This essay seeks to link visual argument, narrative characterization, and dissociational argument through a case study of a controversial but highly successful weekly San Francisco television news segment called Paul Wynne’s Journal – a diary of a local television personality who was dying of AIDS.

1. Paul Wynne’s Journal
On January 11, 1990 KGO-TV, an ABC affiliate in San Francisco aired the first of 20 segments on the Thursday evening news that chronicled Paul Wynne’s fight to live with AIDS. Wynne, a former San Francisco television personality and two-time Emmy winner, returned to the air after an absence of five years. The first segment opens with Wynne watching a tape of his earlier on-air performances. He swivels to face the audience and remarks, “I had hair, I had a tan, I had – well – half a body. And here I am today. Only today I have something I would never have dreamed about 10 years ago. I have AIDS” (Wynne, Segment 1, January 11, 1990). Physically altered, he retained his wit and charm. Approximately 4.5 million viewers in the Bay area learned about AIDS from a new perspective, that of Paul Wynne, an HIV patient living with the stigmatized disease.

He explains his purposes in creating the Journal: to dispel ignorance and a fear of AIDS, as a memorial for those who have died, to encourage those who think they might be HIV-positive to get tested and begin early treatment, to insure that the viewers will now know someone with AIDS, and finally with wicked humor he proclaims, to energize himself in the knowledge that the religious zealots will be furious with KGO-TV for letting him tell his story. The segments, placed at the end of the newscast, last from 1 to 4-and-a-half minutes with each addressing a different issue in Wynne’s journey with AIDS (hospitals, the medicine cabinet, canes, the will, telling the parents). All 20 are poignant narratives that are personal, blunt, compelling, and filled with both information and pathos.

Radical television in 1990, Paul Wynne’s Journal received a Cable Car Award, commendation from the American Medical Association’s Committee on Medical
Ethics, and a Eugene Block Journalism Award among others. Available for airing throughout the country, and despite letters urging its broadcast outside of California, only one other station, KCET-TV in Los Angeles showed the segments, and they did so concurrent with the sixth International AIDS Conference that was held in San Francisco in 1990.

Wynne also circulated his message through appearances on Good Morning America, CBS This Morning, Entertainment Tonight, and a People Magazine television special. His program was reported in newspapers and magazines throughout the United States, Japan, Britain, Canada, the Netherlands and Australia. The Journal showed the media an alternative way to cover the AIDS crisis at the same time it gave the public a face for AIDS.

2. The Rhetorical Situation
In 1990, even in San Francisco, the Journal’s subject matter and style of argument was seen as groundbreaking and potentially shocking to many viewers as they saw and heard about how a patient experienced the progress of the disease. “All those involved in project were wary that viewer response might be hostile, even ugly” (Gross, 1990, p. A1). In the opening segment, Wynne admits he will probably offend some people. He tells his viewers that he is neither courageous nor political, that the decision to create the Journal, to tell his story was difficult because “there are so many people out there who don’t know me but hate me because I carry the virus” (Wynne, Segment 1, January 11, 1990).

Why the fear of a hostile audience response? Recall first, that AIDS was initially linked to male homosexuals and referred to as GRID, gay related immune deficiency. As such, AIDS was associated with behavior deemed morally unacceptable by many in the heterosexual majority. Once it became clear that heterosexuals, could contract the disease, the association between the patient and AIDS changed to include drug users who shared contaminated needles (equally viewed as morally reprehensible behavior to many in the majority), or what were cast as secondary victims, including children, who were innocent of wrongdoing but received contaminated blood. Other than stories of occasional victims, most of the public discussion of AIDS carried a denigratory association: cleaving that association proved difficult.

Media coverage of AIDS first appears in 1981, not making the front page of a major newspaper or being mentioned on the network evening news until 1982. Between 1982 and 1987 the number of media stories about AIDS climbs, but by
1989 “AIDS coverage drops substantially, by about two-thirds, compared to 1987” (Torres 2006. para. 1989). According to the SOIN “Gay Events Timeline” this decrease in media attention was because editors saw nothing new in the AIDS story. 1990 saw the rise of state initiatives to both increase and decrease gay rights through initiatives introduced by gay rights activists and conservative religious groups. It was a time when fear of people with AIDS and links between immoral behavior and AIDS dominated the public discourse with significantly less focus on compassion for AIDS victims or knowledge about the progression of the disease.

It is in this milieu that KGO-TV in San Francisco decided to air Wynne’s Journal and “braced for a flurry of criticism from viewers” (Gross 1990, p. A1). Surprisingly, of the letters that the station received, only a handful reflected a moral judgment against AIDS patients. An anonymous letter mailed from New York on January 23 reads: “The dear Lord in His goodness sent you this illness—to give you a chance to repent of the past” (Wynne Letters, L21). There were several of these letters during the first month the series ran, but most were supportive of the Journal and Paul Wynne as a person. In Segment 10, Wynne shared some of the letters. He admits, “I was so afraid I was going to get stacks of mail from fundamentalist Christians condemning me. But I have gotten so many letters from Christians saying they’re praying and supporting for me and its not their job to condemn;... and that I should keep on keeping on.” Support for Wynne and his project only grew over the run of the Journal.

Since the series was aired, HIV/AIDS continues to be a major worldwide health concern, “[y]et here in the US AIDS has virtually dropped off our ‘importance’ radar” (Call 2006, para. 6). According to the UNAIDS/WHO report of May 2006, at the end of 2005 HIV/AIDS affected 38.6 million people, 2.3 million of whom were children. 4.1 million people were newly infected in 2005. 25 years after the media first reported on HIV/AIDS M.J. Call notes, “AIDS looks nothing like it did 25 years ago. The faces of victims like Paul Wynne have given way to the faces of babies, children and women dying in Africa and China. Despite advances in treatment, AIDS poses a bigger threat now than it did 25 years ago” (2006, para. 7). It seems timely that on the 25th anniversary of AIDS we look at a highly regarded educational campaign from early in the public’s awareness and understanding of the disease.

Of particular interest to scholars of argumentation, Wynne’s discourse exemplifies the intersection of visual rhetoric, narrative theory, and argumentation theory as it advocates for public understanding of the disease, political and social changes,
and the development of new medicines in the fight against AIDS. While it does so it also dissociates, in Perelman and Olbrechts-Tyteca’s terms (1969), the linkage, still common in 1990, of AIDS as just punishment for socially unacceptable sexual behavior or illegal drug use.

3. Visual Argument
A decade ago Argumentation and Advocacy offered a forum for the debate over whether visual rhetoric was argument. Proponents for extending the definition included those who believed that argumentative discourse includes more than propositional messages (Willard 1989), or anything productive of belief, such as narrative emplotment over time (Hess 1992, Fisher 1988), or enthymematic functioning in the popular media (Medhurst & DeSousa 1981, Finnegan 2001). This early discussion of visual argument was concomitant with discussions among argumentation scholars since the eighties about the changing forum for public deliberation, especially the increased importance of television, which works well with images and created spectacle. Images often replace words in public argument (Delicath & DeLuca 2003, Hariman & Lucaites 2002, Jamieson 1998, Szasz 1994, Bennet 1992, Hogan 1991, Edelman 1988, Postman 1985). These research strains and the publication of numerous interdisciplinary books and journals devoted to visual communication suggest that we have accepted the construct of visual argument.

Accepting the existence of visual argument, the debate has turned to how visual rhetoric comes to mean. Peterson (2001) notes, “The task of critics of visual rhetoric is to discover how visual elements communicate identity, meaning, and culture to the people who see and make sense of them” (p. 27). A growing consensus acknowledges that there is something fundamentally different about the way verbal and visual artifacts come to mean. “Visual and verbal communication differ in the interpretive processes because language interpretation is more involved with manipulating a conventionally learned code, and visual communication involves observations that lead to hypotheses about meaning” (Moriarity, 1996, p. 185). The visual is often more shaped by emotional appeal, and visual experience becomes phenomenal for the viewer. Thus, visual arguments demand attention to, in Rice’s understanding, at the very least a focus on “content, form, and a culminating fusion of visual experience” (Rice, 2004, p. 73). This case study seeks to explain the fusion of visual experience by exploring the relationship between the visual - in this case the body as performative testimony, dissociational argument and narrative form.
Visual argument provided by documentation of Wynne’s progression through the disease is in Hayden White’s terms a “principal medium of discursive representation... to direct attention to, specify, and emphasize a meaning conveyable by visual means alone” (1988, p. 1194). What cannot be said may be effectively argued through visual representations. In this case Wynne becomes the embodiment of all AIDS patients; his body acts in much the same way Delicath and DeLuca (2003) argue image events function, by constituting “the site and substance of the argument. Image events enact an alternative form of argument that contests more conventional norms of argumentation” (2003, p. 325). Wynne’s body, like image events generally, (1) expands the scope of participation in the public discussion of AIDS to include underrepresented groups, in this case people with AIDS; (2) functions as oppositional argument to those who would keep AIDS out of sight and thus out of mind; and (3) generates new lines of argument to educate the public to the disease and to promote national policies and funding relating to AIDS. Wynne’s increasingly distressed body argues without words that AIDS patients are victims. In this sense the body as agency operates much as Grindstaff & DeLuca (2004) see Daniel Pearl’s body testifying to the truth of the verbal message that accompanies the display of the body. Wynne uses his body to “communicate fragments of argument in the form of highly charged visuals to effect public debate” (Delicath and DeLuca 2003, p. 325). In an interview with John Carman, science writer for the San Francisco Chronicle, Wynne expresses the power of the wasting AIDS body, even on his on behavior, when he confesses, “I don’t look like what I used to. I didn’t want to look like another frail AIDS patient stumbling around the Castro, so I hid in my apartment all of 1989” (1990, p. E1). The Journal displays his body, making it into a text of AIDS.

From the opening segment contrast between Wynne without AIDS and Wynne in January 1990, through his sharing of recent photos of himself with the commentary, “The holiday photos I didn’t send the folks,” (January 11, 1990), to the May 31 episode where he takes his last walk - into a wheelchair, Wynne’s body becomes the visual proof of the devastation AIDS causes. In the taped programs from the eighties, Wynne is 184 pounds. As the series progresses Wynne goes from a gaunt 142 pounds (he is six foot one) to a skeletal bed-ridden patient when he taped his last segment just five months after he began the Journal. He died July 5, 1990 at age 46. The meaning of living with AIDS is captured in his physical deterioration, an argument that words alone would be unable to make. When Wynne stands at the base of the stairs leading up to the VA
Hospital where he gets his treatment, or when he demonstrates the difficulty of negotiating a curb when one’s limbs are weak from the wasting syndrome that is AIDS, the viewer experiences AIDS from a personal perspective and comes to recognize the strength of character one must have to live with AIDS rather than just die from AIDS.

Visual images like these encourage the audience to participate in the message making because the visual urges the viewer to think that what they are feeling is their own experience, rather than someone’s crafted emotional appeal; in essence, the visual message becomes the phenomenal experience for each viewer. Blair argues that they “can bring us as close to actual experiential knowledge as it is possible to get, short of living the experience” (1996, p. 37). This is surely the case with the Journal. A viewer writes, “But last week, having not seen your Journal for some time, I was floored. You spoke to us from your hospital bed, you allowed us to feel your willingness to ‘slip away’... I was reduced to tears. I had not expected to see the disease’s progression” (L-265). Another viewer writes, “In some small way we feel we are with you on this journey, wishing we could help, wanting you to know how you have touched us... and how much you have taught us” (L-273). Attention to the narrative form of the Journal helps explain how Wynne employs the image event of his body combined with his words to create a phenomenal experience for the viewer of what AIDS does to a human being.

4. Narrative Argument
The overt form of the Journal’s segments is that of a narrative with Paul Wynne as the narrator. There are few exceptions to this choice of form. The interaction of character, plot and scene, the mimetic representation of the life of an AIDS patient, the reiteration of the importance of taking small steps to educate others reflect a unity of purpose and direction that Lucaites and Condit (1985) argue is essential to effective narrative argument.

Consider Segment 2 where Wynne invites his audience to see the absurdity of bigoted actions. “I’m going to tell you a wonderful and wicked story.” As he speaks the camera shows him walking beside an elegant table set with fine china and crystal. Drawn into the elegant scene, Wynne shares a story with his viewers about two gay friends who were invited to a dinner party by a major client. Unlike the other guests, they were served on paper plates. Wynne addresses the bigotry facing homosexuals, “Now these guys didn’t have AIDS. I don’t even know if they were antibody-positive. Did she think their silverware would contaminate her dishwasher? And how about that business client, not warning them? Should they
have said to him, ‘You stupid, ignorant man – Good night!’ and lost their biggest client? And what would you have done? Would you have done the courageous thing, or would you have said, ‘Please pass the mashed potatoes’? To let you know, my friend said, ‘Please pass the mashed potatoes’ (Wynne, January 18, 1990). Wynne’s visually reenacted story of the dinner party, like his tales in other segments, implies that bigotry is a result of ignorance rather than malevolence. Just as this segment visualized the dinner party, his *Journal* addresses ignorance by visualizing the life of an AIDS patient and by calling into question the bigotry that results from associating AIDS with homosexuals and homosexuality with sin. The inhumane consequences of that ignorance have been clearly shown in a two-minute story. For Wynne, a significant step in eliminating bigotry is for viewers to see the face of AIDS, to come to know him as a person rather than a member of stereotyped class.

Wynne wants to educate the public, especially the 87% in a California poll of the time who were afraid to work with someone with AIDS because they feared the disease could be caught by proximity to an infected person. Wynne offers a new way to argue for increased awareness and action - himself and his experiences as a visual representation of the disease. In Segment 6, he reports falling on an airport bus. None of the passengers came to his aid. Looking directly into the camera he says, “Do I look like I have AIDS? What does it look like? If somebody, anybody, a passenger recognized that gaunt scrawny look, would they have been willing to just help me to my feet? In situations like this, you can do so much to a person with AIDS, even more to yourself, by showing you’re not afraid” (Wynne, February 15, 1990). In Segment 10 he shares the letters people have written. Telling the viewer how much their thoughts mean to him he suggests, “If you know someone with HIV... why don’t you drop them a note... It might make their day.” Wynne asks his audience to take small steps (make contact with someone with AIDS, envision helping an AIDS patient), because in each action they change their attitude and society’s attitude toward victims of AIDS.

Beyond the overt form of storytelling, Wynne builds himself as a *round character* in Bal’s (1988) classification. He carefully crafts his move from actor in the news to character in a narrative with which his audience can identify. “Round characters” in narratives “are like ‘complex’ persons, who undergo change in the course of the story, and remain capable of surprising the reader. Flat characters are stable, stereotypical” (Bal 1988, p. 81). Even real people can appear as flat characters in a narrative. They are referential characters in the story in so far as
the “image we receive of them is determined to a large extent by the confrontation between, on the one hand, our previous knowledge and the expectation it creates, and on the other, the realization of the character in the narrative” (Bal 1988, p. 83). For San Francisco viewers who knew Wynne as a media figure before the *Journal* there is a different referentiality than for viewers who know him only as he becomes a character throughout the twenty segments. Wynne prevents his audience from referencing him as a stereotypical gay AIDS victim with the 1990 baggage that classification carries by employing self-deprecating humor, avowals of being apolitical, and intimate revelations of his fears. These very human traits break down potential negative references to people with AIDS.

Wynne personalizes AIDS thereby allowing those who have distanced themselves from the victims of AIDS to join in the public discussion of the disease. “One of the reasons this works is that I know how to crack a smile, make a joke. I’m someone people will let into their homes. Let me make friends with them first, and then I’ll move on to tougher issues.” Visually, and through the stories of his experiences, Wynne creates himself as a character – “raconteurish, wicked and fun” – a man who pulls no punches, a dying man with whom a diverse audience can identify.

Wynne doesn’t want to be the stereotypic poster boy for AIDS. He isn’t perfect, courageous, or willing to always put a positive face on things. He is human, with human fears, pride, and foibles. In Segment 4, “Canes, Walkers & Wheelchairs,” he chastised people who aren’t willing to use these “tools” to help them remain mobile, yet he also admits he’s too proud to use the cane as his doctor recommends. In Segment 13, “The Will,” he admits he’d like to give his favorite art to people who will some day tell others they got the piece from a dear friend, but he resents having to think about giving up his treasures when he has already lost so much. In numerous episodes he tells the viewer he is scared, and his voice and body reinforce that claim. He even catches himself in his own biases, especially his resentment of Christians who all get mistakenly lumped into the category of religious zealots and bigots. Wynne shows and tells his audience that he is not a poster boy, but a real person, a round character. This is what Wynne wants his audience to accept. In doing so, Wynne begins the dissociation of AIDS suffering and just punishment. Wynne, like his audience, is flawed but worthy of attention, understanding, and compassion.

Letters from viewers suggest that he achieves his end. One of the most frequently
echoed sentiments is that the viewers feel like they know him and have put a face on the victims of AIDS. “… many of us have never been able to see what happens after the first ‘setback’. The AIDS statistics have little tangibility when we have no idea what the disease can and will do to its victims. Paul, I would like to thank you for being able to… let us experience what you experience” (L-265). The first letter he received echoed the sentiment: “To many people – gay was a lifestyle. AIDS was a disease. Thank you for giving them a face… and a heart... and a soul” (L-1).

What are the accumulated traits the audience sees in Paul Wynne the character? Viewers applaud his “sense of humor, your total honesty” (L-16), his “unselfish act of giving… precious time and energy” (L-17), and his strong commitment to educating people about AIDS (L-14). Viewer L-219 calls him “a courageous man and a fine example of human kind”, while viewer L-238 finds him a role model. Countless letters see him as a person who faces life’s difficulties with courage, compassion and most of all dignity. The Letter Archive suggests that viewers reject the association of AIDS sufferer with the categorization “moral misfit”.

Wynne succeeds in becoming real to his viewers–someone with whom they feel a close personal connection, even though they have never met. A man living with AIDS writes, “But I want you to hold on not for me, but for my father.... He remembers you before you were sick. My father and I don’t speak very much and I know he is ashamed that his son has AIDS. It’s important to me that he gets to see just what it means to have AIDS. It’s important that he sees it and not just hears second hand that somebody else he never knew just died of AIDS. It’s people like him that make the decisions so it’s important that he gets to see it first hand” (L-244). He is no less real to viewers who have had no other contact with AIDS. Less than a week before his death a woman wrote about missing a chance to tell a friend she cared about him before he died. “I had passed up another chance. So I decided I wouldn’t pass this one up... You have reached out and touched at least one other human being.... I’m angry that you’re sick and may die. In a world full of misery, you bring laughter.... You talked about compassion; not the abstract kind..., but the practical kind that helps another human being up when they’ve fallen on a bus. You showed me the courage and dignity of everyday people coping with unbearable situations, of people refusing to be overwhelmed by bitterness and despair. If I am ever in your shoes, I hope I will do as well” (L-213).

In becoming real to his viewers, AIDS becomes something that happens to
someone like the viewer, not something that happens to a statistic. Viewer 5 notes, “It will be helpful to know about you because sometimes it seems as though only people unknown to most others contract the disease. It’s like distant ‘numbers’ suffer and I lose the perspective that these are people.” “Week by week Mr. Wynne creates himself as a character. Week by week in this true-life serial, he is telling us his story, a story for which there is no happy ending” (Goldberg 1990, para.13-14). Viewers seem to have understood this goal. A Hospice nurse from Miami read about the program and wrote, “Only occasionally do we hear the stories of real people with AIDS... So, now, you are that person that we can have a direct experience with, to learn and grow in knowledge and compassion, a real human being who happens to be very ill, entering homes, waking people up” (L-91).

Both the overt form of his weekly messages and his development of himself as a referential character, a victim of AIDS, make Wynne’s narratives successful arguments. The visual and verbal messages combine to structure the viewer’s involvement with Paul Wynne’s project.

5. Argument of Dissociation
But the argumentative task that Wynne faces is more complex than merely breaking some connections and substituting others. Perelman and Olbrechts-Tyteca distinguish between arguing, “that elements which should remain separate and independent have been improperly associated” and argument of dissociation which “assumes the original unity of elements comprised within a single conception and designated by a single notion.... It is then no more a question of breaking the links that join independent elements, but of modifying the very structure of these elements” (1969, p. 411-412).

They illustrate the distinction in these two forms of argument with the example of a brick wall that has tumbled. When the bricks are still identifiable, when they remain in their original state, it is like associations that have been broken. With dissociation there would be no recognizable bricks. “The dissociation of concepts... involves the desire to remove an incompatibility arising out of the confrontation of one proposition with others, whether one is dealing with norms, facts, or truths.... by remodeling our conception of reality, it prevents the reappearance of the same incompatibility” (1969, p. 413). If the rhetor merely breaks the connection but fails to dissociate links, the audience might easily return to the old linkages. Once dissociation has been created the old order can never seem reasonable again.
When the argument deals with cultural pieties, the arguer is faced with the challenge of dissociation. Kenneth Burke explains, “Piety is the sense of what properly goes with what” (1965, p. 74). Piety is a powerful motive for action. Attacking the orderings of the prevailing culture, including which groups are acceptable and which are outsiders, which behaviors are appropriate and which are not, threatens the orientation itself and the whole stability that piety promises. Cultures need order, need shared pieties. Rosteck and Leff explain: “Thus the systematic rejection of one perspective does not yield an absence, but generates adherence to a new and equally systematic principle of order” (1989, p. 328).

To cleave the association of AIDS patient and social misfit challenged the pieties of 1990. I have argued that in the embodiment of victim of AIDS, Wynne visually demands a new piety – in Rosteck and Leff’s terms, the “new and equally systematic principle of order” that replaces AIDS patient as transgressor of the moral order with AIDS patient as victim of the disease, a person in need of empathy and compassion.

The religious zealots that Wynne fears are purported to argue for the preservation of their cultural pieties wherein a sinner is rightly punished for sinful acts. By forging associational links between these accepted orderings (punishment for sin) and new information/situations (AIDS and homosexuality) they arrive at homosexuals are sinners who deserve AIDS as punishment. Dissociational argument, transforms the definitional assumptions by “disuniting elements which are regarded as forming a whole... modifying certain concepts which make up its essential part” (Perelman and Olbrechts-Tyteca 1969, p. 190). They explain the process with a fundamental dissociative pair of terms, appearance (term I) and reality (term II). When juxtaposed, term I is seen as apparent, easily perceived, but ultimately deceptive; term II is a construction which provides norms, rules, criteria for evaluating term I, term II is non deceptive. A rhetor wanting to dissociate a term from its conventional meaning makes the conventional understanding comparable to term I, a fiction/appearance, in contrast to a more appropriate, non-deceptive term II (p. 416). For example, sinners (term II) as a primary identification for homosexuals among religious zealots becomes term I, the false term and in its place victim becomes the new (term II).

In writing this example I have employed an argument that Wynne also employs which assumes an additional dissociation. The majority (Wynne’s audience) is dissociated from the minority – religious zealots and bigots. Even though many
Americans (non-religious zealots) in 1990 still associated homosexuality with immorality, this argument enables Wynne’s viewers to deny their bigotry. The association of AIDS patient and sinner is attributed to ignorance, and by participating with Wynne on his journey, the viewer can make the new linkage. In doing so the viewer is adopting a new orientation with a different hierarchy of orderings. Compassion for all human beings becomes more valued than judgment about the appropriateness of one’s behavior. “The dissociation expresses a vision of the world and establishes hierarchies for which it endeavors to provide the criteria” (Perelman and Olbrechts-Tyteca 1969, p. 420).

Rejecting the moral/immoral association to homosexuality and the association of homosexuality with AIDS is a first step in transforming the AIDS patient into victim rather than transgressor. Letters to Wynne recognize this need. One praises Wynne for “fighting back the ignorance, bigotry and most of all, the religious zealots who would use AIDS to further their own cause and hide their hatred in it” (L-11). Several writers focus on ignorance. The “Dinner Party,” crystallized the lesson: “No one has the right to treat anyone else in such a manner. It only shows how stupid some people can be” (L-14). The old association of AIDS and sin is rejected, and with it the logic of telling a victim that he caused his plight through sinful behaviors. The replacement orientation calls for humane responses to individuals in pain, regardless of their sexual orientation. Empathy replaces accusations of blame if the dissociative argument has succeeded. Dissociation forges new links. For the viewer, Wynne creates a group of people who have overcome ignorance about AIDS. Those who have had a loved one die from AIDS write about how hurtful ignorance can become. “As soon as we boarded the boat some people began to whisper and stare. David looked at me with such hurt in his eyes that I couldn’t help but throw my arms around him and tell him how much I loved him. Funny thing was that all the whispering and stares suddenly stopped” (L65). Knowledge reduces fear and having a face for AIDS allows for the possibility of dissociational change.

Dissociative argument is challenging. Not all AIDS patients would be able to convince an audience to dissociate AIDS from the gay/immoral link and create a new association based on perceived courage and humanity, but Wynne does. Robert Goldberg argues Wynne is able to make this conversion because he is “a guy with genuine emotions, genuine rage,” who depicts “an emotional journey, an intensely personal one... [that] is never self-pitying, never maudlin or tear-jerking. It relies instead on clear-headed descriptions and facts” (1990, para. 3, 5). From
an argumentation perspective, using his body as performative testimony, creating identification through mimetic narratives and personal testimony from a well-crafted round character, and using his constructed identity to educate others dissociates HIV/AIDS victims from moral reprobates.

6. Conclusion
Paul Wynne’s rhetorical task in 1990 was not easy. To educate his audience about living with AIDS, to generate support for national efforts to eliminate the disease, and to empower PWAs to seek help, Wynne employs visual and verbal arguments that dissociate AIDS from pieties linking the disease with immoral behavior. He offers a new orientation focusing on the AIDS patient as a victim needing compassion and support and the viewer as a champion for greater public awareness and positive action. Visually, Wynne’s body acts as an image event, emotionally drawing the audience into the experience of living with and dying from AIDS; his visual wasting makes him and the devastation of AIDS real to his viewers. This powerful visual argument is combined with character-centered narratives that mimetically and diegetically show and tell the audience about AIDS victims, giving the disease a human face. A woman from California writes, “I don’t know anyone who has HIV, only you. And maybe that is all I can handle, because you have touched my heart from your first broadcast, and I want you to be healthy again” (L-116). Finally, through dissociational argument, Wynne reorders the association of people with AIDS from moral transgressor to victim. Concomitant with the recognition of a newly found awareness and a new set of pieties are different actions. One writer captures this change: “I thank you for taking your story public. Maybe when the ‘straight’ world sees the disease, and the way people are living and dealing with it..., understanding and compassion will come forth” (L124).

On the twenty-fifth anniversary of our awareness of AIDS the faces have become statistics, remote and separate from most people’s life. The educational campaign that Wynne waged with his Journal offers insight into how the body can be offered as a text whose agency is to make the disease phenomenal to the viewer: Wynne employs the body as performative argument. He interrogates the predominate depiction of the AIDS body in the media – male and gay (Lupton 1996). Wynne’s body, as a wasting entity, as a betrayer of the mind and personality that Wynne projects, changes the focus from a representation of gay males to the visible embodiment of pain and suffering. The body as visual argument, whether it is the embodied narrator as in Wynne’s case or an agency for proof of the power of a
group (e.g. Islamic fundamentalists and the body of David Pearl), warrants further study. Because audience responses to celebrity, physicality, and representation change the nature of the interpretation of the body as a form of visual appeal, research on the body as argument would profit from revisiting Graver’s work (1997) on the various forms of presence of a body, and Peterson & Langellier’s (1997) essay focusing on the politics of the body in personal narratives, especially the way “narrative performance interrogates the production of identity and experience” (146).

Wynne’s *Journal* similarly calls our attention to the role of narrative structure and characterization in compelling argument. Although the more obvious link between argument and narrative form demands attention to plot and structure, Wynne’s *Journal* demonstrates the power of narrative characterization to compel participation in the argument being advanced. More than just a narrator, Wynne as a round character engages identification with his viewers. He resists, Campbell’s terms (2005, p. 4), the subject-positions available to him in 1990 as an AIDS victim. Wynne reconstitutes agency. Wynne as witty, courageous, and ravished, rather than as a stereotypical gay male, becomes the phenomenal AIDS victim and thereby enables dissociation to begin.

Radical television in 1990, *Paul Wynne’s Journal* prototypic visibility politics as it moves the AIDS victim out of the margins and into the culture’s public space (Brouwer 1998, p. 118). The *Journal* remains representative of the intersection of visual, narrative, and dissociational dimensions of argumentation. As a case study it encourages further consideration of how these three dimensions inform our understanding of visual argument in the public sphere.

REFERENCES


