational programs are flourishing, since those test scores are junked, parents have no way to assess either the progress of their own child or compare the merits of one program with another. Despite the fact that a primary purpose of the No Child Left Behind Education Act was to provide parents with the assessment information necessary to ensure that their disabled child's education was progressing as optimally as possible, administrators around the country have excluded test scores of children with disabilities to ensure those scores will not harm the financial futures of the schools—the effect, however, is that children with disabilities, and their accomplishments, are effectively being erased (*New York Times* as quoted in Siebers 2008, 137). Please also see Silver, Wasserman, and Mahowald's book on disability, difference and discrimination.

5. I am speaking in general terms about health and well-being, impairment and disability. How particular conditions and bodily symptoms affect particular people can vary, but I believe persuasive arguments have been made for accepting the claim that Deafness and Autism, say, are conditions that can affect a person's body and their relationship with the able-bodied community so thoroughly that it makes sense to speak of a person's Deaf identity or a person's Autistic identity. Please also see Padden and Humphries chapter on deaf people, Edwards' chapter on technology and the deaf world, and Staus's chapter on autism as culture all in Lennard Davis's *The Disability Studies Reader*, a 2010 edited collection.

6. Mike refers to Walt as a ticking time bomb. Walter promises Jesse that there will be no more killing. But Walter's promise of no more killings is as patently absurd as his proclamation against cancer—bold words, but implausible in running a successful meth business. And there are more dead bodies, a lot of them. Walter orders the deaths of Fring's men because they could lead the DEA to him. Walter also kills Mike because Mike would not give him the names of those men. As Mike bleeds to death, Walter has an uncharacteristic, albeit brief, moment of regret. He admits that he could have forced Lydia to give him the names of the men. Mike interrupts him asking him to let him die alone. Not only does Walter kill, he kills people he does not even need to kill.

7. Francis Galton is usually credited with creating the first eugenicist scientific society in England. However, it was years later, in the United States, that large scale governmentally financed eugenics programs really got underway in earnest. President Theodore Roosevelt created the Heredity Commission. It was charged to investigate the genetic heritage of the citizens and to "(encourage) the increase of families of good blood and (discourage) the vicious elements in the cross-bred American civilization" (Bruinius 2006; Black 2003). The United States was the first country to pass sterilization laws. Starting in 1907, Indiana was the first state to pass sterilization legislation. The states that sterilized the highest percentage of their residents were: Michigan, Wisconsin, Minnesota, and California. California had by far the highest number of sterilizations in the United States (one third of all sterilizations nationwide). By the 1960s, over 20,000 patients per year in that state were being sterilized; almost 60 percent were considered mentally ill, just over 35 percent were considered "mentally deficient" ("California Eugenics.").

8. Although referred to eugenicist ("good birth") societies in the United States and Britain, the term "racial hygiene" (*Rassenhygiene*) was used in Germany but the idea is the same: preserving the good people and eliminating the diseased and defective individuals who are a corrupting influence on society.

9. Early in the twentieth century, statewide contests were established throughout the United States, funded by the Eugenics Records Office, such as the Better Baby Contest and Fitter Family for the Future. The purpose of these contests was to measure and rank babies and families for "fitness" (idealness) and to determine which ones were perfect models for future citizens. Winners won free medical treatment. Though one would think the losers would need medical treatment more, rewarding sickly



individuals with medicine is exactly contrary to eugenicist logic. These contests lasted several decades, until the late 1940s (Selden 2005, 199-225).

10. Giving the majority opinion in *Buck v Bell*, the U.S. Supreme Court case that decided that states can sterilize "imbeciles" against their will and without their knowledge, Holmes writes,

We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already *sap the strength* of the State for these lesser sacrifices, often not felt to be such by those concerned, to prevent our being *swamped with incompetence*. It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. [*emphasis added*] (*Buck v. Bell* 1927)

11. Some eugenicists were not satisfied with sterilization measures and instead lobbied for euthanasia. A 1911 Carnegie Institute report recommended euthanasia as a solution to the problem of unfit individuals. An institute in Lincoln Illinois fed cognitively impaired patients milk laced with tuberculosis, obtaining an annual death rate of 30-40 percent per year. In 1931, The Illinois Homeopathic Medicine Association began lobbying for the "right to euthanize" "imbeciles" (Black 2003).

12. When Skyler lamented the guilt she felt for her role in Ted Beneke's injuries, Walter tried to comfort her by saying that she made a misstep and lost control over the situation. He explained to her that such actions did not make her a bad person, but instead made her "human." She immediately dismisses such words as flawed rationalizing. The implication is clear: Walter has learned to rationalize moral horrors.

13. At one point, Skyler tells Walter that her best move is to wait for the cancer to return to him. Not a good sign for a marriage, and a stark contrast to her feelings for him just a short year ago.

14. Throughout most of their "odd couple" adventures, Jesse remained loyal to Walter, always deferentially referring to him as Mr. White. Yet, enough seemed to be enough for, once Jesse was aware that Walter had ordered Mike's men killed and then showed up at his house, Jesse answered the door armed. Jesse seemed to consider the possibility that Walter might kill him for knowing too much about the operation.

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