

LANGUAGE IN INDIA
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LANGUAGE VIEWED CLINICALLY
Ranjit Singh Rangila

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Ranjit Singh Rangila

Preface

- I have great pleasure in acknowledging the impact of some friends of mine while writing this article: very insightful critical inputs from Kikkeri Narayana and Kedutso Kapfo; basic discussions with my students who always ask the most important questions; the discussions I had with Faiz Sadiqqi and Fatehjeet Singh on sound-engineering and many others.
- This writing is primarily concerned with those human bodies that do not develop a natural ability to produce sounds that may be identified as *speech sounds*.
- The vocalization that these human beings may sometimes produce could participate in some kind of vague expression creation that is more of an attempt at gesture making.
- That is, even though in certain cases there could be some vocalic ability to produce unites of some character, they are never the discrete sounds that make a given language.
- These human beings are, therefore, not language producing bodies. Rather, they are the bodies that may be waiting for assistance so that they could be put on their journey to language.
- Language in such cases is a point to be reached, and not a state of ability. They reach this ability only after they travel through an aided journey of gaining sounds that make language.
- The expression *language clinically* in the title, when translated into an inquiry, therefore, reads as this question: *How does a needy body travel during journey to gain language with the help of clinical intervention?*

The Clinical Nature of the Problem

As a matter of investigative focus this writing proposes to investigate what may be called *the clinicality problem*.

This problem has a very megascopic spread and it unfolds in multiple directions. Therefore, the first job here is to workout some picture of the problem so that it is clear as to what exactly could be the focus of the investigation that the writing undertakes.

There is, for instance, a *condition of soundlessness* due to the non-development of sound producing ability – the concern of the writing expressed above.

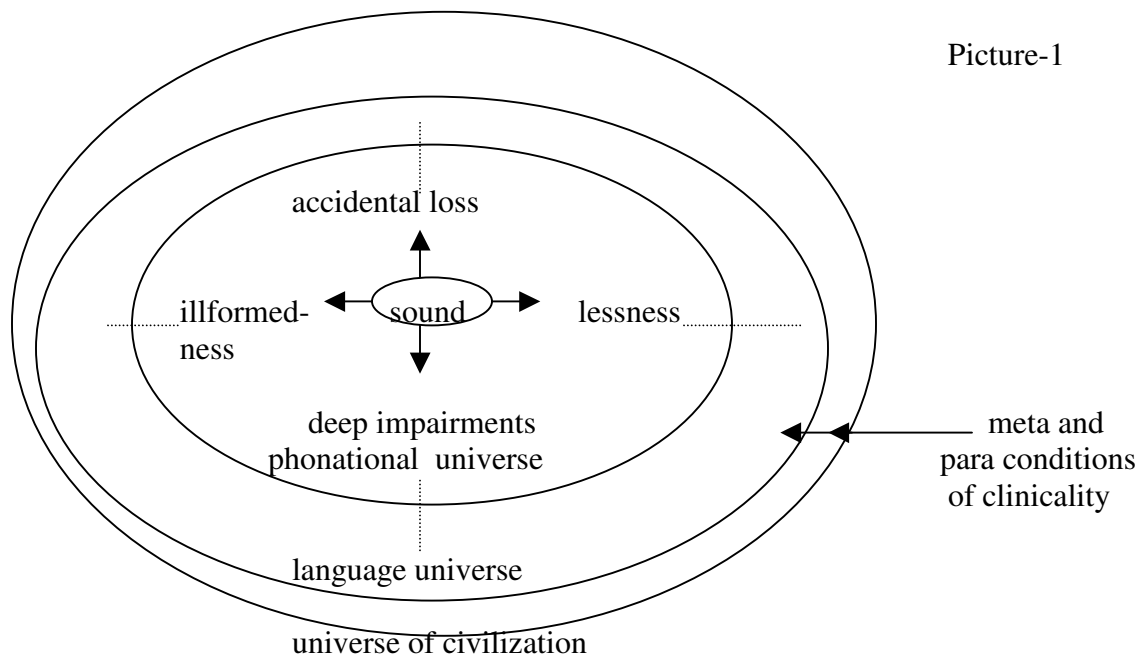
Then there is a *condition of ill-formedness*. That is, an individual has some version of sound producing ability, but the sounds as such lack proper formation. Even if the vocalization is somehow identifiable as some kind of sounds, they do not make to the language grade clarity. In majority of the cases the sounds within this condition lack

discreteness – one of the basic properties of speech sounds that participate in language formation.

There is also a *condition of accidental loss* in which human beings with normal and established ability to well produce sounds lose the ability due to some injury or some such external-internal cause (see Jakobson 1971ed).

All these better observable conditions of soundlessness are somehow also linked with the ones that are not directly and easily locatable, though they cause sound impairments.

In accordance with an observational facility developed in a previous writing (see Rangila 2002) all these problem-making conditions can be *lifted up* from their individual spheres of reality and generality up to a more wide, call it *meta and para conditions of clinicality*. The Picture-1 has it:



That is, most of the sound based lacks are primarily problems within *phonational universe* though they have consequences for *language universe* and in *universe of civilization* (see Rangila 1998 and 2001 for further linkage).

In this sense the condition of soundlessness, for instance, is, consequentially, a condition of languagelessness. When viewed with reference to some universe of civilization it stands for a measure of an ability that does not reach the level of *the civilized*, hence clinical intervention.

Nonetheless, when it comes to an actual curative package suited for some curative intervention it has to be directly addressed to the kind and quality of the condition of soundlessness, and that too in a case specific sense. Of course, with some success in

creation of the sound producing ability, given the sequence, the curation schedules can aim at opening up the problem of language creation.

The Paradigm Problem

It is reasonable, however, to expect that the curation get completed with an actual occurrence of language, especially if the curation is rooted through the insights coming from linguistic theory, for instance. This realization is represented with the sphere of ***language universe*** in the picture-1.

As the writing unfolds further it is shown that *the clinicality problem* does apparently have this end-angle of language centeredness, but it has a lot more also to it. That is, due to the fact that its primitive focus is on soundness, the problem seems to be related to language, yet it is also true that the consequences of soundlessness reach much wide-scope realization(s) than the limited problematic of language would absorb.

Consequences of soundlessness are felt, for instance, directly up to the ***universe of sociality*** (see Rangila 1991 for the details on the notion) where various value gradations get created to measure such sound based lacks.

One is also aware of, for example the US laws, a typical and good case of public ethics, where one cannot address even these lacks publicly in direct contact situations. And in India among many a communities such lacks are viewed as demerits of a person, especially when it comes to match making, for instance.

Within another area of body based (ability) lacks, seen not merely as curable sickness, Foucault's investigation of leprosy-madness in western civilization (Foucault 1973, 1988) is case enough to show that body based ability lacks, soundlessness being just one among them, are just not gaps in ability of some kind or the other, they are consequential both in societal as well as in civilizational terms.

The Picture-1 represents this with the sphere of the ***universe of civilization***. It may be added that the idea of civilization here is inclusive of both ***sociality*** and ***society*** (see again Rangila 1991 for the subtle distinction).

The considerations offered above demand that the clinicality problem may be investigated not only within the realm of linguistic theory, but the problem may be opened up from the end of civilization also. This writing, therefore, opts for the second option and proposes to place its problematic directly within the concerns of C-semiology (see Rangila 2000, 2001a, 2001b, 2001c, 2001d and 2002 for the developments in this discipline).

the question

That is, keeping the clinicality problem focused on the condition of soundlessness, there is a basic question that this writing must raise: Should the clinicality problem be investigated with the help of insights coming from linguistics only? Or should the problem be raised at the conceptual platform of C-semiology? (Another version of such a question was raised in Rangila 1986 also).

Among those practitioners who are introduced to the orientation being labeled as *clinical linguistics* this question may even seem irrelevant, and they in their turn might ask a counter question: Is there a choice?

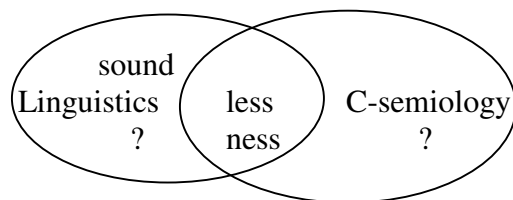
Apparently, the attitude being expressed in the above question stems from a reading of what is *the condition of soundlessness*. The practitioner is lead to believe that the condition has something to do with sound, and sound in turn has been the subject of study in linguistics, therefore, the condition justifiably belongs to the realm of linguistic theory.

But, if one is careful in noticing that linguistics, to be more precise phonetics, does study sound as it is produced, and for that matter as sound exists. This discipline never studied those conditions where sound is not produced, and hence where sound does not exist. After all the condition of soundlessness does not stand, in any sense, for there being sound that could be studied under phonetics, and as a corollary under linguistics.

The question, therefore, is not whether one has a choice other than studying the clinicality problem with the insights coming from linguistic theory, or not. On the contrary, the question that may be asked is this: How can insights come from a discipline to investigate a problem that it does not even study?

There is no hiding of the fact that this problem has not been investigated within the framework of C-semiology either.

In that case whether one investigates the clinicality problem from the standpoint of linguistics, or from the point of view of C-semiology, the condition being faced is the same. The Picture-2 has it:



Picture-2

Nevertheless, one must add that at a level of discipline obedience it might be seen just as a choice left to the attitude of a professional. But at a subtle level of abstraction these questions land the whole issue of the clinicality problem in a discussion on the choice of *a relevant paradigm* (see Kuhn 1970 and Rangila 1983, 1989: 72-89 for the broader issues) in the ultimate analysis.

As it stands, ultimately, it is going to make no difference what orientation one follows, even if the issue falls to the choice of an orientation. What is going to matter most in any case is the amount of insights that get created; with what depth do they conceptualise the clinicality problem; and how many of those insights finally succeed on the curation table.

When it comes to labeling a discipline the Picture-2 above does allow two orientations. A desire to relate to the concerns of linguistics would find the label *clinical linguistics* most relevant and exciting too.

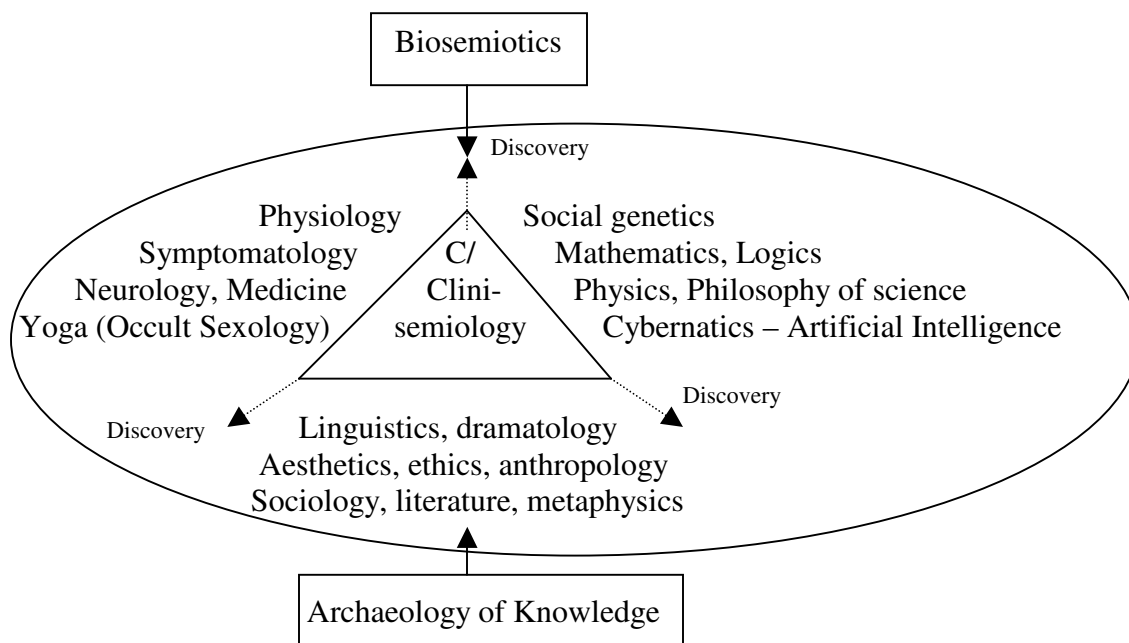
Clini-semiology is born

On the contrary, if one deems it better, like me personally, to create ones own paths, then, the number of the practitioners notwithstanding, C-semiology does have the privilege of announcing the birth of a baby, the very first child of C-semiology. And in absolute faith and honesty of purpose, I, the proud father, have the pleasure of calling my baby as *Clini-semiology*.

How sweet isn't it? I am sure Both Bharthrihari and Saussure must be beaming with their light bodies as the announcement of the birth is getting made. Ha ha ha ha ha!!!! This may as well serve as a creative and delicate response to Hoffmeyer and Emmeche (1999) who put the idea of *Biosemiotics* at insightful depth.

Should one assert as a matter of principle that Clini-semiology shares its parentage back in Uberoi's (1978) idea of *semiology of civilization*, and all the conceptual resources that are discovered in C-semiology so far.

Further, it hopes to establish a very active network of co-operation with the well-established disciplines like physiology, symptomatology (see Rangila 1988), neurology, medicine and yoga – including occult practices and sexology, on the one side of the spectrum, and with social genetics, mathematics, logic, physics, philosophy of science, cybernetics – including artificial intelligence, on the second, and with linguistics, dramatology, aesthetics, ethics, anthropology, sociology, literature and metaphysics, on the third. The Picture-3 has it:



Picture-3

One is aware of the much rewarding and insightful progress made in *biosemiotics* (see Hoffmeyer and Emmeche 1999) where semiosis is shown to be taking place at the level of cell. This development, however, is being placed at the level of a definite discovery that which is ready to walk in any time when Clini-semiology takes up its co-operative networking with physiology in more mature sense.

Similarly, Foucault's contributions to *archaeology of knowledge* as an area of insight being readily there will also be playing a very active role, especially in the area of providing explanations, as both C-semiology and Clini-semiology come to address more complex universes than the phonational universe as in the case of present writing.

As of immediate now Clini-semiology is addressed to a more than a mega-problem called the clinicality problem. But as the things move, discoveries start coming around, and some kind of clinical practice gets going, it might be the case that Clini-semiology gets absorbed into C-semiology itself – that is, where it originally comes from. In that case, as and when such an eventuality arises, C-semiology may have to invoke a general management principle: *howsoever big or small no single problem may define a discipline.*

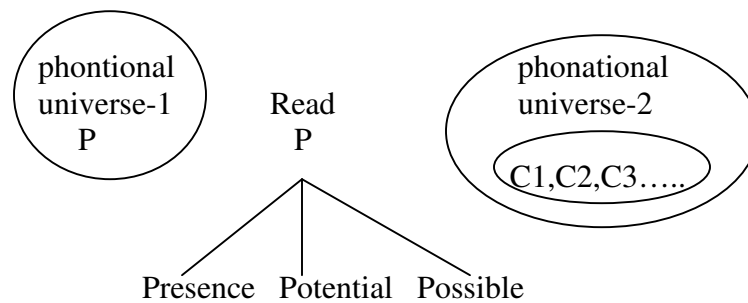
Nonetheless, this is quite clear in the development of C-semiology that Clini-semiology is just not a label, or for that matter an orientation. It is, rather, a paradigm case, because the clinicality problem does not just connote a small research problem. At the depth of it lies a whole universe of lack. As this writing hopes to show that when it comes to ability creation, the apparently visible and identifiable *soundlessness opens up into a whole hog universe of a parallel semiology.*

Since one is at the stage of the birth of a paradigm one may as well invite contributions to define, describe, understand and offer curative insights. There is, hopefully, going to be rewarding experience, and yet no bribes in the form of institutional positions. Ha ha ha ha ha!!!! Institutions take long time to come about and to impose their own tregi-comidies.

CLINICALITY AT THE LEVEL OF PHONATIONAL UNIVERSE

With a body that lacks the ability to produce sound such that may be accepted as speech sound two possibilities are equally natural: (i) total soundlessness, and (ii) impaired soundedness.

Keeping these two possibilities in view two possible *phonational universes* may be visualized. The Picture- 4 has it:



Read: ○ = ringed together in a nondiscrete *warsp*, C= vocalic chunk,
 1- 3 = at the most, = possibly more,

Picture- 4

Note: The notions in the first *read* are elaborately defined elsewhere (see Rangila 1989: 39-45), and the notions in the second *read* are taken up shortly.

That is, the universe-P does have only a **Presence**, that is, there is a kind of **Potential** such that if tapped up through curative efforts may be worked out into a **Possible**.

The case of the universe-2 is slightly different from the above case of extreme soundlessness. The individual with this universe is capable of producing some kind of *sound*. If one tries to identify sounds in the kind of vocalization there is possibly no discretely identifiable sound.

All that one gets is an elongated chunk of vocalization that may be sliced into at the most three units that might be serving as three big approximates to some loosely manageable sets of message.

If one observes a person with this ability struggling to provide some description of an intended message, and one counts the quantum of success as well as failure in the so called message building and message exchange, the counts must come to very low. That

is, the help that such person gets from its vocalisation in getting its intended information across is pretty marginal.

These big vocalic chunks are called *approximates* in the statement above in the sense that they let quite a bit of message content just slip. It is like what is observed in Stephen Howking's theoretical physics. There are cases of light slippage in the milky- ways, especially in the area of black holes. These chunks through which light manages to slip are called *warps*.

Definition: A *warp* in the case of universe-2 is that vocalic chunk, the message approximate as it were, that helps the individual to a degree, yet a part of the message slips over the very effort of message making.

Warp is the first unit, the construct of Clini-semiology.

The Clinical Task 1

In building this task the case of universe-2 is taken up first. This has some strategic significance which surfaces in the due course.

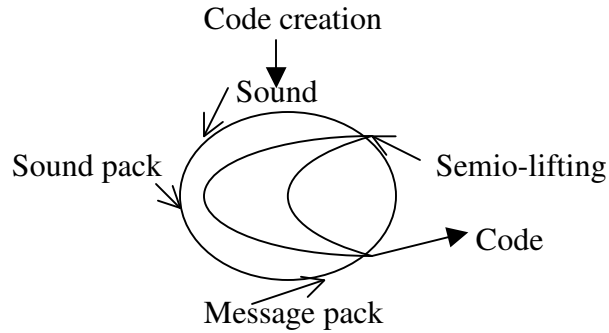
The clinical task has one very crucial reference point. That is, these warps have a very strong tendency to get fossilized over the years. This is due to the fact that at an early age an individual is able to reach, given the feedback, the stage of a warp during its learning - acquiring.

As a level of ability to produce sound, as already indicated, warps cannot be discrete phonational units, and their capacity to create and convey message is far limited than what is required in normal and natural message exchange.

Therefore, the task in the case of the individual with the universe-2 is two fold. That is, there has to be a curative intervention that

- (i) breaks the vocalic side of a warp into further refined units of sound; and
- (ii) the refined, possibly discrete, sounds are to be put into better produced messages.

As a matter of fact both of these task folds are parts of a wider and more basic process called *code creation*. The Picture- 5 has it



Picture- 5

Note: This rendering is half way through and hence does not completely represent the process of code creation, which is indeed a very complex process.

In the case of the universe-2 individual, the above process of code creation may as well be called the process of warp refinement. There is a condition on it. That is, this warp during refinement may be lifted up clinically and nurtured into a broader process of code creation.

The task-1 in this sense may be worked out in the form of an equation. The Equation-1 has it:

$$\text{Task-1} = \text{warp refinement} \quad \begin{array}{c} \uparrow \\ \square \end{array} \text{Code creation}$$

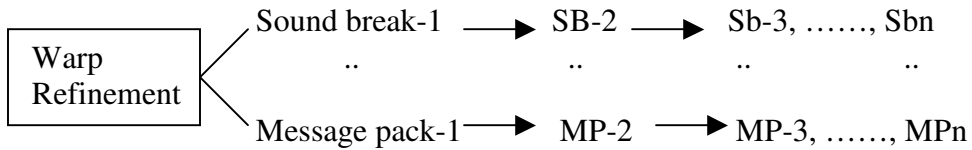
Equation-1

the warp refinement

The process called warp refinement has one of the very delicate insights that may have far reaching bearing on the possible understanding of curation as such.

That is, every successive attempt aimed at warsp does create a complicated architecture of the happening of refinement. As already indicated, one side of this happening is sound refinement-discreteness, and the other side is message refinement.

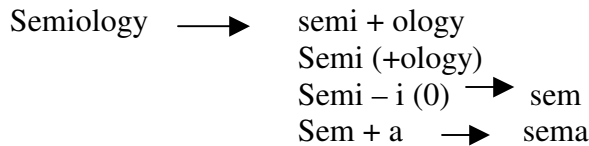
In this sense in every successive happening of warp refinement, two things happen parallel to each other and this keeps happening in a quick succession unless and until the process gets completed. The Equation-2 has it:



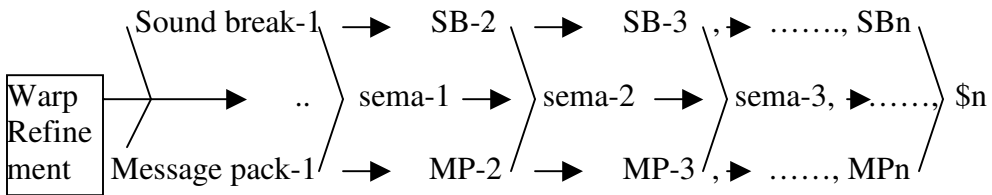
The break in the Equation-2 is more of a *formal-analytical* kind. Both the tracks in the equation have that crucial element missing that keeps every happening of ‘sound break’ and ‘message pack’ tied together. That is, if both of the tracks have to continue happening parallel only, then how does the warp refinement get coordinated?

Clini-semiology should postulate this missing element in the equation and designate it as *sema*.

One may add here is that there is no gain in getting into the issues like the derivation of *sema* from old Greek sources. All that matters in this case is that there is a position in the equation that must be represented, and that can be done easily as the Derivation-1:

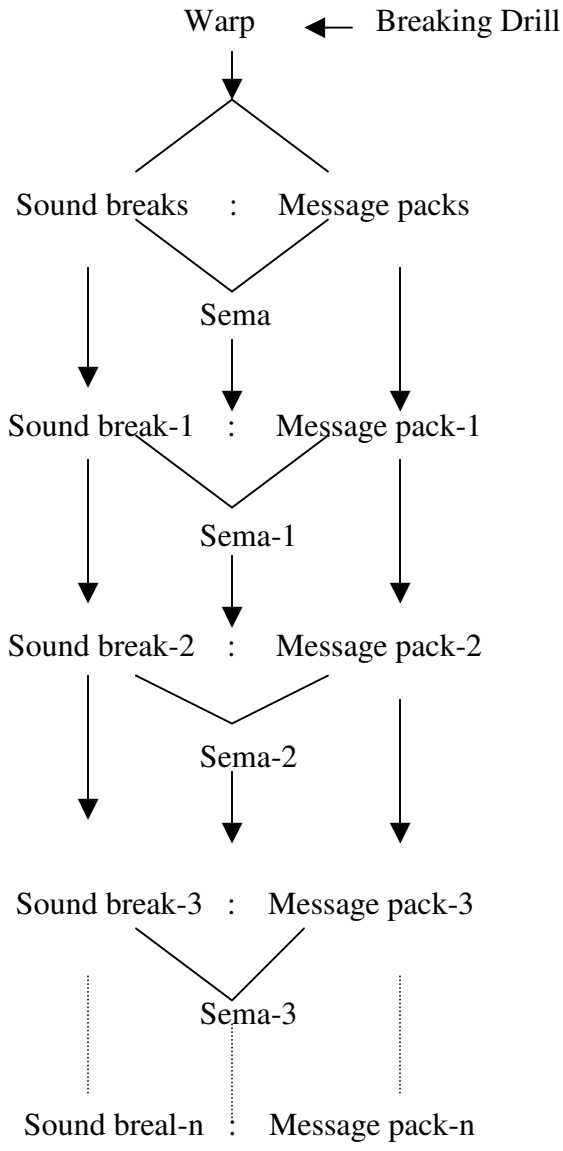


Once *sema* is adopted as a real conceptual construct of Clini-semiology, The Equation-2 takes a reformulation. The Equation-3 does it:

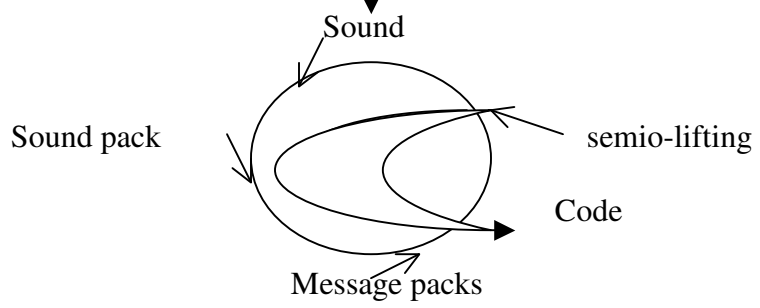


The Task Architecture

The task thus conceptualized works out into an architecture that may be implemented so as to act as a sequence to be pursued in curative practice. The Picture-6 has it:



Code Creation



Picture-6

A recapitulation would have it that the Picture-6 offers the implementational architecture of the Task-1 that deals with the universe-2 individual.

a strategic justification

The reason as to why should the universe-2 be taken up first comes from the fact that an individual with this universe has at least some phonational possibility. This works out as a facility in developing a universe of observation with comparative ease. The strategy, though motivated purely by observational reasons gains its justification as the writing matures.

The Clinical Task-2

It is clear to a degree from the conceptualization offered so far that phonational universe as such is never a naturally given fact. A phonational universe is always gained through analytical means to which human beings have some kind of a natural disposition.

When it comes to natural predispositions, seen especially from the point of C-semiology, they are always multi-dimensional and run into all sorts of directions, criss-crossing at every point of learning- acquiring and behaving.

In any case an analysis is a cognitive operation that happens through recursive ability churning and epistemic leaps that give rise to analytic leaps. This makes every thing gained and acquired to continue in a constant flux where every now and then the known at a point gets redefined, reapproximated in such a way that the known creates a way for the knowable.

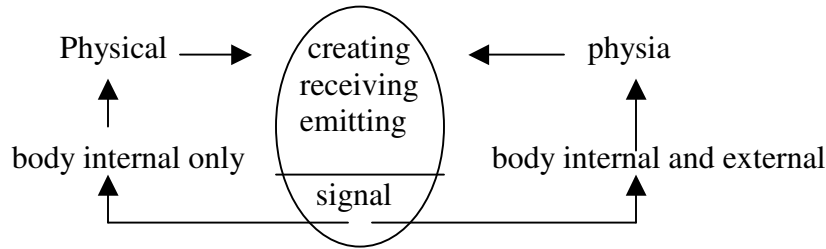
There is at times some possibility of knowable getting defined through the extension of the known, and at times it is just a play of postulation where a *sema* may flash out from nowhere. The knowable in this case is just there with its potential. All it requires is just an aid that is directed at enrichment (in the sense of Rangila 2001) such that induces a latent predisposition and pushes that into a capacity to informative thrill.

All this is the function of a cognitive body that is due to some physiological force, and is sustained by physiological body. For the sake of creating a conceptual construct such that combines the known *physiological* and *cognitive* into one single designate, one may postulate a construct, that is, the second construct of Clini-semiology, to be called *physia*.

As such *physia* comes through the same postulational derivation that has been that has been offered in the case of *sema*, given in the Derivation-1. Its place and role in the framework of Clini-semiology comes up forthwith.

As the construct *physia* plays the pillar for any act, including *sema ordation* – production, to come about. There is, however, a basic difference between what is established as an idea of *physical* in physiology, and *physia* in this writing.

Physia does represent and stand for the body physique at any given point of human body, especially the point that can participate in creating signal to be emitted not only internal to the point in particular, and within the internity of the body physique in general, but also external to the given point-body. The Picture-7 has this physical-physia distinction:



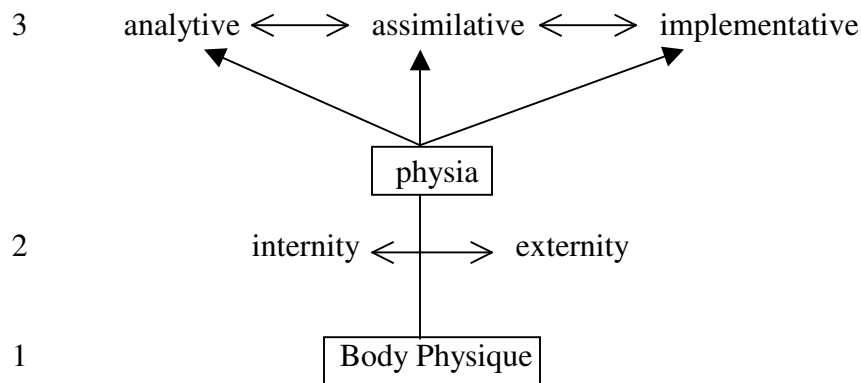
Picture-7

The best-known theoretician of physia is Bharat Muni, the creator of Natyashastra. There is, however, a subtle difference in the notion of physia created here as compared to his conceptualization also.

For instance, Bharat's notion is characterized by gesture-linkage, since a physia in his case has to negotiate a gesture and emit the same to the onlooker. This demands that a physia as a point must be a visible point on body physique. A finger, an eyebrow and the like that are externally visible points are Bharat's physia.

Whereas a physia in the present case need not be only an external body point, it could as well be a point in brain, in oral cavity, a gene (in the sense of Braukmann 1999), a cell (in the sense of Emmeche 1999), and so on.

Further, a physia while negotiating signals has to play a pillar to three more basic and abstract functions: (1) analytative, (2) assimilative, and (3) implementative. The Picture-8 has it:



Picture-8

In other words, with internity and externity axes of body physique participating as the sustaining co-ordinates of physia, it succeeds in effacing the cogita-physia divide. And in its new mould C-semiology may succeed in maintaining any act in general, and sound

production in particular, as essentially the one where cognitive and external are inseparably present, say as two sides of a coin at the most.

This conceptual map of a normal sound production and life making individual may help in understanding as to what happens to an individual with the universe-1 above.

The Question

There is a basic question for Clini-semiology here: If human beings are endowed with ability to produce sounds such that the ability is rooted in their genetic architecture (see also Brauckmann 1999: 157, especially for the following statement, “Therefore one concludes from cellular and organismic view point that genes are the signs for life processes which are in general dependent on the trick of constituting causality through semiotic control.”), then how is it that the individuals with the universe-1 do not develop such an ability ?

Going by the conceptualization developed above, it has to be a physia related reason that gives answer to the above question, because physia plays the pillar in an act – and development of an ability is surely an act, or for that matter a whole sequence of some specifiable acts.

Now, why does then physia play the pillar? As per the picture- 8 it could be due to some lack or the other – at any of the three levels of body ontology.

It may be added that these statements are just a kind of land markings, and the depth of the problem could be reached once a whole range of typological mapping of the body physique is gained. The actential roles of the body physique at every point, together with their genetic makeup are discovered and worked out into an architectural description.

Hopefully it may be available to the body of knowledge that has been investigated in the developments in physiology. In that sense it may be just a matter of time to get that information build into the descriptive and explanatory routines of Clini-semiology.

The Physia Base

From the total body physique when the problem of why-not-ability-to-produce-sound is localised to those body areas that are thought to be natural organs of sound production, then several hypotheses can possibly be presented to explain as to why an individual lands up into the universe-1.

For instance, on behalf of the knowledge gained through the developments in ***Phonetics*** one might hypothesise that an individual suffers an extreme case of soundlessness because articulators fail to respond to the given motor commands.

On investigation this hypothesis may turn out to be begged one, because whether the hypothesis is proved or disproved one is still left with a query: Why in that case the articulators do not respond to motor activity?

To be certain on the issue one has to have a detailed blue print of the neural networking wherein the passages of energy-information flow, their architecture, the flow speed, the possible points of negotiation, conversion and blockage – the whole of the body physique flow co-ordination and networking must be had so as to have a clear and useable idea as to how all the relevant physia, in sound production at least, do correlate the cogita flow passage with physia locales.

In other words, from the point of view of Clini-semiology it is just not as gross a problem as articulator response. The issue is much broad. To unfold the problem one may ask to begin with, for instance, is this the case that at an early life-stage a person did not go through sufficient drill-feedback experience?

It is very certain that no society leaves its children uncared for at their early childhood. It is more of a foregone conclusion that children from any society do get that much explorative experience that is hopefully necessary for any point in sound producing organs to develop as an articulator – the physia in Clini-semiology.

Unfortunately, such societal input in sound production is never accounted for by any theory of phonetics worth the name. Whereas the fact remains that if a child does not get drill-feedback exploration from the rearing practices of its societal base no physical point matures into an articulator.

The situation is equally worse in the case of those cognitive theories that propose to handle the entire acquisitional responsibility through *innate* potential only (see Rangila 1989: 90-97 for an earlier discussion).

Evidently, by hanging the task of sound production on some *articulators* and blowing some egressive or ingressive air flows on them phoneticians in recent times have unraveled precious little to the understanding of sound production, especially at a level where it participates in code creation. For what else should sound production be learned-acquired? Without any code responsibility there is no sound even in the world of nature typically characterized under zoology.

May be our palls are engaged in reinventing a wheel, and that too without any eye on spokes that are a most required thing when a wheel may be desired to run for creating message packs, for instance.

In that case we in India had a better wheel during the time of Panini (see Matilal 1971: 19 for the possible BC dates), and it ran both on physical and cognitive paths. HA!!!!!!!!!!!!!! For example, Mishra (2000) has the following statement on Paninian Shiksha:

In the light of this discovery one may say that *the physia base* is just a reassertion of the known wisdom. To put it more accurately, Clini-semiology hopes to use the cogita-physia correlates, technically represented by only physia in accordance with the conditions already laid down above. Physia, in this sense, serves as a construct of the theory, as well as any physical point for its curative practice.

That is, within the Clini-semiology fold physia takes care of an otherwise physiological construct called *articulator*, on the one hand, and also of all the cognitive processing, on the other.

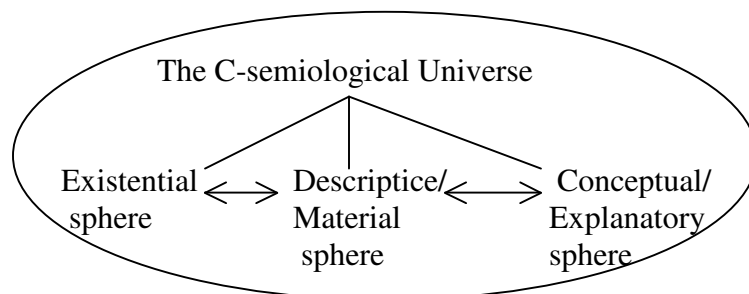
There is, of course, an essential condition on its functions: All of the operations in act creation, including the operations of sound production, that seem to be physiological apparently, are cognitively sourced.

Why the Essential Condition

The element of essentiality binds both cognitive and physical (meant also here in behavioural terms), for instance, into one problematic. With this condition in place they get into a feeding relationship, where one sustains the other and, hence they play as mutually enforcing parts in one big happening as a whole.

To put it in comparative terms, this condition will enable Clini-semiology to investigate as to whether an articulator is responding to some motor command only; at the same platform it will also be free to investigate as to whether there is any problem with the cognitive resources and with event potentials.

Incidentally, this essential condition ensures an *unity* (see also Saussure 1959ed on the issue, and also Prem Singh 2002 on Saussure’s relationship with the tradition of Panini) that is central to all the three spheres of C-semiology. The Picture-9 has it:



Picture- 9

That is, the unity that this essential condition imposes is actually an onset of that unifying force that blows through any and every thing, representation, whatsoever that concerns C/Clini-semiology.

As said in the beginning of this section, phonational universe, both as a construct and as a discovery, is an analytical achievement. But this condition will not allow it, in Clini-semiology, to remain lying at its analyticity only.

This condition demands that to be relevant and functionally productive this (phonational) universe must vouch for its place in the universe of wider unity out of which it is analytically derived.

The Leap

Implication of this realization would be that ***there is no sound for the sake of sound*** in Clini-semiology.

To begin with an analytic leap discovers the identities of sounds, whereas assimilative moves put them in unions to create codes of varying magnitudes. This explains as to why analytic and assimilative, the two moves together, participate in a broader universe of observation as well as operation.

Offered in a different idiom, a version of this implication is pictured in the Picture-7 above. To relate that realization at this stage would be to say that an intervention into a warp so as to break it further sounds and message packs such that get correlated with a sema is surly to work out an analytic drive.

But to stress that let every *sound break* and *message pack* thus separated get packed back into a sema is to assimilate the results of the implicational drive. As if one drive breaks and the other drive relates, and every thing in such a bi-foci move keeps falling into its place.

That is, no cause is left in search for its consequence; rather they meet in a mutually creative consonance. For Clini-semiology this may be termed as a ***condition of track keeping***.

Put alternatively, since this condition of track keeping has to trace any progress made as a consequence of a given intervention caused on clinical table, it may be called a ***leap condition*** in the sense that it traces all the leaps in curation.

That, this condition, put in any language that suits the locality conditions in general, has implications for a broader theory of observation, remains to be explored in future.

From Universe-P to Phonational Universe

As against the universe-1 = universe-P, where only a *presence* resides, phonational universe is a detailed universe of sound distinctions and sound identities, sound classes-jati. This universe possesses that information also that regulates these identities and jati details (see Rangila 2002).

There is, however, more to phonational universe. It is known that as an analytically discovered possibility it must have its very natural place to not only relate to, but also have its place in *the whole* from where it gets analytically cut.

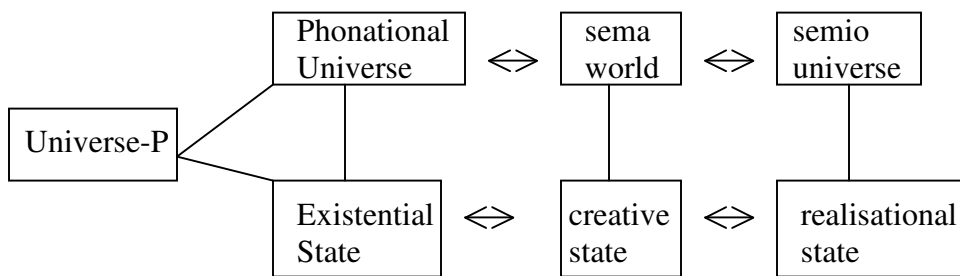
As is known this analytical cut is motivated by a need, call it desire as it were, for observing some of the typical properties that a cut piece might exhibit. In the process some detailed sets of knowledge about the whole get created. Evidently the claim, whether fair or foul, is that the knowledge thus gained is useable for better life promoting functions. To debate the issue on its own merits one may have get at the very archeology of human civilization as such. That, of course, may be left to C-semiology.

To Clini-semiology phonational universe is in a feeding relationship to the *sema world*. That world in its turn is realized in the *semio universe*.

The phonational universe is more oriented towards raw existential data – sound, phone, Dhvani etc. Therefore, the state at which this universe is available to its possessor may be designated as *the existential state*.

The sema world takes this existential data and puts them into creative use. Thus, the sema world creates codes of unlimited kinds. The stage at which this world is available to the human creator may be termed as *the creative stage*.

More than the above two categories, semio universe is a vast spread of possibilities where codes created by sema world are realized. The way a normal human being uses such a state of being it may as well be called *the realisational state*. The Picture-10 has it:



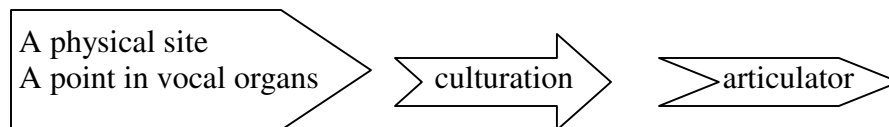
Picture-10

The Picture-10, however, does not describe as to what an individual with the universe-P actually have. On the contrary, it describes the facility to which this may relate; with the relevant aid towards which the human gradually progresses; and, finally, in the process hopefully reaches it.

In other words, the Picture-10 offers a very generalised blue print of the journey that an individual with the universe-P is hoped to undertake as and when he/she is invited to receive clinical assistance.

But, when the actual journey is taken up things happen in too typical and particular manner. At the first sight there does not seem to be any relationship between the way things happen and what is described in the picture.

For example, the universe-P individual, when put on the journey, does not immediately start producing sounds. This happens for the fact that a site in vocal organs does not straight way start functioning as an articulator. One starts with a state of simple physiological given which will have to be cultured in an articulator, if the term in such situation has to mean any thing. The Picture-11 has it:



Picture-11

a terminological note

Since the term *articulator* has a standardized usage and it refers to a well developed, and phonetically well established stage of sound production of a naturally able individual, it cannot be used to refer to the efforts that happen any where in the first two boxes in the picture above.

The proposal of Clini-semiology in this case goes in favour of *physia*.

Translated in the terms of clinical intervention it would entail that such an act may be willing to get guided by the insights already available on possible any facet of sound production; select relevant sites; and promote them as *physia* with a hope that the individual in able to culture them at some stage in the journey.

a preliminary check list

It is more than categorical to note that clinical intervention is, in principle, a multi-directed activity, and it has to have many localities working locally, as well as, globally at one and the same time (may be in the sense of an earlier stipulation in Rangila 2001).

There is the possibility of a check- list of the jobs at hand:

1. To get guided in selecting site(s) in vocal organs;
2. To put in motion *physia* culturation move;
3. To keep track of the warp(s) getting produced;
4. To monitor the prticipational attitude of the individual concerned;
5. To build emotional apathy for the task sustenance;
6. To track the cognitive effects of the task continuation;
7. To balance the personality formative negotiations;

8. To help perceiving the lack as not a deficiency;
9. To exchange pleasantries so as to avoid depression.....

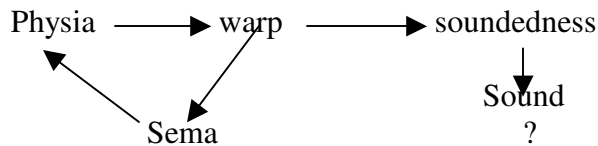
THE IMPLIMENTIVE ARCHITECTURE

At this stage of the writing, the two basic types of the universe and of individual that are considered as the points of reference for conceptualizing both the clinicality problem and Clini-semiological response to it, may be taken up together. This is because whether it is a pre-intervention stage, or the stage of intervention itself, the aided individual comes to one basic position. That is, both the types of individual do not produce sound(s), rather they produce warp at that stage.

There is, however, a possibility of a subtle distinction in the sense that the universe-p individual may produce some distortion of one and the same warp, whereas the uiverse-2 individual could be producing warps that could be classified, with some effort, into 2-3 classes.

Seen in terms of the curative practice such subtlety has less than significant contribution to make, especially when it comes to the ability to produce sound(s). What difference does it make, one may ask, whether one produces one gross type or more than one? So long as one is producing warp, the individual in question shares the same stage of production ability.

Nevertheless, the discovery leads to another discovery wherein a very primitive version of an implimentive architecture that can be thought with reference to this stage of sound producing ability. The Picture-12 has it:



Picture-12

One may be careful in noting that Clini-semiology does not take the architecture in the picture-12 as the relevant to real life in *optimum sense* of code creation and act making. The characterization is indicative of just some information exchange.

The person at this stage cannot be realized in phonational sense. This does not happen because there is no ability to do so.

The aid package required to be followed has have a detailed blue print of most of the work schedules put in black and white, the guidance package, and the relevant statement of the dos and don'ts.

It is being termed as architecture because it has to have such properties that are structural in kind; there are strategic moves also build into it; and then it has implementative clues also. The architecture in this sense is likely to emerge as the writing progresses further.

The Guidance

One of the basic features of Clini-semiology is that it looks for guidance from any source, old-new or the like, wherever some relevant knowledge may be available. It also tries to identify the kind of knowledge it requires and the particular site where the knowledge may be applicable.

One of the central problems, more of a local problem with reference to the clinicality problem, of this architecture is to conceptualise the ways and means of promoting some identified points in the vocal apparatus as physia, culture them in such a way that they assist sound breakage within warp. As indicated above this can have its chain reactions elsewhere, as described in the Picture- 6.

the need

To put it in more local terms, the need of Clini-semiology at this stage of its development is not just to have sound producing ability conceived in highly generalized terms. The actual need is to identify the first move, the physical point, the first sound segment from where the clinical schedule should set in to take off.

More so, it is also its immediate need to acquire that relevant knowledge that provided the sustaining logic to the selection of the set-in point(s) and the segment. This requirement is rooted in the fact that a proposed implementative architecture has to have its logical bases as well. Otherwise it may prove to be an intentional fallacy.

To gain these requirements this writing turns to the insights developed by Panini. Some of the reasons for this choice surface shortly.

Where to Begin – the Panini Insight

To get guided by the Paanini insight as to where to begin the schedule of curative intervention, one is supposed to seek answer by way of very careful exploration of what Panini has. The proposed exploration can possibly lead to the understanding the logical sources of his proposals.

To make a comparative statement, keeping in view the phonological insights of the recent times, Panini does not have any thing of the version of a *contrast*. It remains to be systematically shown as to how there is no so-called phonology in Panini. What he has is a phonational universe and that too worked on principles that are different from the ones known to present day phonology theory.

To have a glimpse of his discovery of a phonational universe his treatment of Sanskrit sounds in his Shivasutra is in order.

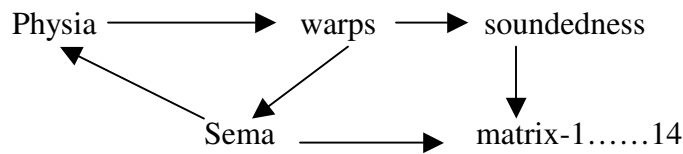
Panini ties the possible materials in 14 matrices that are technically called *Pratyahara* ('aphormism' Sharma 1990: 1). The Table-1 has it:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	
a	r	e	ai	h	l	n	jh	gh	j	kh	k	s	h	
i	l	o	au	y		m	bh	dh	b	ph	p	s		
u				v		n		dh	g	ch		s		
				r		n			d	th				
						n				th				
										c				
N	K	N	C	T	N	M	N	S	S	t	Y	R	L	
class-jati-1				class						Y	jati-2			
← aC				hL →										
← aL →														
lal pole				phonational universe						pole lhl				

Table-1

The most important thing to be noted in the Table-1 from the point of Clini-semiology is that at the end of each of the matrix there is one operator (i.e. N, K...L); and each of the matrices is capable of carrying *case* information (Katre 1982).

Interpreted in terms of Clini-semiology each matrix is a kind of warp wherein the sounds are already broken into finer proportions and are well established also; each sound has its physia information ascertained; and though each warp is capable having its co-ordination and consonance with sema properties, yet its message pack is of the warp level of certainty only. The Picture-13 has it all:



Picture-13

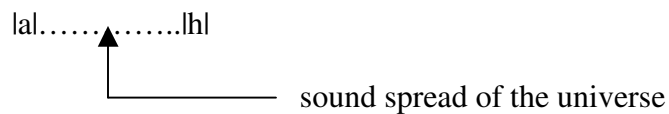
A crucial difference at this site of warp, however, must be appreciated. Whereas in the insight developed in the previous sections is not sure of the number and very detailed functionality of a warp, even the number three is too gross an approximation, in the case

of Panini’s description they are 14 in number, every thing is neatly placed, and what is central to the concerns of this writing is that the description in the universe works also.

Notwithstanding the differences, the fact remains that there is a matching between the two insights. Or to put it in a more heuristic terms there is a good promise that the layout offered in the Picture-12, given some well- worked clinical implementation, is map able on to the Picture-13. This explains, partially, the choice of Panini insight.

The Begin Point

It is with appreciating that at the root of the entire Description-1, given by Panini, is the sound [a] (see Rangila 2002 for the whole tree itself). That is, given the [a] at the root, the description ends at [h]. One may read that [a] and [h] stand as the pillar sound segments in the phonational universe discovered by Panini; and the whole of the sound spread lies between the two poles. The Picture-14 has it:



Picture-14

If viewed from the production point of view it makes sense. Panini opens up the phonational universe with opening of the back of ones oral cavity, and the universe gets completed also somewhere at the same site. After all to speak out one has to open ones mouth in any case. Even in the case of pre-speech cries, it is the back of an infant’s vocal apparatus that is the most active site.

Incidentally, this discovery may explain as to why the Panini insight must be received as a definite universe. This may also help in discovering that the Panini insight is both ontologically and epistemologically different from the modern systemic theories (see also Gurbhagat Singh 2002 on the emergence of the notion of *system* in the western ontological categories).

The insight may be deciphered with the help of the *oppositional idiom* also (compare, for instance, with Trubetsky). For instance, [a] and [h] in their lal.....lhl status constitute the first opposition, and all the rest that develops and gains membership of the universe falls between this polaric opposition. The oppositional insight, one may add, will be taken up in great detail in future.

This much, however, may explain only the fact that if one proposes to get guided by the Panini insight, as Clini-semiology does, then ***the begin point*** of a curative architecture has to be [a] such that may be allowed to tap up its opposition itself.

The [a] Benifit

Going by the quality of sound [a] is a voiced segment. Its production properties do help it to perform a +syllabic role. Hence [a] satisfies the base condition of syllabicity, the minimum and the maximum that any motor command demands for any *act of articulation* (meant in terms of the conditions specified by Srivastava 1972).

To oppose it, [a], with a *residual segment* [h] of the matrix-14 (see again Rangila 2002), not with the main [h] of the matrix-5, makes sense because [a] is a role-maximal segment – as syllable, as pillar, as the primitive occurrence; whereas [h] is the role-minimal – in Sanskrit, for instance, it is hardly realized as a segment of its own merit.

The wisdom in getting them together to stand as the two poles of a universe is to account for the maximum and the minimum potentials.

And, to gain [a] ability is to acquire the ability to produce syllable, on the one hand, and to reach the threshold of syllabification, on the third.

To begin a curative schedule with [a] is set at the very root of a phonational universe, and to be willing to face central complexities of sound production.

The On Set – Clinics

To the vision of Clini-semiology there is whole *set of attitudinal avoidances*, discovered by Foucault (1988ed), to be implemented. Curative process as such is causally rooted in the fulfillment of these avoidances.

The first stage where an individual starts getting actually treated comes after much of the groundwork preparations in terms of even planning, experimenting and explaining has taken place. On set point of clinics is in this sense an on set point of thinking that dreams to visualize some of the routes to be followed in search for the actual clinical happening.

At this stage, therefore, there are two issues to be thought about:

1. What sequence does one follow in the whole curative schedule after taking [a] as the begin point?
2. How does an individual with the marginal sound producing ability land up into producing warps, the sound chunks, instead of producing discrete sounds?

As the thinking progresses they might turn out to be two sides of a single problem within the over all clinicality problem.

But to conduct thinking, these two issues may be taken up separately, and that too by reversing the strategy followed above. That is, the first problem, related to the universe-P as it is, may be taken up first.

The Paths

The guidance available from the Panini insight would assume some of the physiological inducements and activations available so as to let the site for occurrence of [a] be activated and make it function as physia.

Some success in this may be a motivation in itself to proceed further. It would be clinically more viable to drop [h] out of the picture at this stage. There more than one reasons for this – to be given in detail in a writing that follows the present one. The most pressing at present would be that [h] can be gained through enrichment. More is said on this below.

Enrichment in this case stands for exploring the same site, the physia, may be at a slightly different manner configuration (see again Rangila 2001 for a background statement). For instance, [h] may be taken as a nonspecified variant of the [a] articulation – the range of nonspecificity could be anywhere between a voiced to an unvoiced articulation.

The idea is that in stead of making the curative practice to continue with the same physia to explore further sound distinctions at the very beginning stage, strategically it could be much productive a move to open up another physia point, of course, after a good concentration on sound production at the first one.

This entails a path. That is at the very beginning stage of the effort, in stead of going for a contrastive sound sequence, choose to go for another quality of sound such that helps in opening a path on which any instance of sound energy may lay the ground for many more sound to travel. The Panini Description would demand, therefore, that together with [h] of the matrix-14, [iu] of the matrix-1 may also be avoided.

The detailed reasoning for such decisions will be undertaken, as indicated, in another upcoming writing called *CLINICS SOUND-STRATEGICALLY*, for the present it suffices to realize that a curative schedule is better thought if it explores more physia in sound-meant organs at the beginning stage such strategic learning.

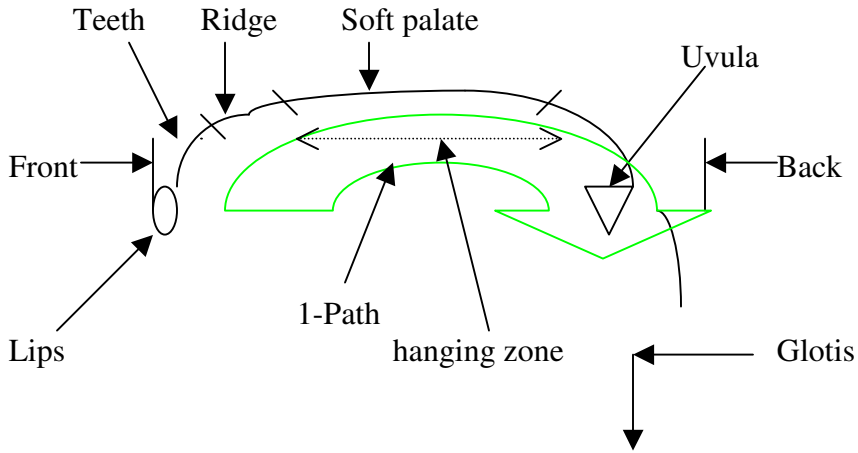
In other words, the suggestion being put forward is not to the effect of disregarding the Panini descriptions in the matrices, rather the idea being offered is to approach it even more intelligently. One must not forget fact that the internal constituents of the Panini matrices are meant to represent the sound production routines of an individual with natural ability in the first place.

The 1-Path

For Panini's vision leaving [h] of the matrix-14 would be to go for any of the three segments in the matrix-13 [s s s].

In other words, Panini lays a ***path that takes off at the back of the oral cavity and spreads up to the area between post-dental ridge and the front end of the soft plate.*** And the choice of the sound quality that the Panini vision makes is of an unvoiced character.

To open up a path that takes from back to that which falls little short of the extreme front makes sense because most of the speech problem sounds, other than [a] and its variants, *hang* somewhere in that zone of oral cavity. The Picture-15 has it:



Pictue-15

This wide 1-Path, spread between the back of the oral cavity up the site of ridge is most detailed one, and hence open to all sorts of problems for a learner. For instance, the intervening point of uvula can push the upcoming sound at the site of ridge backward. Further to uvula there is a considerably long space occupied by soft palate. If a sound getting pulled, then there is every reason for the intervening soft palate to play its own palatising role.

Evidently, there is a clinical case – both for a normal as well as for an aided individual – that the very first occurrence of sound production at the site of ridge may not be very accurately produced.

The attempt at, for instance, the Panini matrix-13: [s s s] not only fails, but it also ends up mixing of all the three sounds specified in the matrix into some unrecognisable and chunked vocalic material.

To complicate the picture further, it is quite likely that the voiced production, though not much established with the production of [a] yet, also intervenes. As a result, in stead of the production of an unvoiced sound, the sound thus produced turns out to be a voiced in quality.

From the point of view of Clini-semiology this fact of producing a sound X while attempting to produce sound Y may be recognized as a basic phenomenon, within the early learning stage, and termed as *sound hanging*.

To take speech production in this area of production as it comes means to face the phenomenon called *sound hanging* head on. Once this hanging is surpassed through good

deal of drilling efforts, it opens up the doors and removes most of the hanging hurdles at other possible hanging zones.

For learning how to produce sounds it is very critical to pass the hurdles – the push-backs and the like for example – created by this hanging zone. It is like crossing a threshold. As a matter of fact crossing this zone in aided learning so as to be able to produce tolerably good quality sounds may as well be called *threshold crossing*. And, as a general principle, this must happen in the life of every learning individual, whether natural, or aided not with standing.

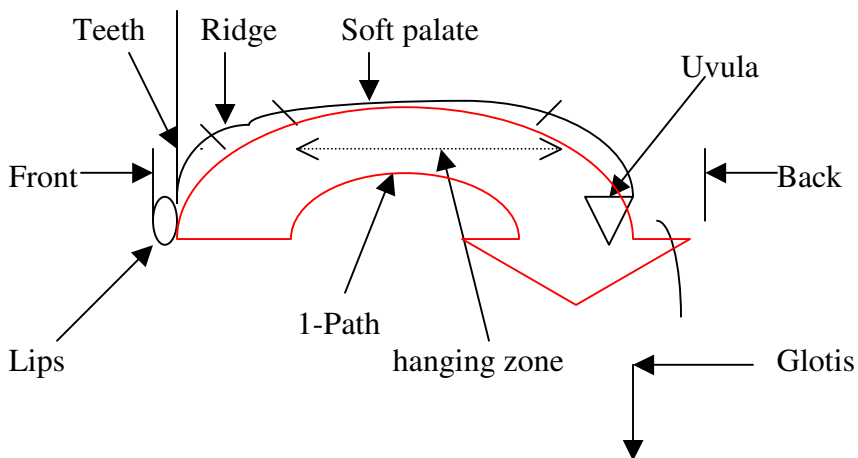
On this count there is, however, a subtle difference between the two types of individual.

In the case of an individual with natural ability it happens at the early childhood stage. It happens for a considerably long period, say for many months, but it just gets ignored as an ignorable fact of infancy. But in the case of an aided individual this acquires a rather more glaring status because of the fact that what could have been over during infancy, surfaces during drilling schedules – though something very natural to happen.

The 2-Path

Learning how to produce sounds, especially in the aided sense of the term, is like learning Indian classical music. One learns, for instance, on Sitar [s r g] suffers the cutting pain on ones fingers and then proceeds with [r g m]. As one continues with the daily sessions of practice the sound quality of the already learnt node keeps improving.

The Panini vision does have a 2-Path also. The matrix-12: [k p Y] offers to take the effort at learning as far as the site of lips – indeed the farthest and the last end of the oral cavity, last when seen from the end of [a], especially. The Picture-16 has it:



Picture-16

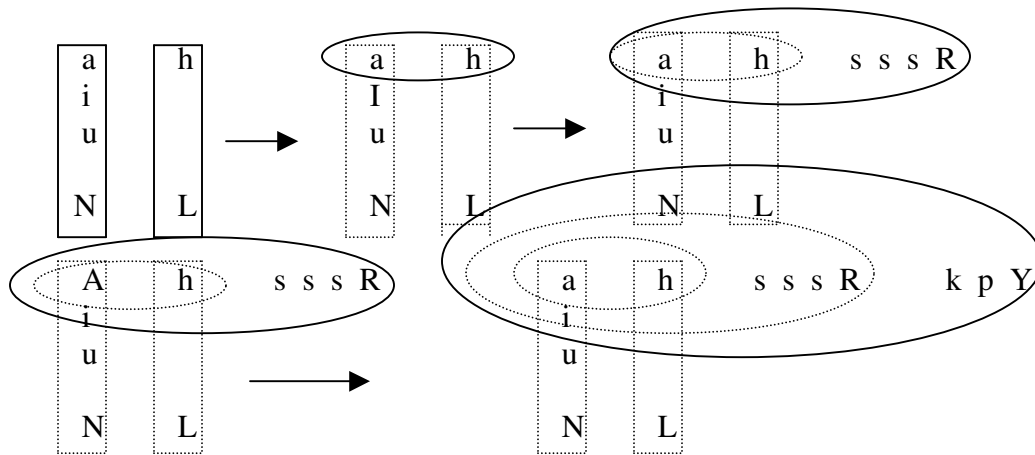
The most characteristic feature of 2-Path within the Panini vision is the continuation with the unvoiced sound production. As if [a] is the sufficient and natural voiced base to provide the other side of a new contrast; as if the wisdom wants to accept [k p Y],

including [s s s], as a special category of unvoiced sounds that follow their voiced counter parts; as if they come second in the learning hierarchy; as if the learning process of sound production starts from a back site and progresses gradually towards the extreme front – the site of lips.

Had sound production been just a function of mouth opening, that is, opening of the total oral cavity, then there should be a sound every time one opens ones mouth. Moreover, had it been a function of the sounds produced at a back site such that may be voiced only in character, then baby crying to begin with and [a] to end with should be more than Sufficient for performing an as civilized act as, for instance, speaking in a professional conference.

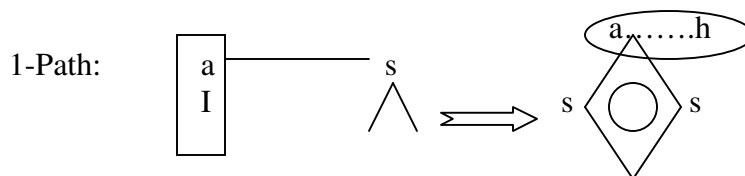
Most important in this case is to pick up a point at some crucial site within the oral cavity and develop that as a physia.

Having opened the entire oral cavity for the purpose of sound production, more specifically at the site of lips, the whole process of their culturation into a physia is more than complex. As already indicated in the case of [s s s], production of these sounds is more than complex because of the intervention from soft palate and the back involvement. With the extension of the 1-Path to the 2-Path it becomes even more complex. The Picture-17 has it:



Picture-17

The picture can be translated in to flow charts of sound development right from the emergence of the phonational universe with two of its poles, to the creation of the 2-Path. A two path Equation-4 has it:



The total possibilities that such an enrichment enroute may have cannot be hoped to elaborate within the scope of this writing – that, of course, may be taken up in future. It is clear for the moment that it has good potential to offer.

Quite now, there are other more basic issues that may also be formulated. The issues concerning back relation, the relationship of enrichment with warps and sema, the issues related to warp-sema co-ordinates getting lifted up into semio universe and many more. Right at the stage of announcement of its birth Clini-semiology may touch upon very briefly one of the rather more primitive one.

Warp Breaks Sema Overtakes

It may be underlined that there is no sound, or for that matter sound development and/or learning-acquiring without its essential link with the necessities of code creation. In fact had that ever been the case, human beings should have been more than happy with crying and howling.

But the fun remains that no animal, bird and the like produces even those sounds without a signal built into the cry, for instance, and emitted on production.

As per the vision of Clini-semiology even within the strict schedules of drill sessions no attempt at sound production breaks from its code responsibilities. On the contrary, as already asserted it is warp that keeps breaking into further units and versions.

Given the fact that warps are more than gross attempts at message making, and hence are more than insufficient instances of code creation, two things follow from this:

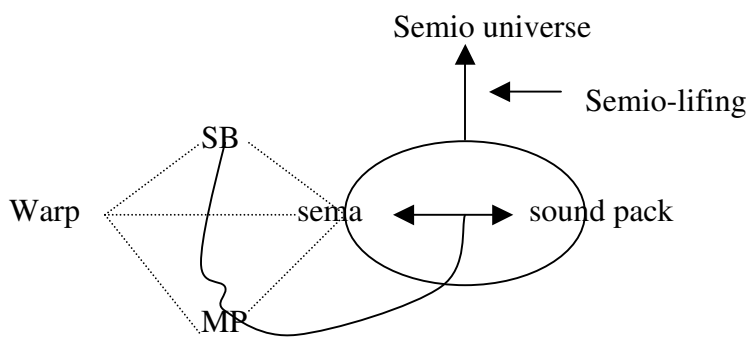
1. That human beings must be aided to grow beyond this ability level, because an ability to attempt any civilized act lies much above this level, especially when viewed with reference to the civilisational growth already accomplished.
2. This is more immediate and practical one. No human being can live life with sufficient and creative involvement with an inefficient means of message passage like warp. It is an obligation that comes with civilization itself that the human beings conditioned with ability may be treated kindly and aided to grow into further ability levels.

The aid architecture that Clini-semiology hopes to implement operates either directly on an ability to produce warp, or activates the body physique of a needy individual through physiological stimulations and modulations. In all such cases where there is no possibility of sound occurrence even emergence of a creaky noise would be a great breakthrough. This noise in itself makes the first warp. This warp, in principle, will have its essential link with sema.

As the progress keeps occurring in enrichment, and sound units of increasing clarity keep stabilising, warps start disappearing by and by. They leave by transferring all their properties, functions, correlating abilities, cooperative facilities to sema.

This, however, is just a part of the very subtle processing that takes over the warp functions. Whereas earlier sema connection was related back to warp while coordinating *sound breaks* and *message packs*, at this stage of transfer, both the *sound packs* that start appearing and sema enshrine into a new level of relationship.

There is a functional reversal here such that has very deep roots in creative consciousness. This reversal has been elsewhere (see Rangila 2001) identified as *pyramidal reversal*. A better linkage between the two proposals will surface in future. At present it suffices to maintain that with this reversal the sema and sound packs open up to a relationship with *semio*. A better way of putting this new relationship with the already given would be to suggest that the sems-sound pack unit is lifted up into semio. The Picture-19 has it:



Picture-19

The picture captures the latent relationship that lies between *semio universe and warp*.

As a human being is tracked reaching somewhere near this stage of lifting, Clini-semiology starts packing to leave the individual in the care of C-semiology. Is it not worth investing ones intellectual energies?

Waiting For Conclusion

The only conclusion seems to be plausible that one should leave Clini-semiology to settle and see whether some clinical activity get organized and results show its worthiness to serve.

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