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# A Radical Construction Grammar Analysis of Antipassive Constructions

Meagan Vigus

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# A Radical Construction Grammar Analysis of Antipassive Constructions

by

**Meagan Vigus**

B.A., Linguistics, University of California, Santa Barbara, 2014

THESIS

Submitted in Partial Fulfillment of the  
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# Dedication

*To my parents, for their unwavering and enthusiastic support every step of the way*

# Acknowledgments

I would like to thank my adviser, Dr. Croft, for his invaluable guidance and support during this research project. I would also like to thank Dr. Axelrod and Dr. Vallejos-Yopan for their insightful comments and suggestions.

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Finally, I would like to thank my fellow graduate students for many stimulating discussions on this topic (and others) and for supporting me throughout this process.

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## **Abstract**

Voice is one of the most complex grammatical phenomena expressed in human language. Broadly, voice is concerned with how the functional relations between participants in a clause are mapped onto grammatical roles in different ways. While voice has been widely studied (e.g., Fox & Hopper 1994, Givón 1994), specifically the passive voice (e.g., Haspelmath 1990, Givón 1994, Shibatani 1988, Croft 2001 chapter 8), the antipassive voice has not been studied in such detail. There has been work on the definition and typology of antipassive constructions and their morphology (Foley & Van Valin 1984:168-181, Givón 1994, Dixon & Aikhenvald 1997, Brus 1992, Cooreman 1994, Janic 2013), but none of these studies have looked at antipassives from a purely functional perspective. This study investigates the antipassive within the framework of the typologically-grounded Radical Construction Grammar (Croft 2001). My work on the antipassive is based on a functional, as opposed to a structural or combined structural-functional definition: a two-participant event in which the patient is of lower topicality than in the corresponding basic voice construction in the language. Thus, unlike those in previous studies, this definition does not require that the verb in the antipassive construction carry any additional morphology.

Constructions fitting this functional definition were examined in 70 languages, spanning over 25 different language families and four geographical macro areas. Some of the syntactic strategies found correspond to previously identified constructions: Indefinite Null Instantiation (INI) in construction grammar (Fillmore 1986) and the Conative Alternation (Levin 1993). Many antipassive constructions code additional functions; some of which pattern with syntactic coding. Correlations between the syntactic strategy and the functional characteristics of the patient were found. It was found that omission of the patient without the option of including it (INI) and incorporation of the patient into the verb occurred exclusively with non-individuated patients; expression of the patient as an oblique with a zero-coded verb (the Conative Alternation) occurred exclusively with less-affected patients. Cross-linguistically, these strategies tend to pattern with certain semantic classes of verbs.

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# Chapter 1

## Introduction

Voice is one of the most complex grammatical phenomena expressed in human language. Broadly, voice is concerned with how the functional relations between participants in a clause are mapped onto grammatical roles in different ways. While voice has been widely studied (e.g., Fox & Hopper 1994, Givón 1994), specifically the passive voice (e.g., Haspelmath 1990, Givón 1994, Shibatani 1988, Croft 2001 chapter 8), the antipassive voice has not been studied in such detail. The often-cited prototypical example of an antipassive construction can be seen below in examples (1) and (2) from West Greenlandic.

Active (Fortescue 1984:84)

- (1) inuit tuqup-pai  
people kill-3S.3P.INDIC  
'He killed the people.'

Antipassive

- (2) inun-nik tuqut-si-vuq  
people-INSTR kill-1/2TRANS-3S.INDIC  
'He killed people.'

## Chapter 1. Introduction

In the Antipassive construction, the Verb is marked with the suffix *-si*. The patient is in the oblique Instrumental case and construed as indefinite. While there has been work on the definition and typology of antipassive constructions and their morphology (Foley & Van Valin 1984:168-181, Givón 1994, Dixon & Aikhenvald 1997, Brus 1992, Cooreman 1994, Janic 2013), none of these studies have looked at antipassives from a purely functional perspective. That is, although Cooreman (1994) analyzes the functions of antipassive constructions, she identifies them based on structural characteristics. Givón (1994, 2001a, 2001b) does define antipassives functionally, but does not explore them in a cross-linguistic sample. This study investigates the antipassive within the framework of Radical Construction Grammar (Croft 2001). My work on the antipassive is based on a functional, as opposed to a structural or combined structural-functional definition: a two-participant event in which the patient is of lower topicality than in the corresponding basic voice construction in the language. Thus, unlike those in previous studies, this definition does not require that the verb in the antipassive construction carry any additional morphology. Constructions fitting this functional definition were examined in 70 languages, spanning 27 different language families and four geographical macro areas. Many antipassive constructions code additional functional features; some of these features patterned with syntactic coding. Correlations between the syntactic encoding of the patient and the Verb<sup>1</sup> and the functional characteristics of the patient were found. The coding of the agent and the indexation of the agent and/or patient on the Verb does not seem to correlate with any functional characteristics. It was found that omission of the patient (without the option of including it) and incorporation of the patient into the Verb occurred exclusively with non-individuated patients; expression of the patient as an Oblique with a non-distinct Verb occurred exclusively with less-affected patients.

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<sup>1</sup>In Radical Construction Grammar, it is convention to capitalize language specific constructions or categories (Croft 2001).

# Chapter 2

## Background

### 2.1 Transitivity

Transitivity is intrinsically tied to the discussion of voice, valency, and the antipassive. Hopper and Thompson (1980) consider transitivity to be the property of an entire clause and analyze it in terms of the effectiveness of the transfer of an action from the agent to the patient, based on nine “components of transitivity” shown below in Table 2.1.

Clauses can be categorized as more or less transitive based on the number of features they have from each column; in this way, transitivity is viewed as a continuum (Hopper & Thompson 1980:253). The Transitivity Hypothesis states that “if two clauses (a) and (b) in a language differ in that (a) is higher in Transitivity according to any of the features...then, if a concomitant grammatical or semantic difference appears elsewhere in the clause, that difference will also show (a) to be higher in Transitivity” (Hopper & Thompson 1980:255). That is, not every language will encode the same event as equally transitive/intransitive; it is only in relation to other clauses in the language that we can see transitivity reflected in grammar.

Chapter 2. Background

	HIGH	LOW
PARTICIPANTS	2 or more participants	1 participant
KINESIS	telic	atelic
PUNCTUALITY	punctual	non-punctual
VOLITIONALITY	volitional	non-volitional
AFFIRMATION	affirmative	negative
MODE	realis	irrealis
AGENCY	A high in potency	A low in potency
AFFECTEDNESS OF O	O totally affected	O not affected
INDIVIDUATION OF O	O highly individuated	O non-individuated

Table 2.1: Components of Transitivity (Hopper and Thompson 1980:252)

Two of these nine components are relevant to the antipassive and are related to functional characteristics of the patient: affectedness and individuation. Hopper and Thompson (1980:263) assert that patients that are more individuated or more affected will be coded more like objects, whereas less individuated or less-affected patients will be coded more like obliques. Specifically, Hopper and Thompson (1980:268) define the antipassive as “any construction in which A[gent] appears in some case other than the ergative, and O[bject] in some case other than that which it is normally marked in the ergative clause”. Thus, they consider the antipassive and incorporation of the patient as intransitively coded, even if there are actually two participants (Hopper and Thompson 1980:254). Overall, Hopper and Thompson (1980) argue for the discourse function of transitivity, specifically that higher transitivity clauses tend to be foregrounding and lower transitivity, backgrounding. Although the definition of the antipassive adopted in this study differs markedly from Hopper and Thompson (1980), its basis in topicality fits with their observations about discourse and transitivity.



## *Chapter 2. Background*

Cooreman (1987) makes a similar distinction as Hopper and Thompson (1980) between semantically transitive propositions and syntactically transitive constructions. While Cooreman (1987) also considers discourse factors very important in the syntactic realization of transitivity, she focuses on the topicality of the Noun Phrases in the clause as opposed to the general discourse function of the clause as a whole. That is, the relative topicality of the agent and patient correlates with the construction used in discourse. Cooreman (1987) supports these claims with text counts of topicality based both on referential distance and topical persistence in Chamorro. She finds that the antipassive construction is found with patients that have a high referential distance and low topical persistence (Cooreman 1987:66). While Hopper and Thompson (1980) only discuss the discourse function of the clause as whole, their individuation property may capture some of these same topicality-based effects.

## **2.2 Voice**

The notion of voice is notoriously hard to define. Often, its definition consists of its various instantiations: active, passive, middle, inverse, antipassive, etc. (Fox & Hopper 1994, Givón 1994, Croft 1991). Fox and Hopper (1994) define voice as its possible instantiations (passive, middle, impersonal, inverse, and antipassive) as they relate to “information flow” (Chafe 1987, cited in Fox & Hopper 1994). Croft (1991) similarly defines voice by its distinctions (active, passive, and middle) and explains them in terms of his model of causal structure. Croft (2012) builds on this model and defines voice alternations as differences in the verbal profile of a causal chain. Causal chains are representations of force-dynamic interactions between participants in a clause. Realization of participants grammatically is based on the verbal profile of the causal chain: active voice constructions profile the causal chain from the initiator to the endpoint (if there is one) and therefore realize the initiator as the

## Chapter 2. Background

subject and the endpoint as the object (Croft 2012:221). Voice alternations profile different parts of the causal chain. The passive voice, for example, does not profile the segment of the causal chain from the agent/initiator to the patient/endpoint; this difference in profile can be related to the greater topicality of the patient/endpoint (Croft 2012:256).

Givón (1994:3) distinguishes voice constructions that encode “clause-semantic” versus “discourse pragmatic” functions. Semantic voice constructions are used to express a deviation from the “prototypical transitive event”, described below (Givón 1994:7). Detransitive semantic voice constructions include reflexive, reciprocal, and middle voice (Givón 1994:8). Pragmatic voice constructions keep the prototypical transitive event intact, but are sensitive to discourse factors, namely topicality.

1. **Agent:** The prototypical transitive clause involves a volitional, controlling, actively-initiating agent who is responsible for the event, thus its **salient cause**.
2. **Patient:** The prototypical transitive event involves a non-volitional, inactive, non-controlling patient who registers the event’s changes-of-state, thus it’s **salient effect**.
3. **Verbal Modality:** The verb of the prototypical transitive clause codes an event that is *compact* (non-durative), *bounded* (non-lingering), *sequential* (non-perfect) and *realis* (non-hypothetical). The prototype transitive event is thus fast-paced, completed, real, and **perceptually and/or cognitively salient**.

Givón identifies four main detransitive voice functions: active-direct, inverse, passive, and antipassive and defines them based on relative topicality, as illustrated in Table 2.2 below.

The topicality of nominal referents is taken to include both anaphoric accessibility and cataphoric persistence (Givón 1994:9). Furthermore, Givón (1994) asserts that all voice types are present in all languages, but are not necessarily coded morphologically. Similar to Hopper and Thompson (1980)’s Transitivity Hypothesis, the

active/direct	AGT > PAT
inverse	AGT < PAT
passive	AGT « PAT
antipassive	AGT » PAT

Table 2.2: Relative Topicality of Agent and Patient (Givón 1994:8)

topicality continuum is implicational: if a language has two strategies for encoding a certain participant, then we can predict which strategy will be used for higher and which for lower topicality participants (Givón 1983:17). However this does not mean that we can predict where on the topicality continuum the distinction will be made or even if a language encodes that distinction at all. I will assume Givón (1994)’s functional definition of voice, as it posits the existence of all prototypical voice types in all languages, regardless of morphology and permissive of more fine-grained distinctions. That is, the prototypical voice types may not be overtly coded in every language; on the other hand, some languages may have more than four detransitive voices (e.g. multiple passives). However, I do not necessarily assume Givón (1994)’s definition of the antipassive, shown above. I define the antipassive based on the topicality of the patient in comparison with the patient in the basic voice construction, not in comparison with the agent of the antipassive construction. However, it is likely that many of the constructions that fit my definition fit Givón’s as well.

## 2.3 Detransitivization

While Givón (1994) focuses exclusively on detransitive voice, he does not actually offer a definition of detransitivization. For the *semantic* detransitive voices, Givón (1994:8) states that they “tamper” with the prototypical transitive event, shown above. Givón (2001b:93) gives more details about that “tampering”: the agentiv-

## Chapter 2. Background

ity of the agent is decreased, the affectedness of the patient is decreased, and the telicity/perfectivity of the verb is decreased. The *pragmatic* detransitive voice is only defined by its main instantiations: inverse, passive, and antipassive. If purely pragmatic differences between constructions are considered detransitivization, then detransitivization must refer to a property of the syntactic realization of the clause and not solely its semantic content. That is, it can refer to events which don't fit the semantic properties of a two-participant event: reflexives, for example, involve one participant acting on him- or herself. Alternatively, detransitivization can also refer to semantically transitive (two-participant) events which are construed intransitively (often because of one participant's low topicality).

The most well-studied detransitive voice construction is certainly the passive (e.g., Haspelmath 1990, Givón 1994, Shibatani 1988, Croft 2001 chapter 8). However, it appears, both diachronically and cross-linguistically, that the passive and antipassive have little in common. The characterization of the antipassive as a true opposite of the passive is not supported either. While the relative topicality for passive and antipassive do appear as opposites, their relations to the basic voice are not. That is, the passive (and inverse) invert the relative topicality of the basic voice construction, whereas the antipassive exaggerates it. It is actually Givón (1994)'s *semantic* detransitive voices that have the most in common with the antipassive: the reflexive/reciprocal and the middle. Diachronically, the most frequently noted source for antipassive constructions is the reflexive (e.g., Heath 1976:202, Kemmer 1993, Givón 2001b:92-100, Janic 2013a). Kemmer (1993) focuses on the middle voice as a necessary bridge between the reflexive and antipassive functions. The reflexive/reciprocal and middle functions both involve a co-referential agent and patient, but they differ in their "relative distinguishability of participants" (Kemmer 1993:65-6) as can be seen in Figure 2.1 below.

## Chapter 2. Background

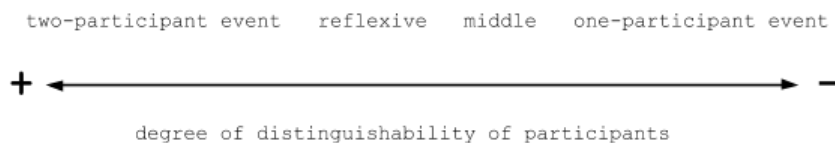


Figure 2.1: Degree of distinguishability of participants scale (Kemmer 1993:73)

That is, the reflexive/reciprocal agent/patient is conceptualized as one participant acting on itself in the same way as it would act on another participant, whereas, in the middle voice construction, the participant acting on itself is construed as a more holistic entity performing an action (Kemmer 1993). While semantically the antipassive does involve two participants, the diminished importance of the patient relates it to non-prototypical one participant events, such as the reflexive and middle.

## 2.4 Antipassive

Unlike the notion of voice, the antipassive has been specifically defined in the literature. Broadly, the function of the antipassive has been defined as a voice construction where the agent is foregrounded or more topical and the patient is backgrounded or non-topical (Givón 1994, Cooreman 1994, Foley & Van Valin 1984:168-181). However, until rather recently, antipassive constructions in the literature have been identified based on structural properties. Heath (1976:202) defines the antipassive construction as a derivation that changes a transitive subject into an intransitive subject and deletes or demotes the patient. He notes that the antipassive can have different functions in different languages and contexts. Dixon (1994:146) only identifies antipassives in ergative languages and lists four criteria that constructions must have in order to be defined as antipassive, shown below.

## Chapter 2. Background

1. applies to an underlying transitive clause and forms a derived intransitive
2. the underlying A NP becomes S of the antipassive
3. the underlying O NP goes into a peripheral function, being marked by a non-core case, preposition, etc.; this NP can be omitted, although there is always the option of including it
4. there is some explicit formal marking of an antipassive construction

Dixon and Aikhenvald (1997) takes a similar structural approach: they consider the antipassive to be a type of intransitive derived from an underlying transitive clause whereby the agent becomes the subject in the intransitive clause and the object is either coded as a non-core argument or omitted. Dixon (2010) employs the same criteria for identifying antipassives as Dixon (1994), but allows for them in accusative languages as well. These criteria also seem to be more relaxed in Dixon (2010), as prohibited objects are considered antipassive, but termed a “rare patientless antipassive” (2010:168). He identifies the function of the antipassive as an increased focus on the agent’s performance of the activity and a demotion of the patient, which is understood to be there but is not important (Dixon 2010:168). While he realizes the functional similarity with English patient omission constructions (as in *She ate*), he does not consider these to be antipassives because they do not fulfill criteria (4), as the verb is not overtly coded.

Givón (2001a) defines the clause syntactically as a change from transitive to intransitive, and he adds that the patient is de-topicalized and interpreted as generic, nonspecific, habitual, or unimportant. Unlike Dixon, Givón (2001a) considers many English constructions to be antipassive, such as those with indefinite or plural patients. Givón (2001a:249) also considers noun-incorporation a type of antipassive. Janic (2013b:63) defines the antipassive as “a syntactic operation that detransitivizes transitive constructions”; it involves a change in valency “mostly triggered by an explicit marker due to which the object argument is either suppressed or demoted to the oblique position”. Thus, Janic’s definition is limited to a specific antipassive syn-

## *Chapter 2. Background*

tactic strategy and not necessarily an antipassive function. Spreng (2010:557) defines the antipassive as a “two-argument construction which behaves in many ways like an intransitive construction”; the agent behaves like an intransitive subject, the patient behaves as an oblique, and the verb commonly has overt antipassive morphology. Spreng (2010) also identifies the “semantic triggers” of the antipassive construction (in ergative languages): imperfective/unbounded aspect, indefinite or nonspecific patients, third person patients, and counterfactual predicates. Polinsky (2013) defines the antipassive as a “derived detransitivized construction with a two-place predicate, related to a corresponding transitive construction whose predicate is the same lexical item”. The patient is either omitted or realized as an oblique; the verb is overtly derived and may be inflected as intransitive.

The most in-depth discussion of both the structure and the function of the antipassive is Cooreman (1994). In her sample of 19 languages, Cooreman identifies antipassive constructions based on structural properties (in order to avoid potential circularity in analyzing their function). Her structural definition includes constructions considered alternatives for the basic transitive/ergative construction in a language, but exhibiting the following properties: agent coded as absolutive, patient coded as non-absolutive, and verb may or may not be marked intransitively (Cooreman 1994:49-50). She posits that there are two types of overlapping antipassives: structural and functional. Structural antipassives only occur in ergative languages, as they conform to her structural definition above. Functional antipassives are defined as indicating a certain amount of difficulty in recognizing the affectedness of the object. Structural antipassives are necessarily functional antipassives, but functional antipassives need not be structural antipassives.

In addition, Cooreman (1994) identifies the three most common functional properties that may prompt an antipassive construction: low identifiability of the object, incomplete or non-punctual aspect of the predicate, and lower affectedness of the

## *Chapter 2. Background*

object. Low identifiability of the object is the most frequent function in her sample and correlates with the deletion of the object. She constructs a scale of identifiability and individuation based on the definiteness, referentiality, and number of the patient. Languages differ as to where on the scale an antipassive construction is used (Cooreman 1994:52). Antipassive predicates are generally incomplete and non-punctual: they focus on the agent, the initiation, and the duration of the verb and de-focus the patient and the completion of the verb (Cooreman 1994:57). Antipassives are also used to indicate that the object is less affected, though this property is not as common as the other two (Cooreman 1994:58). All three of these functions conform to Cooreman's definition of antipassives as indicating some sort of difficulty in recognizing the affectedness of the object. This difficulty can be because the object itself is difficult to recognize, the focus is on the process and not the outcome, or the object is actually less affected.

Although Cooreman (1994) acknowledges the existence of antipassive constructions in non-ergative languages, her study focuses exclusively on ergative languages. While it has been assumed that ergative languages are more likely to have morphological antipassives than accusative languages, this is not supported by a cross-linguistic survey (Polinsky 2013). Janic (2013a) specifically looks at antipassive constructions in accusative languages and finds that there are no significant differences compared to ergative languages. In this study, antipassives will be investigated without regard to alignment system.



# Chapter 3

## Theoretical Framework

In this paper, I will be analyzing antipassive constructions within Radical Construction Grammar (Croft 2001). Radical Construction Grammar (RCG) is one member in a family of syntactic theories known as Construction Grammar. The basic tenet of all Construction Grammar theories is that constructions are form-meaning pairings that serve as the most basic unit in a grammar. Radical Construction Grammar takes this to its logical conclusion and posits that all linguistic categories, such as nouns and verbs, are construction-specific (Croft 2001). More importantly for this paper, RCG asserts that all constructions are language-specific: there are no constructions that can be accurately identified cross-linguistically in structural terms. Instead, what is universal to all languages is a conceptual space that represents the organization of functional categories. True linguistic universals can be found by comparing how languages structurally represent these functional categories. This is what I intend to do with the antipassive construction in this study.

In order to investigate the antipassive within a Radical Construction Grammar framework, an understanding of the notion of transitivity in RCG is essential. The conceptual space for transitive constructions is shown below, in Figure 3.1, based on

Chapter 3. Theoretical Framework

Figure 8.16 from Croft (2001:317). The vertical dimension represents the topicality of the agent and the horizontal dimension the topicality of the patient. The labels here are not meant to indicate discrete categories; instead these voice types lie on a transitivity continuum (Croft 2001:318). The functions represented are transitive (two-participant) events; intransitive (one-participant) events occur when the agent or patient is absent.

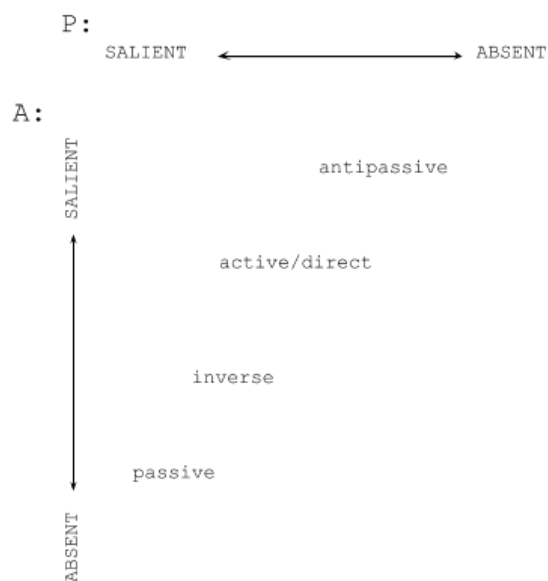


Figure 3.1: The conceptual space for transitivity (Croft 2001:317)

Since there is a continuum of transitivity, the antipassive function must be defined in relation to the basic voice type, often called the Active or Direct within a language, as constructions will draw different distinctions across the continuum. The antipassive function is defined as a transitive (two-participant) event in which the topicality of the agent outranks the topicality of the patient and the patient is lower in topicality in comparison to the basic voice construction (Croft 2001:316-7).

The notion of instantiation, defined by Croft (2001:276) as “a characterization of the symbolic relation between syntactic elements and semantic components”, is also directly related to the discussion of the antipassive. Much of the discussion

### Chapter 3. Theoretical Framework

about instantiation has focused on null instantiation, as a way to account for the non-expression of certain ‘obligatory’ elements of a construction. Null instantiation refers to the omission of a generally obligatory complement of the predicate (Fillmore 1986:95); the null element remains semantically present in the interpretation of the construction (Fillmore & Kay 1993:7.2). There are three types of null instantiation, defined by properties of the null element: Definite Null Instantiation, Indefinite Null Instantiation, and Free Null Instantiation (Fillmore & Kay 1993:7.3). With Definite Null Instantiation (DNI), the null element must be recoverable from the immediate discourse context and refer to a specific entity (Fillmore 1986:96). With Indefinite Null Instantiation (INI), the identity of the null element is not recoverable from context and does not refer to a specific entity (Fillmore 1986:96). Free Null Instantiation (FNI) is a little less straightforward; the null element can be interpreted either as definite, but not anaphoric, or indefinite, but still identifiable (Lambrecht & Lemoine 2005:33). The null element can refer to either people generically, the speaker or addressee, or “someone whose point of view is represented in the sentence” (Fillmore & Kay 1993:7.10) Examples of FNI in English include Impersonal constructions and agents in Passive constructions.

INI is the only type of null instantiation that necessarily correlates with low topicality. DNI null elements are recoverable from context, and thus necessarily highly topical; FNI null elements *can* be interpreted as definite and thus are not clearly of low topicality. Furthermore, Croft (2012:334) regards INI as type of antipassive. Note that in INI Antipassives the omitted patient must be indefinite, which is not considered a requirement for all antipassives.

# Chapter 4

## Methodology

For studying the antipassive, the relevant functional categories are agent, patient, and subject. These should be interpreted as clusters of semantic roles: agent and patient in two-participant events and subject in one-participant events (Croft 2001:136). Identification of the antipassive construction will depend on the basic voice construction in each language. The basic voice construction is defined as the most frequent and thus the basic, or unmarked, voice construction. The functional definition of the antipassive adopted here is shown in (1) below:

- (1) A construction encoding a two-participant event in which the patient is of relatively lower topicality compared to the patient in the basic voice construction

Although the definition of antipassive in (1) relies on topicality, identifying constructions based purely on this criterion was difficult, as not many reference grammars explicitly mention topicality. Where it was mentioned, this made identification of the antipassive construction rather straightforward. However, in most cases, topicality had to be assessed indirectly. Patients construed as nonspecific, generic, indefinite, non-individuated, or unspecified are considered to be of lowered topicality.

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That is, if a construction requires that the patient be construed in one of these ways, that construction is considered an antipassive construction. It has also been shown that lower affectedness of the patient correlates with lower topicality in at least some languages (Cooreman 1994). In addition to identifying the most common functions of the (structural) antipassive, Cooreman (1994) also shows that, in at least three languages in her sample, the antipassive construction correlates with lower topicality of the object. Since all three of these languages (Chamorro, Nez Perce, and War-rungu) have antipassive constructions that can indicate the lower affectedness of the object, this may suggest a link between lower topicality and lower affectedness. Thus, I will also tentatively include constructions with a less-affected patient as antipassive constructions in this sample.

Less-affected patients are also involved in what has been called the Conative Alternation; Cooreman (1994) actually discusses the English Conative as being similar in function to the antipassive constructions in her sample. Levin (1993:6) calls the Conative a transitivity alternation where the “subject of the transitive variant and intransitive variant bears the same semantic relation to the verb” but the object is expressed by a prepositional phrase (*at* in English). Example (3) below shows the English Conative; example (2) shows the the corresponding basic voice construction (Levin 1993:6).

(2) Margaret cut the bread.

(3) Margaret cut at the bread.

Semantically, the Conative Alternation does not entail that the predicated action has been completed (Levin 1993:6). That is, in example (3), it is not clear that Margaret has succeeded in cutting the bread. Therefore, the bread is construed as less affected by Margaret’s action in comparison to the basic construction in example (2). It should be noted that “Conative” is used here to refer to a particular

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strategy, and not just to the function of a less-affected patient. That is, in this study, “Conative” is defined as a strategy where the patient is marked as an oblique and construed as less-affected. Levin (1993) also finds that the Conative in English can only occur with a semantic class of Verbs whose meaning involve both contact and motion. The Conative is also found in Warlpiri with a similar class of verbs (Levin 1993:11). The function of the Conative as indicating a less-affected patient has been shown to fit the topicality-based definition of antipassive in at least three languages by Cooreman (1994), and thus these types of constructions will be included in this study. Whether or not these constructions should be considered antipassives cross-linguistically is not entirely clear; hopefully their inclusion here will help to answer that question.

It is important here to distinguish the function of the antipassive from the various strategies that can encode it. Croft (2015) defines a strategy as a pairing of function and cross-linguistically valid formal characteristics. Specifically, Croft (2012:333) identifies three strategies that are cross-linguistically related to the antipassive function, shown below. The formal characteristics associated with these strategies are based on cross-linguistically comparable structural properties, such as omission or incorporation.

Antipassive: P is in an Oblique case or omitted, V is overtly coded

Indefinite Null Instantiation: P is omitted

Noun Incorporation: P is incorporated into the V

What Croft calls the ‘Antipassive’ strategy here corresponds to the traditional definition of the antipassive<sup>1</sup>. INI and certain types of noun-incorporation are also considered related to the antipassive (Croft 2012:334). Languages may exhibit all,

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<sup>1</sup>‘Oblique’ can be taken as a cross-linguistically valid property when defined as a marking other than that which marks the agent or patient in the basic voice construction.

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some, or none of these strategies (the basic voice construction encroaches entirely on this region of conceptual space).

However, while these strategies will be useful for analyzing and categorizing the constructions in this study, they will not be used to actually identify antipassive constructions. That is, inclusion of a construction in this study will be based solely on its function and adherence to the topicality-based definition in (1). This may be assessed directly: it is explicitly mentioned in the source material that the patient is of low topicality; or indirectly: the patient is construed as less identifiable (nonspecific, indefinite, etc.) or less affected than in the basic voice construction. For the most part, these characteristics of the patient were ascertained simply based on explicit mention by the author of the source material. However, if it was shown that the patient could be omitted from a construction without an anaphoric interpretation, this was taken as evidence that the patient could be left unspecified and thus these constructions were included in the study as well.

Source material for the languages was identified in a variety of ways: general typological studies (Dixon 2010, Givón 2001, Geniušienė 1987), antipassive typological studies (Cooreman 1994, Janic 2013a, Janic 2013b, Polinsky 2013), articles about the specific construction in a language or family of languages, and reference grammars. The majority of reference grammars were identified through the typological studies, the World Atlas of Language Structures (WALS) Antipassive chapter (Polinsky 2013), and the GRAMCATS sample (Bybee, Perkins, & Pagliuca 1994). However, not all of the languages from Polinsky (2013) have been included in this sample because some languages were not described in sufficient detail for the purposes here. That is, full examples were not provided; since the analysis here relies on identifying the coding of the agent, patient, and Verb, these languages could not be included. For the GRAMCATS sample, all reference grammars written in English were searched for constructions that fit the functional definition of antipassive in

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(1). The languages included here reflect a convenient sample; it is not balanced with regard to language family or geographical area.

For certain reference grammars (especially those from Polinsky (2013)), specific page numbers for the antipassive construction were given; however, this was not the case for most reference grammars in this sample. In these cases, specific sections of the grammars were searched for potential antipassive constructions. First, if I had access to a searchable PDF of the grammar, I simply searched for ‘antipassive’. If the grammar was not electronically searchable, or this search did not return any results, the following sections were searched for antipassive constructions, in order: de-transitivizing constructions, noun incorporation, valency-changing constructions, transitivity, the verb phrase, and nominal case. For many reference grammars, no construction could be identified that expressed the antipassive function. It is likely that many of these languages do have antipassive constructions, however, the languages in question were not described in sufficient detail to identify it, or it was included in a section that I did not investigate. Lengthier, more recent reference grammars tended to have constructions that fit the antipassive definition, which supports this claim. Theoretically, every language must necessarily have a way to express two-participant events in which the patient is unimportant or non-topical; however, this does not mean that every language must have a distinct construction to express this meaning. That is, some languages may use the basic voice construction for the entire range of patient topicality; Cooreman (1994) finds that languages differ on how topical/identifiable the patient must be in order to require an antipassive construction.

Of the languages that do have described antipassive constructions, many of these are not named “antipassive” in the source material. This most likely is a result of antipassive constructions traditionally only being identified if there is a specific antipassive verbal marker (e.g., Dixon 2010) and the language has ergative alignment.



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However, even constructions explicitly named “antipassive” were not automatically included in the sample; these constructions were evaluated for adherence to the functional definition as well. When no accompanying information beyond an “antipassive” label was given, the author’s definition of “antipassive” was considered. For example, certain authors, like Givón, explicitly define the antipassive based on topicality, and thus constructions merely named “antipassive” without other information were included in the sample here. However, if “antipassive” was defined based purely on structure (e.g. Mejías-Bikandi 2013), and no functional information was given or evident from translations, these constructions were not included here.

Each construction identified as an antipassive construction was coded based on both functional and syntactic properties. If there were any functional properties in addition to a low topicality patient, “functional correlates” in Cooreman (1994), these were coded as well. Since antipassive constructions were often identified on the basis of certain functional correlates, as described above, these functional correlates are necessarily more represented in the sample. Syntactically, antipassive constructions are described based on their structural coding and behavioral potential, with respect to the basic voice construction. That is, the agent and patient are coded for nominal case and verbal indexation relative to the basic voice construction, and the Verb is coded as to whether or not it is distinct from the basic voice Verb (Croft 2001:312). These properties are shown below.

structural coding: the Verb is distinct from the basic voice construction

behavioral potential/overtly coded dependencies:

relational: the case of A & the case of P

indexical: the presence/absence of indexation of A on the Verb

& the presence/absence of indexation of P on the Verb

Constructions were mapped onto a syntactic space, as in Figure 8.13 from Croft (2001:313). Syntactic spaces are considered valid for cross-linguistic comparison

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(even though constructions are language-specific in RCG) because they rely on structural properties that are functionally equivalent across languages (Croft 2009:161, Croft 2001:313). For each language, the antipassive construction/s will be compared with the basic voice construction. All constructions will be mapped onto a syntactic space based on the structural properties described above. This paper seeks to delimit the syntactic variation used to express the antipassive region of conceptual space cross-linguistically and attempt to elucidate any resulting patterns. This cross-linguistic survey should find a continuum of construction types in regard to their structural properties (Croft 2001:313-4). Each construction was coded for the structural properties listed above with the possible values shown below. The values are ordered as to their similarity with the basic voice construction: structural properties that are more similar to the basic construction are listed first.

structural coding: the Verb is distinct from the basic voice construction

2 possible values: no > yes

instantiation: the expression of A or P

3 possible values: obligatory > optional > prohibited

behavioral potential/overtly coded dependencies:

relational: the case of A

6 possible values: ergative > nominative > absolutive > accusative > oblique > incorporated

the case of P:

6 possible values: accusative > absolutive > nominative > ergative > oblique > incorporated

indexical: presence of indexation/agreement of A and P on the Verb

3 possible values: yes (identical to basic) > special (different from basic) > – (no indexation in basic) > no

For the purposes of this paper, I have decided to collapse all “oblique” cases into one category. The motivation behind this is to keep these structural properties rooted in

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functional categories. Since the names given to different case functions vary so widely in the literature, I did not want to rely on the name of the case in the given language. Instead, “oblique” should be taken here as any marking *other* than those that encode the agent and the patient in the basic voice construction; in other words, the obliques encode non-agent and non-patient functions in the basic voice construction.

# Chapter 5

## Data & Analysis

As can be seen from Table 5.1 below, there are roughly an equal number of ergative and accusative languages in this sample, with a fair number of split systems. One inverse and one tripartite system are represented as well. There are 70 languages from 27 different language families, with languages from each of four major geographical areas. However, they are not necessarily balanced between these families and areas, as can be seen in Table 5.2 below. Language families and areas are based on both the source material for the language and the Ethnologue (Lewis, Simons, & Fennig 2015). A full list of languages in the sample can be found in Appendix A.

Accusative	32
Ergative	24
Split	12
Inverse	1
Tripartite	1

Table 5.1: Distribution of Alignment Systems

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Language Family		Geographical Area	
Australian		12	Oceania
	Pama-Nyungan	10	
	Gunwingguan	2	
Austronesian		11	
	Oceanic	7	
	non-Oceanic	4	
Trans-New Guinea		1	
Yele-West New Britain		1	
Lower Mamberamo		1	
Indo-European		10	Eurasia
	Balto-Slavic	6	
	Germanic	2	
	Indo-Iranian	1	
	Romance	1	
North Caucasian		4	
Kartvelian		2	
Caucasian		1	
Turkic		1	
Chukotko-Kamchatkan		1	
Niger-Congo		2	Africa
Nilo-Saharan		2	
Bantu		2	
Nilotic		1	
K'xa		1	
Eskimo-Aleut		3	Americas
Mayan		3	
Athapaskan		2	
Uto-Aztecan		2	
Jean		1	
Guaykuruan		1	
Panoan		1	
Sahaptian		1	
Kiowa-Tanoan		1	
Siouan-Catawban		1	
isolate (Trumai)		1	

Table 5.2: Distribution of Families and Areas

## Chapter 5. *Data & Analysis*

Since Radical Construction Grammar does not assume the existence of cross-linguistic constructions, constructions in different languages are analyzed based on functional characteristics. All of the constructions analyzed here fit the functional definition of an antipassive adopted above, yet they exhibit a considerable amount of variation in their expression and coding of the agent and patient and the coding of the Verb. In order to investigate this variation functionally, constructions are mapped onto a syntactic space based on the coding of the agent and the patient in comparison with the basic voice construction. Table 5.3 below shows this syntactic space for the antipassive constructions in the sample<sup>1</sup>. Language names in bold indicate that the Verb in the antipassive construction is distinct from the Verb in the basic voice construction. See Appendix B for examples of all of the antipassive constructions in the sample.

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<sup>1</sup>Slovak, Bulgarian, Macedonian, and Belorussian belong in the same section as Russian in Table 5.3. They were left out in order to make the table easier to read.

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P CODING		Obl-like										prohibited			
A CODING	A-like	obligatory					optional					prohibited			
		ERG	ACC	ACTIVE/ DIRECT	OBL	INCORP	ACC	NOM	ABS	OBL	PROHIBITED				
					Warpipi II Djaru	Warpipi I									Trumai Laz Gumuz III Tolowa
		NOM	ACTIVE/ DIRECT		English II Supyire II Gungu Yimidhrr	Ute Fijian II Balochi Warembori Comanche II Neverver III Yele	Oksapmin	Nez Perce							English I Lakhota IXun Slave Logba Kiowa Mangarayi Supyire I Fijian III Fijian IV Tirrin Nakanai I Nakanai II Tuwan Russian Swedish Czech Iaai Apinaje Kadiweu I Kadiweu II Bari Toqabaqita Comanche I Neverver I Neverver II Kirundi I Kirundi II Cilubá Svan
S-like		ABS		Diyari Embaloh	Kuku Yalanji Bzhedukh Samoan Kabardian Gumuz I Chamorro II				Chamorro I K'ekchi Mayan				Bezti Dyirbal West landic Central Alaskan Yup'ik Alawa Kalkatungu Kapampangan Pári Ifiupiaq	Mam Chukchi Yidiny Djabugay Bandjalang Godoberi Tzutujil Gumuz II Abkhaz I Abkhaz II Sinaugoro Matses	

Table 5.3: Syntactic Space

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Note that a distinct Verb does not mean that there is necessarily an antipassive morpheme: it indicates that the Verbal inflection differs somehow from the basic voice. For some languages, there is a dedicated antipassive morpheme, as in Apinaje in examples (1) and (2) below.

Active (Oliviera 2005:261)

- (1) kət paj amɲĩ mẽ meboj j-apro  
IRLS 1.IRLS RFLX DAT things RP-buy  
'I'll buy something for myself.'

Antipassive<sup>2</sup>

- (2) kət paj amɲĩ mẽ aw-j-apro  
IRLS 1.IRLS RFLX DAT AP-RP-buy  
'I'll do my shopping (for myself).'

The Verb in the Antipassive construction is overtly coded with the Antipassive prefix *aw-*, compared to the Apinaje Active construction in example (1).

Other antipassive constructions exhibit a polysemous morpheme marking antipassive and other (often middle and reflexive) functions, as in Russian in examples (3) and (4) below.

Antipassive (Say 2005:266)

- (3) ja budu stirat'sja potom  
I will **laundry-sja** later  
'I will launder later' (Laundry; the members of a family are using the same washing machine and have to discuss the order of its use).

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<sup>2</sup>The interlinear gloss was changed to reflect morpheme boundaries discussed in prose in Oliviera (2005).



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Reflexive (Knjazev 2007:680, cited in Janic 2013b:68)

- (4) on            umy-l-sja  
      he:NOM wash:PF-M.PAST-REF  
      ‘He washed [himself].’

The marker *sja*, descended from the Proto-Indo-European *\*SE*, marks the antipassive (and habitual) function in example (3). This same marker *sja* marks the reflexive function in example (4).

In other antipassive constructions with a distinct Verb, the Verb form is Intransitive, but does not carry any specific antipassive morphology, as in Fijian in examples (5) and (6) below.

Active (Dixon 1988:49)<sup>3</sup>

- (5) e            ’ani-a        a    dalo  
      3SG.SBJ eat-TRANS DEF taro  
      ‘He is eating the taro.’

Incorporation Antipassive

- (6) e            ’ana.dalo  
      3SG.SBJ eat.taro  
      ‘He is taro-eating.’

In the Active construction in (5), the Verb is marked with the Transitive suffix *-a*. However, in the Incorporation Antipassive construction in (6), the Verb lacks this Transitive suffix. Thus, although the Verb in the Antipassive construction is not overtly coded, it is still coded as distinct from the Active construction because it lacks the Transitive morphology. The distribution of different types of strategies is shown below in Table 5.4.

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<sup>3</sup>Morpheme-by-morpheme translation has been added here.

Patient Expression	Distinct Verb	Non-distinct Verb	Total
Omission	33	13	46
Incorporation	2	6	8
Oblique	16	6	22
oblig.	6	5	11
opt.	10	1	11
Absolutive	4	0	4
oblig.	2	0	2
opt.	2	0	2
Accusative	1	0	1
Nominative	0	1	1

Table 5.4: Antipassive Construction Strategies

The first clear observation from the syntactic space in Table 5.3 is the amount of variation used to encode the antipassive function. Even so, this syntactic space only takes into account the case-marking of the agent and the patient and the marking of the Verb, and not the indexation of the agent and the patient on the Verb. Technically, Verbal marking and indexation should be represented as third and fourth dimensions of this syntactic space. Since Verbal marking is a binary value, it is easily represented by bold vs. regular text. Indexation, on the other hand, involves the indexation of both the agent and patient, each of those with four possible values: ‘neutral’ (there is no indexation in either the basic voice or the antipassive construction), ‘yes’ (the indexation is identical in the basic voice and the antipassive constructions), ‘special’ (there is indexation in both constructions, but the forms are not identical), and ‘no’ (there is indexation in the basic voice construction but not in the antipassive construction). Therefore, this is not so easy to represent without another dimension.

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Indexation does not seem to help distinguish between any functional correlates. First, about 40% of the total constructions have neutral coding for both the agent and patient. That is, there is no indexation in the basic voice construction or the antipassive construction, so these cannot tell us anything about the relationship of indexation and functional correlates. Furthermore, the functional correlates for the majority of the constructions are completely predictable from the coding of the Verb and the patient, as is described in more detail below. Briefly, all Patient Omission antipassive constructions indicate non-individuated patients; and all antipassive constructions with a non-distinct Verb and an Oblique Patient indicate less-affected patients. This only leaves the constructions where there is a distinct Verb and an Oblique Patient: these constructions are found with both non-individuated and less-affected patients. Overall, there are 10 constructions of the distinct Verb and Oblique Patient type that have indexation of either the agent or the patient in the basic voice constructions, i.e. they are not completely neutral. The indexation of these constructions can be seen in Table 5.5 below. Note that ‘non-topical’ just means that there are no other function correlates; all of the patients are, by definition, non-topical.

While all of these constructions have non-neutrally indexed agents, many have neutrally indexed patients. There are no clear patterns that emerge from this that suggest that indexation may help distinguish between less-affected and non-individuated patients. It is possible that the patients of the less-affected patient constructions are indexed more like transitive patients than those of the non-individuated patient constructions. However, there are so few constructions overall that it is not clear that this is a meaningful difference.

<b>Function</b>	<b>Agent</b>	<b>Patient</b>
Less-affected	yes	yes
	yes	–
	special	special
	special	–
	no	–
Non-individuated	yes	no
	special	no
	special	no
	no	–
Non-topical	special	no

Table 5.5: Indexation of Distinct Verb and Oblique Patient Constructions

It should be noted that nominal case labels in Table 5.3 and elsewhere refer to strategies and not language-specific categories. That is, “ERG” represents the coding of the agent in a two-participant event; “NOM” represents the coding of the agent in two-participant and one-participant events; “ABS” represents the coding of the agent in one-participant events and the patient in two-participant events; “ACC” represents the coding of the patient in two-participant events; “OBL” represents any syntactic coding *not* used for the agent or patient in either one- or two-participant events; and “INCORPORATION” represents a lack of syntactic coding.

Before considering the syntactic space with functional correlates in Table 5.6, there are a few generalizations that can be observed in the syntactic space in Table 5.3. The first is that Verbal marking, traditionally regarded as a requirement for the antipassive construction, does not seem to necessarily correlate with how the agent and patient are coded. However, certain sections of the syntactic space do seem to favor a distinct Verb form in the antipassive, specifically the optional expression of

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oblique patients (with the exception of Alawa). Even though this sample is not balanced, this area of the syntactic space includes languages from all four geographical areas and six families (Indo-European, Austronesian, North Caucasian, Australian, Eskimo-Aleut, and Nilotic), so a preference for distinct Verb forms with an optional oblique patient may be tentatively stated. Finally, it appears that antipassive constructions tend to encode agents as absolutive and/or nominative as opposed to ergative. All of these tendencies must be interpreted as rather preliminary because the sample used here is not controlled for language family or geographical area. However, as has been shown, there are a fair number of families and areas represented, so these tendencies may serve as a starting point for further research. It should be noted that there are six constructions that do not omit the patient, incorporate it into the Verb, or express it in an oblique: Diyari, Embaloh, Nez Perce, Oksapmin, Chamorro I, and K'ekchi Mayan. Diyari, Embaloh, Chamorro I, K'ekchi Mayan, and Nez Perce have symmetrical marking of the agent and patient; Oksapmin marks the agent and patient exactly as in the basic voice construction. All of these constructions have distinct Verbs.

In Table 5.6, the functional correlates have been placed on the syntactic space with a number indicating how many constructions in that 'box' display that functional correlate. As in Table 5.3, bold text indicates a distinct Verb. For constructions for which there is no information available beyond the lowered topicality of the patient, these have been coded as "non-topical". Often, antipassive constructions indicate many non-individuated properties of the patient (indefinite, nonspecific, generic, implied, etc.); if any one of these properties was present, the construction was coded as "non-individuated". Other functional correlates include "less-affected", "habitual", and "durative". Where these functional correlates co-occurred, both are represented in Table 5.6, separated by a comma.



The clearest generalization to be made from Table 5.6 is that the patient must be able to be expressed in order to be construed as less affected. That is, all of the Patient Omission constructions indicate that the patient is somehow non-individuated. The Patient Omission constructions with non-distinct Verbs fit the definition of Indefinite Null Instantiation (INI): an otherwise obligatory argument is omitted with an indefinite interpretation. These constructions may be referred to as INI Antipassive constructions in the following sections. The Patient Omission constructions with distinct Verbs do not fit the definition of INI because the Verbal marking prohibits the expression of the patient, and thus it cannot be considered obligatory. The Patient Oblique constructions are split between non-individuation and lower affect-ness of the patient. Patient Oblique constructions with non-distinct Verbs all have less-affected patients. They fit the definition of a Conative construction: the patient is coded as an oblique and construed as less affected. Patient Oblique constructions with distinct Verbs are found with both non-individuated and less-affected patients. Examples illustrating all of these different strategies follow in the next sections.

## 5.1 Patient Omission Strategy

In the antipassive constructions in which expression of the patient is prohibited, the patient is either construed as nonspecific or unknown, and/or the action is construed as habitual or durative (or there are no functional correlates). This generalization covers constructions from all four geographical areas and twenty families, including both of the lower-level subgroupings in Australian (Pama-Nyungan and Gunwinguan), both Oceanic and non-Oceanic Austronesian languages, and two of the four lower-level subgroupings in Indo-European. The majority of constructions (46/82) in this sample are Patient Omissions constructions. Therefore, this appears to be a common way to encode the lowered topicality of the patient. There are 33

## Chapter 5. Data & Analysis

Patient Omission constructions that have a distinct Verb and 13 that have a non-distinct Verb. The coding of the agent does not seem to pattern with any specific functional correlates<sup>4</sup> and neither does the marking of the Verb.

A Patient Omission construction with a non-individuated patient, a Proximate agent, and a distinct Verb is shown in examples (7) and (8) below from Tolowa. Tolowa is an Athabaskan language spoken in the Western United States.

Direct (Givón & Bommelyn 2000:43)

- (7) y ɯ-l-t ɯl  
TR-L-kick.IMPERF  
'S/he is kicking it.'

Antipassive

- (8) t ɯ-d-l-t ɯl  
TH-D-L-kick  
'S/he is kicking out (her/his feet).'

Although no longer productive in Tolowa, there is evidence that the *D*- “classifier” was a general de-transitivizer at an earlier stage (Givón & Bommelyn 2000). One of these functions was in an Antipassive construction, preserved in examples like (8). Although a patient is not expressed in the Direct construction in example (7), this lack of patient has a definite, anaphoric interpretation. The *D*- “classifier” is necessary in order to get an unspecified patient interpretation. Tolowa is the only example of an inverse alignment system in this sample, and thus the only example with a Proximate agent.

Non-individuation of the patient can also occur with the Patient Omission strategy and an agent coded identically to the Active construction, but without a distinct

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<sup>4</sup>Although there is no construction that has an ergative agent and an aspectual functional correlate, there are so few constructions with ergative agents that it is not clear that this is necessarily a meaningful tendency.



Verb form; this is an example of the INI Antipassive construction. It is shown below in examples (9) and (10) from Laz, a Kartvelian language spoken in Turkey.

Active (Harris 1985:128)

- (9) nana-k      palto      muıçıps  
mother-NAR coat/NOM she/take.off/it/II  
'Mother took off [her] coat.'

Antipassive

- (10) nana-k      muıçıps  
mother-NAR she/take.off/it/II  
'Mother took it off.' 'Mother undressed.'

The Active construction is illustrated in example (9), and the corresponding Antipassive construction in example (10). As the Verb is non-distinct, Harris (1985:128) calls this Antipassive construction a Transitive construction functioning as an Intransitive. The agent in both constructions is in the ergative case<sup>5</sup> and the Verb forms are identical. Although the translation may make it appear as though the omitted patient in example (10) is anaphoric, Harris (1985:128) is clear that the "direct object need not be established in discourse". Thus, the patient must be nonspecific if it is not referring to a particular referent, and it falls into the non-individuated category. Laz is the only language in the sample that omits the patient, but indexes it the same way in both the antipassive and basic voice constructions.

The Patient Omission strategy indicating a non-individuated patient can also be used with a nominative agent, again with or without a distinct Verb form. In the Turkic language Tuvan, the Patient Omission strategy occurs with a distinct Verb form. The Antipassive construction is illustrated below in example (11).

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<sup>5</sup>Harris (1985) calls this the "narrative" case, and thus it is glossed as NAR in examples (9) and (10).

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Antipassive (Kuular 2007:1173)

- (11) ava-m      am    daara-n-əp      tur  
      mother-my now sew-REFL-CONV AUX.3  
      ‘My mother is sewing now.’

Although Kuular (2007:1173) considers this a “middle” construction, examples like the one above appear to be Antipassives as the patient cannot be construed as part of, or co-referential with, the agent. Instead, the patient is implied by the Verb and thus is construed as generic. The agent in the Antipassive construction is in the nominative case, the patient is prohibited, and the Verb is overtly coded with the polysemous Reflexive/Middle suffix. Although Kuular (2007:1173) does not mention any restrictions on the class of Verb that can occur in this construction, all of the examples given are with Verbs that have semantically implied patients.

Examples (12) and (13) below from Supyire, a Niger-Congo language, show a Patient Omission construction with a nominative agent and a non-distinct Verb. This is another example of an INI Antipassive construction.

Active (Carlson 1994:408)

- (12) kà    pi    í      tíré      sùre      lyì  
      and they NARR that(EMPH) mush.DEF eat  
      ‘Then they ate that mush...’

Antipassive

- (13) *tajjyéeni*                      *canŋ* *kà*    *nùmpilàgè* *è*    *wùù* *pyéngá* *shíinbílá*  
the.year.before.last day IND night            in our home people.DEF  
à    *pyi*    *a*    *lyì* *a*    *kwò*    *mà*    *sìnì*  
PERF PAST PERF eat SC finish and lie.down  
‘The year before last, one night our family had finished eating and gone to bed.’

Carlson (1994:407) describes that in the Antipassive construction, as in example (13), the “focus” is not on the patient. The patient must be very predictable from, or implied by, the Verb, and therefore necessarily non-individuated. Only six verbs occur in this construction: *lyì* ‘eat’, *wíí* ‘look at’, *shwɔhɔ* ‘cook’, *bya* ‘drink’, *bégélé* ‘pack’, and *tugo* ‘vomit’. With the exception of *wíí* ‘look at’, all of these verbs have a type of patient implied by the Verb (*eat food*, *cook food*, *drink liquid*, etc.). Carlson (1994:409) speculates that because *wíí* ‘look at’ doesn’t imply a specific type of patient, the omission of the patient may not be for the same functional purpose as the other verbs. It is possible that this construction with *wíí* therefore does not actually fit the topicality-based definition of the antipassive.

The Patient Omission strategy can also occur with non-individuation of the patient when the agent is absolutive, with or without a distinct Verb. In the Mayan language Mam, as in examples (14) and (15) below, the Verb is distinct and marked by an Antipassive suffix.

Active (England 1988:533)

- (14) *ma*     $\emptyset$ -*w-aq’na-7n-a*  
ASP ABS.3SG-ERG.1SG-work-DS-1SG  
‘I worked it (something).’

Antipassive

- (15) ma chin aq'naa-n-a  
ASP ABS.1SG work-AP-1SG  
'I worked.'

The Antipassive construction in (15) is obligatory when the patient is unknown, implied, or nonspecific; it cannot be used when the patient has been previously mentioned (England 1988:533). The agent is expressed as the ergative *w-* pronoun, whereas in the Antipassive construction, the agent is expressed by the absolutive pronoun *chin*. The Verb is distinct from the basic Active construction in (14), marked with the derivational suffix *-n*.

Non-individuation of the patient with the Patient Omission strategy also occurs with absolutive agents and non-distinct Verb forms, as in examples (16) and (17) from Abkhaz, a North Caucasian language spoken in Georgia.

Active (Hewitt 1989:168)

- (16) yə-z-jax-wè-yt'  
it.COL.I-I.COL.III-sew-DYN-FIN  
'I am sewing it.'

Antipassive

- (17) s-jax-wè-yt'  
I.COL.I-sew-DYN-FIN  
'I am sewing.'

The agent in the Active construction, as in example (16), is in the ergative case, glossed by Hewitt (1989:168) as “col.III”. The agent in the Antipassive construction, as in (17), is in the absolutive case, glossed by Hewitt (1989:168) as “col.I”. The Verb in both constructions is identical. In the Antipassive construction, the patient is interpreted as nonspecific (Hewitt 1989:168-9). Hewitt (1989:168) mentions that

this construction only occurs with “certain verbs”, however he does not explicitly say which ones. The two examples given are with *sew* and *write*, which both semantically imply a generic type of patient.

As can be seen from the examples in this section, non-individuation of the patient can occur with any combination of agent coding and Verbal marking within the Patient Omission strategy. However, every construction that uses the Patient Omission strategy and has a habitual interpretation does occur with a distinct Verb form. In examples (18) and (19) from Cilubà, a Bantu language, there is Antipassive morphology on the Verb.

Active (Bostoen, Dom, & Segerer 2015:734)

- (18) mù-sàlaayì u-di ù-lu-a mu-lwishì  
NP1-soldier PC1-be SC1-fight-FV NP1-enemy  
‘The soldier who is fighting the enemy.’

Antipassive

- (19) mù-sàlaayì u-di ù-lu-angan-a mu ci-alu  
NP1-soldier PC1-PRS SC1-fight-ANTIP-FV LOC18 NP7-meeting.place  
cì-à m-vità...  
PC7-CON NP1N-war  
‘The soldier who is fighting (someone) on the battlefield’

In both the Active and Antipassive constructions above, the agent is in the nominative case. The Verb in the Antipassive construction in (19) is marked by the Antipassive suffix *-angan* and the patient is omitted. According to Bostoen, Dom, and Segerer (2015:734), the Antipassive construction is used to indicate both a habitual aspect and a nonspecific patient.

## 5.2 Patient Incorporation Strategy

The Patient Incorporation strategy is represented in three of the geographical areas (excluding Africa) and six language families (Australian, Austronesian, Uto-Aztecan, Indo-European, Lower Mamberamo, and Yele-West New Britain). This is least represented of the three major strategies identified in this sample: only eight constructions use the Patient Incorporation strategy. Every antipassive construction that uses the Incorporation strategy construes the patient as somehow non-individuated. Like the Patient Omission constructions, the coding of the agent and the Verb do not seem to pattern with any functional correlates.

In Warembori, a Lower Mamberamo language, the action in the Incorporation Antipassive construction is construed as habitual and the patient as non-individuated, as in example (20) below.

Antipassive (Donohue 1999:43)

- (20) e-pue-kambi  
1SG-pig-hunt  
'I hunt for pigs.' / 'I (go) pig-hunting.'

Although it is difficult to see without a corresponding Active construction, the agent is in the nominative case and the Verb is not distinct from the Active construction. It seems that with the Patient Incorporation strategy, unlike with the Patient Omission strategy, the Verb does not have to be distinct in order to be interpreted as habitual.

Warlpiri is an Australian, Pama-Nyungan language. It is the only language in the sample that uses the Incorporation strategy in the Antipassive with an ergative agent, as in example (21) below.

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Antipassive (Hale 1982:239)

- (21) kurdu-ngku ka ngaany-kiji-rni  
child-ERG PRES breath-throw-NPST  
'The child is breathing, expelling breath.'

The Verb is not distinct from the Active construction. In all of the examples of this construction given in Hale (1982), the meaning of the Verb is some sort of emission, as in (21).

The Incorporation strategy with a non-individuated patient also occurs with nominative agents. In Fijian, the Incorporation strategy occurs with a distinct Verb form in the Antipassive construction, as in example (6) above. In Comanche, an Uto-Aztecan language, the Incorporation strategy occurs with a nominative agent and indicates a non-individuated patient, but the Verb is non-distinct. In both the Active construction, as in example (22), and the Antipassive construction, as in example (23), the agent is the nominative case.

Active (Charney 1993:123-4)

- (22) eHka nii wa ?ó ?-a makwih-?e-h/H/pinni-ti  
those=OBJ I cat-OBJ chase.herd-RPT:ASP-ONGO:ASP-GEN:ASP  
'I'm chasing the cats.'

Antipassive

- (23) puku-makwih-?e-tii=utii  
horse-chase.herd-RPT:ASP-GEN:ASP=PL.they  
'They're chasing horses.'

In both constructions, the Verb form is *makwih*. In the Antipassive construction in (23), the patient *puka* 'horses' is uninflected for case and does not take a determiner, whereas the patient in the Active construction *wa ?ó ?-a* 'cats' takes the case





distinct and non-distinct Verbs: six with distinct Verbs and five with non-distinct Verbs. The constructions with optional patients all have distinct Verbs, except for one, Alawa. When the patient is expressed, at least optionally, coded as an oblique, and the Verb is distinct, the Antipassive construction can exhibit any one of the functional correlates observed: less-affected patient, non-individuated patient, and habitual/durative action. As with the Patient Omission and Incorporation strategies, the coding of the agent in the antipassive construction does not seem to correlate with any functional characteristics.

For example, Warlpiri, a Pama-Nyungan, Australian language, has an Oblique Patient Antipassive construction with a distinct Verb as in example (27), in which the patient is construed as less affected.

Active (Hale 1982:249)

- (26) ngarrka-ngku ka marlu luwa-rni  
man-ERG PRES kangaroo shoot-NPST  
'The man is shooting the kangaroo.'

Antipassive

- (27) ngarrka-ngku ka-rla-jinta marlu-ku luwa-rni  
man-ERG PRES-rla-jinta kangaroo-DAT shoot-NPST  
'The man is shooting at the kangaroo.'

In both the Active and the Antipassive construction, the agent is in the ergative case. However, the patient in the Antipassive construction is marked as Dative. The Auxiliary Verb in the Antipassive construction is marked by the suffix *-rla* indicating the “unachieved” semantic effect (Hale 1982:250)<sup>6</sup>. Hale (1982:250) explains that this Oblique Patient Antipassive can only occur with Verbs which denote a situation where the agent manipulates an instrument against the patient; the Antipassive

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<sup>6</sup>The *-jinta* suffix is indexing the Dative participant.

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construction highlights the action expressed by the Verb and marginalizes its effect on the patient.

In Guugu Yimidhirr, a Pama-Nyungan, Australian language, the Oblique Patient Antipassive construction with a distinct Verb indicates that the action is “less discrete and less bounded” than the Active construction (Terrill 2008:74). From the translations of the examples, the Active below in (28) and the Antipassive in (29), it also appears that the patient is construed as indefinite.

Active (Haviland 1979:129-30)

- (28) njulu    yarrga   gada-y    mayi    buda-y  
      3SG.NOM boy.ABS come-PAST food.ABS eat-PAST  
      ‘The boy came and ate the food.’

Antipassive

- (29) njulu    yarrga   gada-y    mayi-wi   buda-adhi  
      3SG.NOM boy.ABS come-PAST food-DAT eat-A/P.PAST  
      ‘The boy came and had a good feed of food.’

Since Guugu Yimidhirr exhibits a split alignment system, the agent (in both constructions) is marked as both absolutive and nominative. The Verb is marked with an Antipassive morpheme, diachronically descended from a Reflexive (Terrill 2008). The patient in the Antipassive construction is expressed as an oblique.

Kuku Yalanji, another Pama-Nyungan, Australian language, also exhibits an Oblique Patient Antipassive construction with a distinct Verb. It is obligatory in order to express a non-individuated patient. The Active construction can be used to express transitive events only if the following criteria are met (Patz 2002:145):

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1. A and P are not co-referential.
2. A performs an intentional action.
3. A is the most salient participant.
4. The action described by the verb is discrete and performed on a specific object.

If criteria (1) is violated, a Reflexive or Reciprocal construction is used. If criteria (2) or (3) is violated, a Passive construction is used. If criteria (4) is violated, the Antipassive construction is used instead of the Active construction. The Active construction in Kuku Yalanji can be seen below, in example (30) and the Antipassive construction in example (31).

Active (Patz 2002:152)

- (30) nyulu     dingkar-angka minya- $\emptyset$    nuka-ny  
      3SG.NOM man-ERG     meat-ABS eat-PAST  
      ‘The man ate meat.’

Antipassive

- (31) nyulu     dingkar- $\emptyset$  minya-nga nuka-ji-ny  
      3SG.NOM man-ABS meat-LOC eat-ITR-PAST  
      ‘The man had a good feed of meat (he wasted nothing).’

Interestingly, as can be seen from the translations, the Antipassive construction actually indicates the “total effect” of the patient (Patz 2002:153). Complete affectedness is generally associated with increased transitivity (Hopper & Thompson 1980). However, the patient in the Kuku Yalanji Antipassive must be non-individuated and the action is construed as non-discrete, thus this fulfills the functional definition adopted here. In the Antipassive construction, the Verb is overtly coded with the suffix *-ji-*, which is used for other intransitivizing functions, such as in the Reflexive and Passive constructions. The agent is expressed in the zero-coded absolutive case, and

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the patient is in the Locative case. Patz (2002:154) calls the Antipassive construction “quite productive”, but does not provide explicit information about which verb classes can occur in it.

In Fijian, an Oceanic, Austronesian language, the Verb is distinct and the expression of the Oblique Patient is optional. Example (32) below shows the construction with the patient expressed and example (33) shows the construction without the patient expressed.

Antipassive with *vei* and expressed patient (Dixon 1988:180)

- (32) erau vei-'eve-ti                      ti'o   o   Mere vata   'ei   na  
3DU *vei*-nurse(baby)-TR CONT ART Mary together with ART  
vua-na  
grandchild-POSS.3SG  
'Mary and her grandchild are involved in an activity of nursing.'

Antipassive with *vei* and unexpressed patient (Schütz 1985:209, cited in Brill 2005:56)

- (33) e    veri-cage  
3SG *vei*-kick  
'He's playing football.' or 'He's kicking (a ball) around.'

The Antipassive constructions in examples (32) and (33) use the “collective” marker *vei* and “avoids topicalising either one of the participants” (Dixon 1988:779-80). Although not called an Antipassive construction by Dixon (1988) or Brill (2005), the patient is of lowered topicality compared to the Active construction and therefore this construction fits the definition. The agent in this Antipassive construction, as in examples (32) and (33), is in the nominative case. It doesn't appear that there are any functional correlates of the antipassive present in this construction.

Chamorro, a Western Austronesian language, also has an Oblique Patient strategy with an optional patient and a distinct Verb. Chamorro has one of the most

thoroughly documented Antipassive constructions. This Antipassive construction occurs when the patient is of particularly low topicality, based on both referential distance and topical persistence (Cooreman 1988:578). The Oblique Patient Antipassive and contrasting Active construction are illustrated below in examples (34) and (35).

Active (Cooreman 1988:578)

- (34) un-patek      i    ga'лаго  
      ERG.2SG-kick the dog  
      'You kicked the dog.'

Antipassive

- (35) mamatek hao      gi    ga'лаго  
      AP-kick 2SG.ABS LOC dog  
      'You kicked at the dog.'

In the Antipassive construction, the patient is obligatory and construed as less affected. In the Active construction in example (34), the agent is in the ergative case and the patient is in the zero-coded absolutive case. In the Antipassive construction, as in example (35), the agent is in the absolutive case. The patient is in the Locative case. The Verb form in the Antipassive construction is distinct from the Active. The Antipassive construction can only occur with Verbs that do not entail an effect on the patient.

West Greenlandic, an Eskimo-Aleut language, also has an Oblique Patient Antipassive with optional expression of the patient. Although not explicitly called an Antipassive in Fortescue (1984), this type of derivation, illustrated below in examples (36) and (37), is commonly cited as a prototypical Antipassive (e.g., Janic 2013b).

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Active (Fortescue 1984:84)

- (36) *inuit tuqup-pai*  
people kill-3S.3P.INDIC  
'He killed the people.'

Antipassive with Transitive Verb

- (37) *inun-nik tuqut-si-vuq*  
people-INSTR kill-1/2TRANS-3S.INDIC  
'He killed people.'

Antipassive with Agentive Verb

- (38) *mattam-mik niri-qqu-aa*  
mattak-INSTR eat-ask.to-3S.3S.INDIC  
'He asked him to eat some mattak.'

According to Fortescue (1984:84-85), there are four classes of Verbs in West Greenlandic. Verbs can first be divided based on whether or not they can occur in both Intransitive and Transitive constructions without derivation. Verbs that can occur in both types of constructions without derivation can then be divided into Agentive Verbs where the A of the Transitive construction corresponds to the S of Intransitive construction and Non-Agentive Verbs where the O of the Transitive construction corresponds to the S of the Intransitive construction. The Verbs that do require derivation can be divided into Transitive or Intransitive Verbs depending on which construction requires overt derivation. In the Antipassive Construction, Agentive Verbs are not derived, as in example (38); Transitive Verbs require derivation, as in (37). Non-Agentive Verbs and Intransitive Verbs cannot occur in the Antipassive construction. According to Fortescue (1984:84), in the Antipassive construction, regardless of the class of Verb, the patient is construed as indefinite and nonspecific; often, the entire construction has a habitual interpretation. However, from the one example with the underived Agentive Verb, example (38), it seems that there may

also be a partitive or less-affected meaning. If this is the case and this meaning only occurs with Agentive verbs, then perhaps these should be analyzed as two different Antipassive constructions. In the Antipassive construction with either Verb, the agent is in the absolutive case and the patient is in the Instrumental case.

These examples suggest that whether the expression of the patient is obligatory or optional does not seem to pattern with specific functional correlates either. There are many more Verbs with optional patient expression that have distinct Verbs in the Antipassive construction; however, as this sample has not been balanced for language family and geographical area, it remains to be seen if this represents a true cross-linguistic tendency.

While the Oblique Patient strategy with a distinct Verb has a (relatively) wide range of functional correlates, the Oblique Patient strategy with a non-distinct Verb only occurs with less-affected patients. These types of constructions fit the definition of the Conative: that is, a less-affected patient indicated by expression in an oblique case. This can be seen in Djaru, a Pama-Nyungan, Australian language in examples (39) and (40) below.

Active (Tsunoda 1981:149)

- (39) mawun-du (ŋa) ɲaŋ-an ɖəɖi  
man-ERG C see-PRES kangaroo  
'A man sees a kangaroo.'

Antipassive

- (40) mawun-du ŋa-la ɲaŋ-an ɖəɖi-wu  
man-ERG C-3SGDAT see-PRES kangaroo-DAT1  
'A man looks for a kangaroo.'

The agents in the both the Active and the Antipassive constructions are in the ergative case. The patient in the Antipassive construction is coded as a Dative. Although

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this construction looks more like a pursuit event type than less-affected, other examples given (unfortunately not full examples) indicate that this construction may be used to indicate a less-affected patient: Active *bad man-*, *bad-bad man-* ‘touch’ becomes ‘try to touch, feel for’ in the Oblique Patient construction. This Antipassive construction can only occur with a very small set of perception Verbs.

In Supyire, a Niger-Congo language, there is also an Oblique Patient Antipassive construction with a non-distinct Verb that indicates lower affectedness of the patient, as can be seen in examples (41) and (42) below.

Active (Carlson 1994:411)

- (41) u    à    lwɔhé    bya  
s/he PERF water.DEF drink  
‘S/he drank the water.’

Antipassive

- (42) u    à    bya lwɔhé    e  
s/he PERF drink water.DEF in  
‘S/he drank some of the water.’ or ‘S/he drank from the water.’

The lower affectedness of the patient can be construed either as non-engagement of the patient by the agent, or a partitive interpretation of the patient, as in example (42). In the Antipassive construction in example (42), the agent is in the nominative case and the patient is obligatorily expressed in the Dative case. The non-engagement meaning is found with certain Verbs (Carlson 1994:411):

- ja* ‘overcome’ → ‘be able to cope with’  
*cù* ‘grab, catch’ → ‘refrain from’  
*sònnò* ‘warn’ → ‘think about’  
*cú* ‘meet and pass’ → ‘meet’



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According to Carlson (1994:411), the partitive meaning is found with “verbs such as ‘eat’ and ‘drink’”.

The less-affected patient function is also found with the Oblique Patient Antipassive in Samoan, an Oceanic, Austronesian language, as in examples (43) and (44) below.

Active (Cooreman 1994:61)

- (43) sa 'ai e le teine le i'a  
PAST eat ERG ART girl ART fish  
'The girl ate (all of) the fish.'

Antipassive

- (44) sa 'ai le teine i le i'a  
PAST eat ART girl LD ART fish  
'The girl ate some of the fish.'

In the Active construction in (43), the agent is marked as ergative and the patient is zero-coded/absolute. In (44) in the Antipassive construction, the agent is zero-coded/absolute and the patient is marked by the Locative/Directional marker. The Verb has an identical form in the Active and the Antipassive construction.

Alawa presents the one exception to the generalization that optionally expressed patients pattern with distinct Verb marking, as can be seen in examples (45) and (46) below.

Active (Sharpe 1972:103)

- (45) lilmi-ri ʔaw a-ŋatan-na da aka  
man-op feel he-did-it cn R:Ob:n  
'The man caught some fish.'

Antipassive

- (46) lilmi t̥aw a-ŋatañ a aka-yi  
man feel he-was-doing fish-for  
'The man was feeling for fish.'

Alawa's presence also helps solidify the more interesting generalization, that all Oblique Patient plus non-distinct Verb form strategies indicate a lower affectedness of the patient, even if the expression of the patient is optional. However, Sharpe (1972:103) does indicate that the Antipassive construction can also have a partitive meaning and that this partitive meaning is more common when the patient is omitted from the clause. Thus, it is possible that this could be broken up into two Antipassive constructions (one with a Patient Omission strategy and the other with an obligatory Oblique Patient) based on further investigation. It is clear now, however, that the construction in (21) indicates the lower affectedness of the patient and that the action has not attained its goal. The agent in the Antipassive construction is in the absolutive case and the patient is in an oblique case. The Verb in the Antipassive is not distinct from the Active.

# Chapter 6

## Discussion

To summarize, there are three main findings from the previous section:

1. Patient Omission and Incorporation strategies categorically occur with non-individuated patients (if there is a functional correlate).
2. Patient Omission, but not Incorporation, only occurs with habitual action when the Verb form is distinct from the basic voice construction.
3. The Oblique Patient with a non-distinct Verb strategy categorically occurs with less-affected patients.

Furthermore, throughout the sample, it can be seen that the coding of the agent does not pattern in any way with the different functional correlates of the antipassive. The coding of the patient, on the other hand, seems to have a strong influence on the possible functional correlates of the antipassive construction. (There are, of course, languages in the sample that do not exhibit any functional correlates; they indicate the lowered topicality of the patient and nothing else.) This can be explained by way of the functional definition adopted here: since the definition is based on the difference in topicality between patients in the basic voice and the antipassive constructions, it is not surprising that this difference is coded syntactically. Whether or not the coding of the Verb patterns with certain functional correlates is entirely

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dependent on the coding of the patient. That is, without taking into account how the patient is coded, the coding of the Verb could not predict the functional correlate(s) of a specific construction. Distinct Verbs and non-distinct Verbs both occur with all of the possible functional correlates (less-affected patient, non-individuated patient, and habitual/durative action). However, after the coding of the patient is taken into account, whether or not the Verb is distinct from the basic voice construction categorically patterns with certain functional correlates. When the patient is omitted from the antipassive construction, it is necessarily construed as non-individuated, but in order to have an additional semantic characteristic of habitual action, the Verb must be distinct from the basic voice construction. When the patient is marked as oblique and the Verb form is not distinct from the basic voice construction, the patient is construed as less affected; however, when the Verb form is distinct, the patient can be construed as non-individuated or less affected.

The results of this analysis let us shed light on some of the previous claims that have been made about antipassive constructions. First, the idea that the antipassive function (that of decreasing the importance of the patient) must be coded by a distinct Verb form and/or a change in coding of the agent has been proven to be untrue. That is, the antipassive function can occur in constructions without these specific syntactic characteristics. Cooreman (1994:56) observes that antipassives in her sample that require the patient to be somehow non-individuated must allow the patient to be omitted. While this is supported by the relationship between Patient Omission and non-individuation observed in this study, there are a few languages in the sample with obligatorily-expressed oblique patients that construe the patient as non-individuated (specifically, Guugu Yimidhirr, Kuku Yalanji, Iñupiaq, and K'ekchi Mayan). While Cooreman's observation may serve as a tendency, and is clearly motivated functionally, it is not categorical. Dixon (2010:167-8) considers "patientless antipassives", where there is not the option of including the patient, to be rare. However, that does not seem to be supported by the sample investigated here. Even if

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only constructions with overtly-derived Verbs are considered, there are still quite a few Patient Omission constructions: about a third of the total number of constructions considered here are overtly-derived Patient Omission constructions. Givón (2001b:92) considers the antipassive to be a more “pragmatic” or discourse-based voice, as opposed to a semantic voice construction. While that analysis works for antipassive constructions that indicate non-individuated patients, it does not cover less-affected patient and habitual or durative semantic characteristics. That is, when the patient is construed as non-individuated (or just as non-topical), the semantic event being expressed is the same as in the corresponding basic voice construction. The choice of the antipassive construction has to do with pragmatics: the discourse topicality and saliency of the patient. However, when the antipassive patterns with less-affected patient semantics or a different aspect of the predicate, this is a semantic difference. The actual event being encoded by the basic voice construction and the antipassive construction are (if only slightly) different.

It is interesting that, although there is a wide variety of construction types that form a continuum from the most transitive-looking to the most intransitive-looking, the strategies seem to pattern fairly categorically with the functional correlates. More data could elucidate whether this categorical nature is restricted to the sample here or a cross-linguistic property of this area of conceptual space. It is easy to see why the Patient Omission strategy patterns categorically with a non-individuated patient; when the patient is not realized in the clause and not interpreted as anaphoric, then its identity must be restricted to the general type of patient that generically occurs with the Verb (Croft 2012:335). The reason for the functional divide between the distinct Verb and non-distinct Verb Oblique Patient constructions is not so apparent. If restricted to only a few languages, this could be explainable by way of language preference; for instance, Croft (2012:334) notes that English displays a tendency to not mark verbal alternations with explicit morphology. While this may explain the differences in Verbal marking within the Patient Omission strategy,

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this cannot explain the functional correlation observed with Verbal marking within the Oblique Patient strategy. Potentially, further investigation into the events types (and semantic classes of Verbs) that occur in these constructions could explain the difference.

Another observation from the sample is that antipassive constructions are often restricted to certain types of Verbs. Antipassive constructions that indicate a non-individuated patient (mostly, Patient Omission and Patient Incorporation strategies) tend to be restricted to classes of Verbs that encode events with semantically inherent generic patients. These are often Verbs encoding events of ingestion (such as *eat* or *drink*), emission (often bodily functions), or creation (such as *cook* or *sew*). Less-affected patients (and therefore Oblique Patient plus non-distinct Verb strategies), on the other hand, tend to be restricted to Verbs denoting event types that do not entail an endpoint, or do not imply an effect on the patient. In certain languages, this is restricted further to events that involve contact and motion (Levin 1993:41-2). This can be seen specifically in English, Supyire, and Warlpiri in this sample. Unfortunately, not many reference grammars explicitly discuss the interaction of verbal semantics and specific constructions; however, the Verbs chosen for the examples can be informative. For example, there are certain languages (or authors) that make a very clear-cut distinction between a class of Verbs that becomes anticausative with the deletion of a participant, and a class of Verbs that becomes antipassive with the deletion of a participant. Although this is not explicitly described in every language, it is likely a relevant factor in determining which types of Verbs can occur in an antipassive construction in many languages. Another semantic issue brought up by this study is the difference between constructional alternation and lexical alternation. Particularly for the less-affected patient type of antipassive, certain languages perform the same function by using different lexical items. For example, in English, the less-affected patient Antipassive construction can be used with the verb *hit*, as in *She hit at the table*; this contrasts with the Active *She hit the table*. However,

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for the Verb *see*, this same semantic difference is encoded by using a different lexical item: *She saw the cat*, compared to *She looked at the cat*. The exact relationship of these types of constructions to the antipassive remains a topic for further study.

Another question that a research project like this raises is about the relationship of the antipassive function to other functions in the same conceptual space. It has been widely noted that the antipassive overlaps functionally (and often morphologically) with reflexive, reciprocal, and/or middle voice constructions (e.g., Heath 1976:202, Kemmer 1993, Givón 2001b:92-100, Janic 2013). Including constructions without Verbal marking in this study has shed light on another possible family of constructions that may be adjacent to the antipassive: pursuit constructions. As can be seen in Warlpiri and Alawa, especially, but also in English as well, Conative constructions, or less-affected patients expressed with the Oblique Patient plus non-distinct Verb strategy, tend to overlap syntactically with pursuit constructions. It is, however, still a question whether or not less-affected patients correlate with lower topicality cross-linguistically. While Cooreman (1994) found that some languages exhibited a correlation between lower topicality patients and less-affected patients, it is not clear that this is a cross-linguistically common pattern. More examples of texts, or preferably discourse, are needed in order to investigate this possible relationship between lower topicality and lower affectedness. Based on this study, there is some evidence that less-affected patients do overlap with (clearly) lower-topicality patients: the Oblique Patient plus distinct Verb strategy can encode either one of these functions. However, there is a pretty clear divide between the INI constructions and the Conative constructions, with regard to both form and function. Perhaps this suggests that constructions with less-affected patients should *not* be considered antipassives. That is, these constructions have been considered antipassives because of their structural similarity with the non-individuated antipassives, but are not functionally equivalent. Based on the semantic map/conceptual space model (Haspelmath 2002; Croft 2001, 2003; Croft & Poole 2008), functions which

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share a form cross-linguistically are conceptually related. Thus, whether or not lower affectedness and lower topicality of patients really correlate cross-linguistically, there is some conceptual relation between them. Since the pursuit type constructions in Warlpiri, English, and Alawa are syncretic with the less-affected patient antipassives, this suggests that the less-affected patient function is conceptually between pursuit and non-individuation of the patient. Of course, these functions exist in a larger conceptual space and surely are related to other functions that were not captured by the topicality-based antipassive definition used in this study.

The study here is based on a functional definition, as constructions are considered language-specific in Radical Construction Grammar. However, although a range of syntactic encoding was found for the antipassive function, this does not necessarily entail that constructions are language-specific. That is, if one takes constructions as cross-linguistically valid, then specifying a form-meaning pairing and looking for it across languages makes sense, regardless of whether that function exists *only* with that form. However, then the problem becomes deciding which form-meaning mapping should be taken as the cross-linguistic model of the antipassive. Is there a principled way to decide which syntactic coding is seen as ‘truly’ antipassive? And finally, what would this add to our understanding? If the antipassive is arbitrarily delimited to a specific form-meaning pairing and then identified cross-linguistically, this will not inform our understanding of underlying cognitive principles. However, as all languages must have ways of expressing the same types of events, function is comparable across languages. Languages need not, however, have the same syntactic tools at their disposal and this is what makes cross-linguistic comparison based on structural features problematic. Instead of arbitrarily selecting boundaries and then categorizing languages based on which box they get sorted into, it is much more interesting and informative to examine the linguistic facts and then attempt to find tendencies and explain their motivation, as has been done here. This way, instead of masking linguistic diversity or viewing it as a problem to be solved in order to fit



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into a specific syntactic theory, it is used to understand the conceptual organization of language.

# Appendices

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# Appendix A

## Languages in the Sample

Language	Family	Area	Reference
Bandjalang	Australian > Pama-Nyungan	Oceania	Foley & Van Valin 1984:172
Diyari	Australian > Pama-Nyungan	Oceania	Austin 1981
Djabugay	Australian > Pama-Nyungan	Oceania	Patz 1991:298
Djaru	Australian > Pama-Nyungan	Oceania	Tsunoda 1981:149-51
Dyirbal	Australian > Pama-Nyungan	Oceania	Dixon 2010:167
Guugu Yimidhirr	Australian > Pama-Nyungan	Oceania	Haviland 1979
Kalkatungu	Australian > Pama-Nyungan	Oceania	Blake 1978
Kuku Yalanji	Australian > Pama-Nyungan	Oceania	Patz 2002:145
Warlpiri	Australian > Pama-Nyungan	Oceania	Hale 1982
Yidiny	Australian > Pama-Nyungan	Oceania	Foley & Van Valin 1984:172
Alawa	Australian > Gunwingguan	Oceania	Sharpe 1972:102-3
Mangarayi	Australian > Gunwingguan	Oceania	Merlan 1982:134-5
Oksapmin	Trans-New Guinea	Oceania	Loughnane 2009:230-241
Warembori	Lower Mamberamo	Oceania	Donohue 1999:43
Yele	Yele-West New Britain	Oceania	Henderson 1995:26-7
Chamorro	Austronesian	Oceania	Cooreman 1988, 1994
Embaloh	Austronesian	Oceania	Adelaar 1995
Kapampangan	Austronesian	Oceania	Mithun 1994, Mirikitani 1972
Fijian	Austronesian > Oceanic	Oceania	Dixon 1988
Iaai	Austronesian > Oceanic	Oceania	Ozanne-Rivierre 1976:176, cited in Brill 2005:38

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Nakanai	Austronesian > Oceanic	Oceania	Johnston 1980:38-9
Neverver	Austronesian > Oceanic	Oceania	Barbour 2012
Samoan	Austronesian > Oceanic	Oceania	Cooreman 1994:60
Sinaugoro	Austronesian > Oceanic	Oceania	Tauberschmidt 1999:37
Tinrin	Austronesian > Oceanic	Oceania	Osumi 1995:224-5
Toqabaqita	Austronesian > Oceanic	Oceania	Lichtenberk 2008:864-6
Belorussian	Indo-European > Balto-Slavic	Eurasia	Kovaleva 1967:10, cited in Geniušienė 1987:249
Bulgarian	Indo-European > Balto-Slavic	Eurasia	Geniušienė 1987:249
Czech	Indo-European > Balto-Slavic	Eurasia	Geniušienė 1987:250
Macedonian	Indo-European > Balto-Slavic	Eurasia	Geniušienė 1987:250
Russian	Indo-European > Balto-Slavic	Eurasia	Say 2005:426
Slovak	Indo-European > Balto-Slavic	Eurasia	Geniušienė 1987:249
English	Indo-European > Germanic	Eurasia	Levin 1993
Swedish	Indo-European > Germanic	Eurasia	Geniušienė 1987:249-50
Balochi	Indo-European > Indo-Iranian	Eurasia	Axenov 2006:73-5
French	Indo-European > Romance	Eurasia	Herslund 1997
Abkhaz	North Caucasian	Eurasia	Hewitt 1989
Bezti	North Caucasian	Eurasia	Hewitt 1981:166
Bzhedukh	North Caucasian	Eurasia	Hewitt 1981:160
Godoberi	North Caucasian	Eurasia	Tatevosov 2011
Laz	Kartvelian	Eurasia	Harris 1985:128
Svan	Kartvelian	Eurasia	Harris 1985:128
Kabardian	Caucasian	Eurasia	Colarusso 1992:117
Tuvan	Turkic	Eurasia	Kuular 2007:1173
Chukchi	Chukotko-Kamchatkan	Eurasia	Nedjalkov 2006:222, Janic 2013b
Logba	Niger-Congo	Africa	Dorvlo 2008:134-5
Supyire	Niger-Congo	Africa	Carlson 1994
Bari	Nilo-Saharan	Africa	Spagnolo 1933:239
Gumuz	Nilo-Saharan	Africa	Ahland 2012:189-90, 341-2
Cilubà	Bantu	Africa	Bostoën, Dom, & Segerer 2015:734
Kirundi	Bantu	Africa	Ndayiragije 2006:275-6
!Xun	K'xa	Africa	Heine & Koenig 2010:54
Pari	Nilotic	Africa	Andersen 1988:300-303
Central Alaskan Yup'ik	Eskimo-Aleut	Americas	Mithun 2000
Iñupiaq	Eskimo-Aleut	Americas	MacLean 1986
West Greenlandic	Eskimo-Aleut	Americas	Fortescue 1984

*Appendix A. Languages in the Sample*

K'ekchi Mayan	Mayan	Americas	Berinstein 1998
Mam	Mayan	Americas	England 1988:533
Tzutujil	Mayan	Americas	Dayley 1985:345-51
Comanche	Uto-Aztecan	Americas	Charney 1993
Ute	Uto-Aztecan	Americas	Givón 2011
Slave	Athapaskan	Americas	Rice 1989:629-30
Tolowa	Athapaskan	Americas	Givón & Bommelyn 2000
Lakhota	Siouan-Catawban	Americas	Van Valin 1997:13-14
Apinaje	Jean	Americas	de Oliveira 2005
Kadiweu	Guaykuruan	Americas	Sandalo 1997:107-9
Matses	Panoan	Americas	Fleck 2003
Kiowa	Kiowa-Tanoan	Americas	Watkins & McKenzie 1984:138
Nez Perce	Sahaptian	Americas	Rude 1986
Trumai	isolate	Americas	Guirardello 1999:340-1

# Appendix B

## Examples

### B.1 Oceania

#### B.1.1 Australian

##### B.1.1.1 Pama-Nyungan

**Bandjalang** is a Pama-Nyungan, Australian language. The Active construction is shown below in example (1) and the Antipassive construction in example (2).

Active (Crowley 1978, cited in Foley and Van Valin 1984:172)

- (1) mali-yu    ɟa:ɟam-bu    mala-∅    bulan-∅    ɟa-ila  
that-ERG child-ERG(A) that-ABS meat-ABS(U) eat-PRES  
'The child is eating that meat.'

Antipassive

- (2) mala-∅    ɟa:ɟam-∅    ɟa-le-ila  
that-ABS child-ABS(A) eat-ANTI-PRES  
'The child is eating.'

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In the Active construction, the agent is in the ergative case, marked by the case suffix *-bu*. The agent in the Antipassive construction is in the zero-coded absolutive case. The patient is omitted from the Antipassive construction and the Verb is marked with the *-le* suffix. The patient is construed as nonspecific.

**Diyari** is a Pama-Nyungan, Australian language. The Active construction is shown below in example (3) and the Antipassive construction is example (4).

Active (Austin 1981:154)

- (3)  $\underset{\text{̄}}{\text{n}}\text{ulu}$      $\text{k}\underset{\text{̄}}{\text{a}}\text{n}\underset{\text{̄}}{\text{a}}\text{-li}$      $\underset{\text{̄}}{\text{n}}\text{i}\underset{\text{̄}}{\text{n}}\text{a}$      $\underset{\text{̄}}{\text{n}}\text{a}\underset{\text{̄}}{\text{n}}\text{t}\underset{\text{̄}}{\text{i}}$      $\underset{\text{̄}}{\text{t}}\text{a}\underset{\text{̄}}{\text{y}}\text{i-}\underset{\text{̄}}{\text{y}}\text{i}$   
3SG.NF.A person-ERG 3SG.F.O meat-ABS eat-PRES  
'The man is eating this meat.'

Antipassive

- (4)  $\underset{\text{̄}}{\text{n}}\text{awu}$      $\text{k}\underset{\text{̄}}{\text{a}}\text{n}\underset{\text{̄}}{\text{a}}$      $\underset{\text{̄}}{\text{n}}\text{i}\underset{\text{̄}}{\text{n}}\text{a}$      $\underset{\text{̄}}{\text{n}}\text{a}\underset{\text{̄}}{\text{n}}\text{t}\underset{\text{̄}}{\text{i}}$      $\underset{\text{̄}}{\text{t}}\text{a}\underset{\text{̄}}{\text{y}}\text{i-}\underset{\text{̄}}{\text{t}}\text{a}\underset{\text{̄}}{\text{d}}\text{i-}\underset{\text{̄}}{\text{y}}\text{i}$   
3SG.NF.S person-ABS 3SG.NF.O meat-ABS eat-AP-PRES  
'The man is having a feed of this meat.'

The agent in the Active construction is in the ergative case, marked by the case suffix *-li*, and the patient in the Active construction is in the zero-coded absolutive case. The agent and the patient in the Antipassive construction are both in the zero-coded absolutive case. The Verb in the Antipassive construction is marked by the de-transitivizing *-tadi* suffix. According to Austin (1981), the Antipassive construction focuses more on the activity in the clause, whereas the Active construction focuses more on the agent. The patient in the Antipassive construction is nonspecific or generic. Only a specific Verb class ("2C") can occur in the Antipassive construction. Verbs in this class include *tapa* 'drink', *ayi* 'eat', *wayi* 'cook', *wank* 'sing', and *wanta* 'try'. With the exception of *wanta* 'try', all of these Verbs have an implied generic type of patient.

**Djabugay** is a Pama-Nyungan, Australian language. Example (5) below shows

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the Antipassive construction in the first clause and the Active construction in the following clause.

Active and Antipassive (Patz 1991:298, gloss from Terrill 2008:74)

- (5) bama du:-yi-ng, gudja-nggu djama gunday du-l  
man+ABS hit-A/P-PRES he-ERG snake+ABS perhaps hit-PRES  
'The man is hitting (something), perhaps he is hitting a snake.'

The Verb in the Antipassive construction is marked with the *-yi* suffix; the patient is omitted and the agent is in the absolutive. In the Active construction, the agent is in the ergative case and the patient is in the absolutive. According to Terrill (2008), the patient in the Antipassive is unknown. Patz (1991) shows that the patient can be expressed as an oblique, however she does not discuss any semantic difference from the Active construction. Therefore, it is unclear if the *-yi* marked Verb and oblique patient construction fits the topicality-based definition of antipassive.

**Djaru** is a Pama-Nyungan, Australian language. The Active construction can be seen in example (6) and the Antipassive construction in example (7) below.

Active (Tsunoda 1981:149)

- (6) mawun-du (ŋa) ŋaŋ-an d̥əɖi  
man-ERG C see-PRES kangaroo  
'A man sees a kangaroo.'

Antipassive

- (7) mawun-du ŋa-la ŋaŋ-an d̥əɖi-wu  
man-ERG C-3SGDAT see-PRES kangaroo-DAT1  
'A man looks for a kangaroo.'

The agent in both the Active and the Antipassive constructions is in the ergative case. The patient in the Antipassive construction is coded as a Dative. The Verb is



## Appendix B. Examples

the same in both the Active and Antipassive constructions. Although this construction looks more like a pursuit event type than less-affected, other examples given (unfortunately not full examples) indicate that this construction may be used to indicate a less-affected patient: Active *bad man-*, *bad-bad man-* ‘touch’ becomes ‘try to touch, feel for’ in the Antipassive construction. This Antipassive construction can only occur with a very small set of perception Verbs (Tsunoda 1981:149).

**Dyirbal** is a Pama-Nyungan, Australian language spoken in northeast Queensland. The Active construction is shown below in example (8) and the Antipassive construction in example (9).

Active (Dixon 2010:167-8)

- (8) mayŋgu-∅                      Jani-ŋgu                      jaŋga-ñu  
mango-ABSOLUTIVE    Johnny-ERGATIVE    eat-PAST  
‘Johnny ate the mango.’

Antipassive

- (9) Jani-∅                      jaŋga-na-ñu                      (mayŋgu-gu)  
Johnny-ABSOLUTIVE    eat-ANTIPASSIVE-PAST    (mango-DATIVE)  
‘Johnny ate (the mango).’

The agent in the Active construction is marked as ergative, while in the Antipassive construction the agent is in the zero-coded absolutive case. The patient is optional in the Antipassive construction, but when it is expressed it is Dative, as in example (9). The Verb in the Antipassive construction is overtly marked with an Antipassive morpheme. The focus is on the agent and the action itself; the patient is implied, but its identity is not salient.

**Guugu Yimidhirr** is a Pama-Nyungan, Australian language. The Active construction is shown below in example (10) and the Antipassive in example (11).

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Active (Haviland 1979:129-30)

- (10) njulu    yarrga    gada-y    mayi    buda-y  
3SG.NOM boy.ABS come-PAST food.ABS eat-PAST  
‘The boy came and ate the food.’

Antipassive

- (11) njulu    yarrga    gada-y    mayi-wi    buda-adhi  
3SG.NOM boy.ABS come-PAST food-DAT eat-A/P.PAST  
‘The boy came and had a good feed of food.’

Since Guugu Yimidhirr exhibits a split alignment system, the agent in both constructions is marked as both absolutive and nominative. The Verb in the Antipassive construction is marked with an Antipassive morpheme, diachronically descended from a Reflexive (Terrill 2008). The patient in the Antipassive construction is expressed as an oblique. The Antipassive construction indicates that the action is “less discrete and less bounded” than the Active construction (Terrill 2008:74). From the translations of the examples, it also appears that the patient is construed as indefinite.

**Kalkatungu** is a Pama-Nyungan, Australian language. The Antipassive construction is shown below in example (12). The interlinear gloss has been slightly modified to reflect the prose discussion in Blake (1978).

Antipassive (Blake 1978:163)

- (12) maṭu    ŋkaṛa-a    aṅpa-yi-ṅa  
mother yam-DAT gather-AP-past  
‘Mother gathered yams.’

The agent in the Antipassive is in the absolutive case, the Verb is marked with the suffix *-yi*, and the patient is in the Dative. The patient may also be omitted; it is interpreted as indefinite (Blake 1978:163).

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**Kuku Yalanji** is a Pama-Nyungan, Australian language spoken in north Queensland. The Active construction can be used to express transitive events only if the following criteria are met (Patz 2002:145):

1. A and P are not co-referential.
2. A performs an intentional action.
3. A is the most salient participant.
4. The action described by the verb is discrete and performed on a specific object.

If criteria (1) is violated, a Reflexive or Reciprocal construction is used. If criteria (2) or (3) is violated, a Passive construction is used. If criteria (4) is violated, the Antipassive construction is used instead of the Active construction. The Active construction in Kuku Yalanji can be seen below, in example (13) and the Antipassive construction in example (14).

Active (Patz 2002:152)

- (13) nyulu dingkar-angka minya- $\emptyset$  nuka-ny  
3SG.NOM man-ERG meat-ABS eat-PAST  
'The man ate meat.'

Antipassive

- (14) nyulu dingkar- $\emptyset$  minya-nga nuka-ji-ny  
3SG.NOM man-ABS meat-LOC eat-ITR-PAST  
'The man had a good feed of meat (he wasted nothing).'

The agent in the Active construction is expressed in the ergative case and the patient in the zero-coded absolutive case. In the Antipassive construction, the Verb is overtly coded with the suffix *-ji-*, which is used for other intransitivizing functions, such as in the Reflexive and Passive constructions. The agent is expressed in the zero-coded absolutive case, and the patient is in the Locative case. The patient participant cannot

## Appendix B. Examples

be omitted. Patz (2002:154) calls the Antipassive construction “quite productive”, but does not provide explicit information about which verb classes can occur in it. Interestingly, as can be seen from the translations, the Antipassive construction actually indicates the “total effect” of the patient (Patz 2002:153). Although complete affectedness is generally associated with increased transitivity (Hopper and Thompson 1980), the patient in the Antipassive must be non-individuated and the action is construed as non-discrete, thus this fulfills the functional definition adopted here.

**Warlpiri** is a Pama-Nyungan, Australian language. Warlpiri has two Antipassive constructions; one uses the Incorporation strategy, as in example (15), and the other uses the Oblique Patient strategy, as in example (17).

Antipassive I (Hale 1982:239)

- (15) kurdu-ngku ka ngaany-kiji-rni  
child-ERG PRES breath-throw-NPST  
‘The child is breathing, expelling breath.’

The agent in the Antipassive construction in (15) is in the ergative; this is the only Incorporation strategy with an ergative agent in the sample. The Verb is not distinct from the Active construction and the patient is incorporated into the Verb. In all of the examples of this construction given in Hale (1982), the meaning of the Verb is some sort of emission, as in (15).

The other Antipassive construction and corresponding Active construction can be seen below in examples (16) and (17).

Active (Hale 1982:249)

- (16) ngarrka-ngku ka marlu luwa-rni  
man-ERG PRES kangaroo shoot-NPST  
‘The man is shooting the kangaroo.’

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### Antipassive II

- (17) ngarrka-ngku ka-rla-jinta marlu-ku luwa-rni  
man-ERG PRES-rla-jinta kangaroo-DAT shoot-NPST  
'The man is shooting at the kangaroo.'

In both the Active and the Antipassive construction, the agent is in the ergative case. In the Active construction, the patient is in the absolutive case, whereas in the Antipassive construction, the patient is in the Dative case. The Auxiliary Verb in the Antipassive construction is marked by the suffix *-rla* indicating the “unachieved” semantic effect (Hale 1982:250). The *-jinta* suffix is indexing the Dative participant. Hale (1982:250) explains that the Antipassive construction can only occur with Verbs which denote a situation where the agent manipulates an instrument against the patient; the Antipassive construction highlights the action expressed by the Verb and marginalizes its effect on the patient.

**Yidiny** is a Pama-Nyungan, Australian language spoken in Queensland. The Active construction is illustrated in example (18) and the Antipassive in example (19).

Active (Foley & Van Valin 1984:172)

- (18) yiŋɖu:ŋ buɲa:-ŋ mayi-∅ buga-ŋ  
this-ERG woman-ERG vegetables-ABS eat-PRS  
'This woman is eating vegetables.'

Antipassive

- (19) yiŋu-∅ buɲa-∅ buga-:ɖi-ŋ  
this-ABS woman-ABS eat-AP-PRS  
'This woman is eating (something).'

In the Active construction, the agent is in the ergative case and the patient is in the absolutive. In the Antipassive, the agent is in the absolutive and expression of

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the patient is prohibited. The Verb in the Antipassive construction is marked with *:di*, which is also used in Reflexive constructions (Janic 2013b:67). The patient is construed as nonspecific.

### B.1.1.2 Gunwingguan

**Alawa** is a Gunwingguan, Australian language. The Active construction is shown below in example (20) and the Antipassive construction in example (21).

Active (Sharpe 1972:103)

- (20) lilmi-fi ʔaw a-ŋatan-na da aka  
man-op feel he-did-it cn R:Ob:n  
'The man caught some fish.'

Antipassive

- (21) lilmi ʔaw a-ŋatañ a aka-yi  
man feel he-was-doing fish-for  
'The man was feeling for fish.'

The agent in the Active construction is in the ergative case and the patient is in the absolutive case. The agent in the Antipassive construction is in the absolutive case and the patient is in an oblique case. The Verb in the Antipassive is not distinct from the Active. The Antipassive construction, as in in (21) indicates the lower affectedness of the patient and that the action has not attained its goal. Sharpe (1972:103) says that this construction can also occur without the patient expressed. However, Sharpe (1972:103) does indicate that the Antipassive construction can also have a partitive meaning and that this partitive meaning is more common when the patient is omitted from the clause. Thus, it is possible that this could be broken up into two Antipassive constructions, based on further investigation.

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**Mangarayi** is a Gunwingguan, Australian language. The Active construction is shown below in example (22) and the Antipassive in example (23).

Active (Merlan 1982:135)

- (22) ja- $\emptyset$ -ja                       $\emptyset$ - $\eta$ jugu  
3-3SG/3SG-drink NABS-water  
'He's drinking water/liquor.'

Antipassive (Merlan 1982:134)

- (23) ja- $\emptyset$ -ja    ja- $\emptyset$ -ja  
3-3SG-eat 3-3SG-eat  
'He's eating and eating.' 'He's drinking and drinking.'

In the Active and Antipassive constructions, the agent is in the nominative case, indexed on the Verb by the *ja-* prefix in (22) and (23). In the Active construction in example (22), the patient is in the zero-coded absolutive case. Mangarayi exhibits split ergativity; masculine and feminine nouns pattern accusatively and neuter nouns pattern ergatively (Merlan 1982:56). In the Antipassive construction, the patient is omitted and interpreted as nonspecific.

### B.1.2 Papuan

**Oksapmin** is a Trans-New Guinea language spoken in Papua New Guinea. The Active construction is shown below in example (24) and the Antipassive construction without an expressed patient is shown in example (25). The Antipassive construction with an expressed patient is shown in example (26).





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any wild pigs (Loughnane 2009:240). Loughnane (2009) does not mention any restrictions on the semantic class of Verb that can occur in this Antipassive construction; the examples are with *xtol* ‘see’ (as in example (25)), *xəx* ‘find’ (as in example (26)), and *pəlpəl* ‘encircle’.

**Warembori** is a Lower Mamberamo language spoken in Indonesia. The Antipassive construction is shown below in example (27).

Antipassive (Donohue 1999:43)

- (27) e-pue-kambi  
1SG-pig-hunt  
‘I hunt for pigs.’ / ‘I (go) pig-hunting.’

Although it is difficult to see without a corresponding Active construction, the agent is in the nominative case and the Verb is not distinct from the Active construction. The action in the Antipassive construction is construed as habitual and the patient as non-individuated.

**Yele** is a Yele-West New Britain language spoken in Papua New Guinea. The Active construction is shown in example (28) and the Antipassive construction in example (29).

Active (Henderson 1995:26-7)

- (28) yi mbwaa cha a vy:êmî  
their water C.IMP.2SG.SB.CLS CLS filling  
‘Fetch their water.’

Antipassive

- (29) nî-mo mbwaa vy:êmî  
CI.IM.FUT.1SG.SB-MOT water filling  
‘I’m going water-fetching.’

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Yele has split ergativity, with full Noun Phrases marked ergatively and pronouns marked accusatively. Thus, in both the Active construction, as in example (28), and the Antipassive construction, as in example (29), the pronominal agents are in the nominative case. The Verb forms are identical. The patient in the Antipassive construction is incorporated into the Verb. The patient is construed as nonspecific and cannot be modified while in the Antipassive construction.

### B.1.3 Austronesian

#### B.1.3.1 Non-Oceanic

**Chamorro** is a Western Austronesian language spoken in Guam and the Northern Mariana Islands. Chamorro has one of the most thoroughly documented Antipassive constructions. Cooreman (1988) identifies two Antipassive constructions: the Indefinite Antipassive, illustrated in example (31), and the Demoting Antipassive, as in (33).

Active (Cooreman 1994:54)

- (30) ha-konne'        i    peskadot i    guihan  
      ERG.3SG-catch the fisherman the fish  
      'The fisherman caught the fish.'

Antipassive (Cooreman 1988:571)

- (31) mangonne' (guihan) i    peskadot  
      AP.catch (fish)    the fisherman  
      'The fisherman caught a fish/fish (something).'

In the Active construction in example (30), both the agent and the patient are definite, marked with *i*. The agent is indexed on the Verb as ergative. In the Antipassive construction in example (31), the patient may be deleted or expressed indefinitely,

## *Appendix B. Examples*

and the agent is in the absolutive case (this case distinction is only represented on pronouns) and not indexed on the Verb. When the patient is expressed, it is in the absolutive case. The Verb in the Antipassive construction is distinct from the Active construction. The Indefinite Antipassive construction is required when the patient is indefinite or general. That is, the Transitive construction cannot be used with an indefinite patient. In the Indefinite Antipassive construction, the patient can optionally be omitted; in fact, the majority of the time it is omitted (Cooreman 1988:572). Cooreman (1994:54) calls this Antipassive construction “highly productive”.

The Demoting Antipassive and contrastive Active construction are illustrated below in examples (32) and (33).

Active (Cooreman 1988:578)

- (32) un-patek      i    ga'лаго  
      ERG.2SG-kick the dog  
      ‘You kicked the dog.’

Antipassive

- (33) mamatek hao      gi    ga'лаго  
      AP-kick 2SG.ABS LOC dog  
      ‘You kicked at the dog.’

In the Active construction in example (32), the agent is in the ergative case and indexed on the Verb and the patient is in the zero-coded absolutive case. In the Demoting Antipassive construction, as in example (33), the agent is in the absolutive case and is not indexed on the Verb. The patient is in the Locative case. The Verb form in the Demoting Antipassive construction is distinct from the Active. The Demoting Antipassive construction is much less productive than the Indefinite Antipassive; it can only occur with Verbs that do not imply an effect on the Patient.

Both Antipassive constructions occur when the patient is of particularly low top-

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icality (based on both referential distance and topical persistence), thus they both fit the definition of antipassive employed here. It is worth noting that the Indefinite Antipassive is significantly more frequent than the Demoting Antipassive (Cooreman 1988:572).

**Embaloh** is an Austronesian language spoken in Indonesia. The Antipassive construction is shown below in example (34).

Antipassive (Adelaar 1995:391)

- (34) *mondok i-aset di kabaŋ-en mamola anak ñño I Laŋ*  
arrive on-top from river.back-DEF maN-make ASSOC shed PA Lang  
Kibo  
Kibo  
'When he had gone up the river bank, Lang Kibo made a little shed.'

In the Antipassive construction, the agent is in the absolutive. The Verb is marked by the intransitive *maN-* prefix. The patient is also expressed in the absolutive case. The patient is interpreted either as indefinite, as in example (34), or as less affected. The patient in the Antipassive construction cannot be marked by a definite marker, possessive pronoun, demonstrative, or anaphoric deictic (Adelaar 1995:391). This is one of the few Antipassive constructions in the sample that has symmetrical marking of the agent and patient.

**Kapampangan** is an Austronesian language spoken in the Philippines. The Active construction is illustrated below in (35), the Antipassive without an expressed patient in (36), and the Antipassive with an expressed patient in (38). Interlinear glosses have been modified to reflect the Verbal morphology, based on Mirikitani (1972).

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Active (Mithun 1994:257)

- (35) (i)-buklat=ne  
PV.FUT-open=3.ERG/3.ABS  
'He'll open it.'

Antipassive without expressed patient (Mithun 1994:258)

- (36) mam-uklat=ya  
AV.FUT-open=3ABS  
'He'll open up (as a shop or house).'

Active (Mithun 1994:265)

- (37) in-aus=da=ka                      nabengi    pero ala=ka  
PV.COMPL-call=1ERG=2ABS last.night but none=2ABS  
'I called you up last night but you weren't there.'

Antipassive with expressed patient (Mithun 1994:265)

- (38) min-aus=ya                      kanaku ana  
AV.COMPL-call=3ABS 1OBL    QUOT  
'She called me up and said...'

In the Active construction, the agent is in the ergative case and indexed in the enclitic following the Verb. In the Antipassive constructions, the agent is in the absolutive, indexed by absolutive enclitics on the Verb. If the patient is expressed, it is as an oblique. The Verbs in the Active construction are affixed with what are traditionally called the Patient-voice or Patient-focus morphemes; the Antipassive constructions are affixed with the traditional Actor-voice or Actor-focus morphemes. Mithun (1994) analyzes the alignment system in Kapampangan as ergative, thus the patient-voice morphemes are considered Transitive and the Actor-voice are Intransitive or Antipassive. Mithun (1994) says that almost any Verb can occur in the Antipassive construction.

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### B.1.3.2 Oceanic

**Fijian** is an Oceanic, Austronesian language spoken in Fiji. There are four Antipassive constructions in Fijian that differ as to their expression of the patient, marking of the Verb, and functional correlates. Although none of these constructions are called Antipassives by either Dixon (1988) or Brill (2005), all fit into the functional definition used here. There are two basic classes of Verbs in Fijian: A-Verbs and O-Verbs. Both classes of Verbs can occur in both Transitive and Intransitive constructions; in Transitive constructions, all Verbs are marked with a Transitive suffix (*-a* or *-i*). For A-Verbs, the S of the Intransitive construction corresponds to the A in Transitive constructions. For O-Verbs, the S of the Intransitive construction corresponds to the O in Transitive constructions (Dixon 1988:45). The Patient Omission Antipassive construction, as in example (40), can only be used with A-Verbs. The Incorporation Antipassive, as in (41), the Reduplication Antipassive, as in example (43), and the Antipassive with *vei*, as in examples (44) and (45), can be used with both A-Verbs and O-Verbs.

The Patient Omission Antipassive and corresponding Active construction are shown below in examples (39) and (40).

Active (Dixon 1988:49)

(39) *e 'ani-a a dalo* 'He is eating taro.'

Patient Omission Antipassive (Dixon 1988:49)

(40) *e 'ana* 'He is eating.'

The agent in both the Active construction, as in example (39), and the Antipassive construction, as in example (40), is in the nominative case. The patient is obligatory in the Active construction, but prohibited in the Antipassive. Although the Antipassive is not overtly marked, it does not have the Transitive marker *-a* as in the Active

## Appendix B. Examples

construction in example (39). The omitted Patient must be left unspecified; that is, it cannot be anaphoric.

The Antipassive in example (41) uses an incorporation strategy.

Incorporation Antipassive (Dixon 1988:49)

(41) *e 'ana.dalo* 'He is taro-eating.'

Like the Active construction in example (39), the agent is in the nominative case. The patient in the Active construction is in the accusative case, indicated by its position following the Verb; it can take the Definite marker *a*, as in example (39). The patient in the Incorporation Antipassive in example (41) is prefixed to the Verb and cannot take the Definite marker. The Verb in the Antipassive construction is not marked Transitively as it is in the Active construction. The Verb and patient in the Incorporation Antipassive are general and indefinite (Dixon 1988:49).

The Reduplication Antipassive and corresponding Active construction are shown below in examples (42) and (43).

Active (Dixon 1988:48)

(42) *e cula-a a+i- sulu yai o Maria* 'Maria is sewing this garment.'

Reduplication Antipassive (Dixon 1988:48)

(43) *e cula.cula o Maria* 'Maria is sewing away.'

The agent in both the Active construction, in example (42), and the Reduplication Antipassive, in example (43), have the agent in the nominative case. The patient is obligatory in the Active, but prohibited in the Reduplication Antipassive construction. The Verb in the Active construction has the Transitive suffix *-a*, and the Verb in the Antipassive construction is reduplicated. Dixon (1988:48) describes the

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function of this construction as indicating the “multiplicity of action”. For A-Verbs, this construction differs from the Patient Omission Antipassive in example (40) only in its multiplicity aspect. But for O-Verbs, this construction is the primary way to avoid mention of the patient.

The Antipassive construction in examples (44) and (45) uses the collective marker *vei*.

Antipassive with *vei* and expressed Patient (Dixon 1988:180, cited in Brill 2005:57)

- (44) erau vei-'eve-ti                      ti'o o Mere vata 'ei na  
3DU *vei*-nurse(baby)-TR CONT ART Mary together with ART  
vua-na  
grandchild-POSS.3SG  
'Mary and her grandchild are involved in an activity of nursing.'

Antipassive with *vei* and unexpressed Patient (Schütz 1985:209, cited in Brill 2005:56)

- (45) e veri-cage  
3SG *vei*-kick  
'He's playing football.' or 'He's kicking (a ball) around.'

The agent in this Antipassive construction, as in examples (44) and (45), is in the nominative. The patient is optional in this construction; when it is expressed, as in example (44), it is expressed in an oblique case. The Antipassive construction “avoids topicalising either one of the participants” (Dixon 1988:779-80). Although not called an Antipassive construction by Dixon (1988) or Brill (2005), the Patient is of lowered topicality and therefore this construction fits the functional definition of antipassive.

**Iaai** is an Oceanic, Austronesian language. The Antipassive construction is shown below in example (46).



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Antipassive (Ozanne-Rivierre 1976:176, cited in Brill 2005:38)

- (46) a-me            ü-hülü kuli  
      3SG(process) ü-bite dog  
      ‘It is a dog that bites, i.e., it is a biting dog, this dog bites.’

Expression of the patient is prohibited, and the Verb is marked with the morpheme *ü-*. Although Brill (2005:37) describes the construction in example (46) as middle voice, she also makes note of its “depatientive” function. As can be seen from example (46), this construction has a habitual interpretation. Brill (2005) notes that this construction also occurs in Drehu, but does not provide any full examples.

**Nakanai** is an Oceanic, Austronesian language spoken in Papua New Guinea. There are two Antipassive constructions in Nakanai, as in examples (48) and (50).

Active (Johnston 1980:39)

- (47) e    Baba gilo-a        e    Bubu  
      NM Baba swear-3PS NM Bubu  
      ‘Baba swore at Bubu.’

Patient Omission Antipassive

- (48) e    Baba gilo  
      NM Baba swear  
      ‘Baba swore.’

Example (48) is formed by omitting the patient. The agent and Verb in the Antipassive construction are identical to the Active construction in example (47). However, since the patient is omitted, it is not indexed on the Verb as the patient in the Active construction is in example (47). The Patient Omission Antipassive can only occur with a limited number of Verbs that imply a generic Patient: *bau* ‘sing’, *pigo* ‘bear (a child)’, *ali* ‘eat’, and *liu* ‘drink’ (Johnston 1980:39).

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The other Antipassive construction, as in example (50), is formed by reduplication.

Active (Johnston 1980:138)

- (49) eia riva-riva, sape-a la liba-le Mugure  
3PS RD-dance sweep-3PS NM grave-3PSI Mugure  
'He danced, sweeping Mugure's grave as he did so.'

Reduplication Antipassive

- (50) eia gua so-io te la liba-ia-o, sa-sapa-ti-o  
3PS go.early to-there PREP NM grave-3PSI-there RD-sweep-PERF-there  
'He arose early and went to the grave, then began sweeping.'

The agent in the Active construction, as in example (49), and the Reduplication Antipassive are nominative. Like the Patient Omission Antipassive, the patient is not indexed on the Verb in the Reduplication Antipassive, as it normally is in the Active construction. Although the patient of *sa-sapa-ti-o* 'sweep', *liba-ia-o* 'the grave', is mentioned in the directly preceding clause in example (50), this is not necessary for the Reduplication Antipassive. This is shown by the semantic difference between other reduplicated Verbs: *aso-a* 'smell something', *asaso* 'sniffing'; *bili-a* 'kill someone', *bilibili* 'habitually kills' (Johnston 1980:138). Semantically, the Reduplication Antipassive indicates that the action is continuative/habitual (Johnston 1980:138). Johnston (1980) does not mention any Verbs or Verb classes that cannot occur in the Reduplication Antipassive.

**Neverver** is an Oceanic, Austronesian language spoken in Vanuatu. There are three types of Antipassive constructions in Neverver; however, Barbour (2012) does not provide any full examples. Partial examples of the three types of Antipassive construction and their corresponding Active Verbs are shown below in examples (51)-(55). All of the Antipassive constructions involve reduplication of the Verb. In the

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first type of Antipassive construction, as in example (52), the patient is omitted and left unspecified (Barbour 2012:241).

Active (Barbour 2012:241)

- (51) *vul*  
'buy'

Antipassive I

- (52) *vulvul*  
'go shopping'

Verbs that occur in this construction include: *tn* 'cook', *gav* 'rake', *vul* 'buy', and *khit* 'see'. In the second type of Antipassive, as in example (54), the patient is omitted, but, unlike the first type of Antipassive, it implies a specific patient, or "inherent object" (Barbour 2012:242).

Active (Barbour 2012:242)

- (53) *leb*  
'carry s.t.'

Antipassive II

- (54) *lebleb*  
'carry a load of food'

Other Verbs that occur in this construction are shown below with their Active and Antipassive forms and meanings (Barbour 2012:242).

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<i>leb</i>	give birth	<i>lebleb</i>	bear a large litter
<i>min</i>	drink	<i>minmin</i>	drink alcohol
<i>rakh</i>	clear (of the garden area)	<i>rakhrakh</i>	do the weeding
<i>dev</i>	carry (of fire)	<i>devdev</i>	damp a fire
<i>gis</i>	cut	<i>gisgis</i>	cut hair

In the third type of Antipassive construction in Neverver, the patient is incorporated into the Verb, as in example (55) below.

Antipassive III (Barbour 2012:242)

- (55) *sil-sil-kha*  
burn-burn-tree  
'burn trees'

Generally, nouns must be preceded by a common noun marker; when they are incorporated, they occur without it, as in example (55). Like the other two types of Antipassive, the Verb in this construction is reduplicated as well.

**Samoan** is an Oceanic, Austronesian language spoken in Samoa. The Active construction is illustrated in example (56) and the Antipassive construction in (57) below.

Active (Cooreman 1994:61)

- (56) *sa 'ai e le teine le i'a*  
PAST eat ERG ART girl ART fish  
'The girl ate (all of) the fish.'

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### Antipassive

- (57) sa 'ai le teine i le i'a  
PAST eat ART girl LD ART fish  
'The girl ate some of the fish.'

In the Active construction in (56), the agent is marked as ergative and the patient is zero-coded/absolute. In the Antipassive construction in (57), the agent is zero-coded/absolute and the patient is marked by the Locative/Directional marker. The Verb has an identical form in the Active and the Antipassive constructions. The Antipassive construction is used to convey the lower affectedness of the patient in comparison with the Active construction (Cooreman 1994).

**Sinaugoro** is an Oceanic, Austronesian language spoken in Papua New Guinea. The Active construction is illustrated below in (58) and the Antipassive construction in (59).

### Active (Tauberschmidt 1999:37)

- (58) mari ta  $\bar{g}a$  mari-a-ni  
song one 1PL.EXC sing-3SG-IMPF  
'We are singing a song.'

### Antipassive

- (59)  $\bar{g}a$  mari-mari-ni  
1PL.EXC sing-RED-IMPF  
'We are singing.'

In both the Active and the Antipassive constructions, the agent is expressed by the  $\bar{g}a$  pronoun. Although Sinaugoro is considered an ergative language, there are a number of circumstances in which the ergative marker is not expressed (Tauberschmidt 1999:2), as in the Active example in (58). The personal pronouns make no distinction between grammatical (or semantic) roles (Tauberschmidt 1999:16). Despite the

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ergative marker, certain aspects of Sinaugoro syntax appear to be accusative: A and S are expressed as a separate morpheme before the Verb, but the patient is indexed on the Verb as a suffix, as in example (58). Therefore, the agent in the Antipassive construction in (59) could be considered either absolutive or nominative. The Verb in the Antipassive is coded with full reduplication and the patient is omitted and no longer indexed on the Verb. Examples with this reduplication and patient omission include the verbs *mari* ‘sing’ and *gani* ‘eat’.

**Tinrin** is an Oceanic, Austronesian language spoken in New Caledonia. The Active construction is illustrated in example (60) and the Antipassive construction in example (61).

Active (Osumi 1995:269)

- (60) nrâ nyôrrô mêrrê dru rra nrâ sonya  
3SG cook PL leaf DIST SM Sonya  
‘Sonya cooked the leaves.’

Antipassive (Osumi 1995:225)

- (61) nrâ nyôrrô nrl wa mwîê mwl  
3SG cook SM DET woman DIST  
‘That woman cooked (something).’

In both the Active and Antipassive constructions, the agent is in the nominative case. In the Antipassive construction, the Verb is not distinct from the Active construction and the patient is omitted. The patient is implied and nonspecific, as in example (61). Osumi (1995:224-5) notes that, unless marked by a Transitive suffix, all Transitive Verbs can optionally omit their Patients.

**Toqabaqita** is an Oceanic, Austronesian language spoken in the Solomon Islands. The Antipassive construction is shown below in example (62).

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Antipassive (Lichtenberk 2008:865)

- (62) nau ku kwai-suqu-si fasi-a alata nau  
1SG 1SG.NFUT LIP-prevent-TR ABL-3.OBJ fishing.area 1SG  
'I banned people from (entering, fishing in) my fishing area.'

The agent in the Antipassive is in the nominative case, expressed by the pronoun *nau* in example (62). The Verb is marked by the prefix *kwai-*, indicating the “low individuation of participants” (Lichtenberk 2008:864-5). The patient cannot be expressed in the Antipassive construction. Lichtenberk (2008) calls these “depatientive” Verbs; they imply a patient participant or type of participant, but prohibit its expression (Lichtenberk 2008:864). The agent is the focus of the Antipassive construction and the patient is backgrounded.

## B.2 Eurasia

### B.2.1 Indo-European

#### B.2.1.1 Balto-Slavic

Many Slavic and Baltic languages use a descendent of the Proto-Indo-European Reflexive Pronoun *\*se* for the antipassive function. Although Geniušienė (1987:249) calls these constructions “absolute reflexives”, their function fits the definition of antipassive used here. That is, they emphasize the action and leave the patient unspecified, thus the patient is of low topicality. However, the patient is generally understood to be human or at least animate. In all of the examples, the agent in both the Active and Antipassive constructions are in the nominative case. In the Antipassive construction, expression of the patient is prohibited, and the Verb is marked with a descendent of the Proto-Indo-European Reflexive Pronoun *\*se*

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(Geniušienė 1987:249).

In all languages listed in this section, the *\*se* Antipassive construction can be used with human agents; languages differ on whether or not animal agents can be used in Antipassive constructions. Baltic and East Slavic languages can use the *\*se* Antipassive with both human and animal agents. South Slavic languages tend to not allow the construction with animal agents, although Macedonian does display it sometimes (Geniušienė 1987:250). In languages that do not allow the *\*se* Antipassive construction with animal agents, the antipassive is expressed with Patient Omission and non-distinct Verb (as in the Czech example (67)).

**Belorussian** is a Balto-Slavic, Indo-European language. The Active construction is below in example (63) and the Antipassive construction in example (64).

Active (Kovaleva 1967:10, cited in Geniušienė 1987:249)

- (63) kot dzjare kago-nebubz'  
cat scratches somebody-ACC  
'The cat scratches everybody.'

Antipassive

- (64) kot dzjare-cca  
cat scratches-RM  
'The cat scratches.'

In both the Active and Antipassive constructions, the agent is in the nominative case. The Verb in the Antipassive construction is marked by the Reflexive suffix *-cca* and the patient is omitted. The patient is left unspecified, but often interpreted as animate/human.

**Bulgarian** is a Balto-Slavic, Indo-European language. The Active construction is below in example (65) and the Antipassive construction in example (66).



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Active (Geniušienė 1987:249)

- (65) toj buta vsički  
he pushes everybody  
'He pushes everybody.'

Antipassive

- (66) toj se buta  
he RM pushes  
'He pushes everybody.'

The agent in the Active construction and the Antipassive construction is in the nominative case. The Verb in the Antipassive construction is marked by the Reflexive *se* and the patient is omitted. In the Antipassive construction, the action is highlighted. The patient is left unspecified, but often interpreted as human.

**Czech** is a Balto-Slavic, Indo-European language. The Antipassive construction is shown below in example (67).

Antipassive

- (67) kůň kope  
horse kicks  
'The horse kicks.'

In the Antipassive construction, the agent is in the nominative case and the Verb is non-distinct from the Active construction. The patient is omitted and construed as nonspecific; the action is construed as habitual.

**Macedonian** is a Balto-Slavic, Indo-European language. The Active construction is shown below in example (68) and the Antipassive construction in example (69).

Appendix B. Examples

Active (Geniušienė 1987:250)

- (68) konj-ot site gi kloca  
horse-ART everybody them kicks  
'The horse kicks everybody.'

Antipassive

- (69) konj-ot se kloca  
horse-ART RM kicks  
'The horse kicks.'

The agent in the both the Active and the Antipassive constructions is in the nominative case. The Verb is marked by Reflexive *se* and the patient is omitted. The patient is nonspecific, but often refers to humans.

**Russian** is a Balto-Slavic, Indo-European language. The Antipassive construction is shown below in example (70).

Antipassive (Say 2005:266)

- (70) ja budu stirat'sja potom  
I will **laundry-sja** later  
'I will launder later' (Laundry; the members of a family are using the same washing machine and have to discuss the order of its use).

The agent in the Antipassive construction is in the nominative case and the Verb is marked by the Reflexive suffix *-sja*, descended from the Proto-Indo-European *\*se*. The patient is omitted from the Antipassive construction and is construed as nonspecific.

**Slovak** is a Balto-Slavic, Indo-European language. The Active construction is below in example (71), and the Antipassive construction in example (72).

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Active (Geniušienė 1987:249)

- (71) všetk-ých bije  
all-ACC beats  
'He beats everybody.'

Antipassive

- (72) on sa bije  
he RM beats  
'He fights (is pugnacious).'

The agent in both the Active and the Antipassive constructions is in the nominative case. In the Antipassive construction, the Verb is marked with the Reflexive *sa* and the patient is omitted. The patient in the Antipassive is construed as nonspecific and the action in the Antipassive as habitual.

### B.2.1.2 Germanic

**English** is a Germanic, Indo-European language. There are two constructions in English that fit the functional definition of antipassive employed here, although the existence of an Antipassive construction is not traditionally recognized in English. The Patient Omission Antipassive and corresponding Active construction are shown below in examples (73a) and (73b).

- (73) a. The man smokes cigarettes.  
b. The man smokes.

In the Antipassive construction in example (73b), the patient is omitted. The agent and the Verb remain the same as in the Active construction in (73a). The patient is nonspecific, indefinite, and/or implied; Levin (1993:33) calls this the Unspecified

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Object Alternation. According to Levin (1993:33), this construction occurs with a “wide range of activity verbs”.

The Oblique Patient Antipassive construction and corresponding Active construction are shown below in example (74a) and (74b) (Cooreman 1994:65).

- (74) a. The man hit the cat.  
b. The man hit at the cat.

In the Antipassive construction in (74b), the patient is in an oblique case. The agent and Verb remain the same as the Active construction in (74a). This Antipassive construction occurs when the patient is less affected relative to the Active construction, as in examples (74a) and (74b). Levin (1993:41-42) calls this the Conative Alternation and identifies a number of English Verb classes that occur in this construction. The common trait in these Verb classes is a notion of contact plus motion.

**Swedish** is a Germanic, Indo-European language. The Active construction is below in example (75) and the Antipassive construction in (76).

Active (Geniušienė 1987:249)

- (75) pojken slår barn  
boy-ART beats children  
‘The boy beats children.’

Antipassive (Geniušienė 1987:250)

- (76) pojken slå-ss  
boy-ART beats-RM  
‘The boy fights.’

The agent in both the Active and the Antipassive construction is in the nominative case. The Verb is coded by the Reflexive suffix *-ss* and the patient is omitted.

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The Antipassive construction emphasizes the action; the patient is nonspecific, but usually refers to humans.

### B.2.1.3 Indo-Iranian

**Balochi** is an Indo-European, Indo-Iranian language spoken in Pakistan. The Active construction is shown below in example (77) and the Antipassive in example (78).

Active (Axenov 2006:74)

- (77) akk-u-akkdād-ā      wat-ī-ā-a      k-ār-īn  
wages-and-salary-OBJ REFL-GEN-OBJ-IMPf IMPF<sub>k</sub>-bring.PRES-1SG  
gis-ā  
house-OBJ  
'I am bringing my wages home.'

Antipassive (Axenov 2006:75)

- (78) ar      rōč gōšt u      nīwag u      digar čīz-a  
every say meat and fruit and other thing-IMPf  
k-āwurt-ī  
IMPF<sup>k</sup>-bring.PAST.3SG-ENC.3SG  
'Every day she brought meat and fruits and other things.'

In both the Active and the Antipassive constructions, the agent is in the nominative case. The Verb is not marked with a morpheme indicating the antipassive function; the difference in Verb forms between examples (77) and (78) is due to the difference in the tense of the Verb and the person of the agent. In the Active construction, the patient is marked with the object suffix *-ā*. According to Axenov (2006:74), the patient is zero-marked when it is generic, as in example (78).

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### B.2.1.4 Romance

**French** is a Romance, Indo-European language. The Active construction is illustrated below in (79) and the Antipassive construction in example (80). Interlinear glosses have been added here.

Active (Herslund 1997:85)

- (79) Jean bat son adversaire  
Jean 3SG.PRES.beat 3SG.MASC.POSS adversary  
'Jean beats his adversary.'

Antipassive

- (80) Jean se bat (contre son adversaire)  
Jean REFL 3SG.PRES.beat (against 3SG.MASC.POSS adversary  
'Jean Refl fights (against his adversary).'

The agent in both constructions is in the nominative case, occurring before the Verb. The Verb in the Antipassive construction is marked by the Reflexive *se*. Expression of the patient is optional, as can be seen in (80); when it is expressed it is preceded by an oblique preposition. The Antipassive construction highlights the agent's intentional action and backgrounds the goal of that action, i.e. the patient (Herslund 1997). The Antipassive construction can occur with grooming Verbs as in example (81), communication Verbs as in example (83) and other (seemingly idiosyncratic) Verbs, as in (80) above.

Antipassive with grooming Verbs (Herslund 1997:83)

- (81) *Julie est allée se changer*  
'Julie has gone to Refl change (i.e. clothes).'

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Active (Herslund 1997:84)

- (82) *Jean exprime ses opinions clairement*  
'Jean expresses his opinions clearly.'

Antipassive with communication Verbs

- (83) *Jean s'exprime clairement (sur ce sujet)*  
'Jean expresses himself clearly (on this subject).'

As can be seen from example (83), the oblique preposition used in the Antipassive construction can vary, *contra* 'against' in (80) and *sur* 'on' in (83). Herslund (1997) also considers the Reflexive with psychological Verbs to be an Antipassive; however, the patient in the Active becomes the agent in the Antipassive, so this does not fit the definition of antipassive used here.

### B.2.2 North Caucasian

**Abkhaz** is a North Caucasian language spoken in Georgia. The Active construction is shown below in example (84) and the Antipassive constructions are shown in examples (85) and (86) below.

Active (Hewitt 1989:168)

- (84) *yə-z-jax-wè-yt'*  
it.COL.I-I.COL.III-sew-DYN-FIN  
'I am sewing it.'

## Appendix B. Examples

### Antipassive I

- (85) s-jax-wè-yt'  
I.COL.I-sew-DYN-FIN  
'I am sewing.'

The agent in the Active construction, as in example (84), is in the ergative case, glossed by Hewitt (1989:168) as “col.III”. The agent in the Antipassive construction, as in (85), is in the absolutive case, glossed by Hewitt (1989:168) as “col.I”. The Verb in both constructions is identical. In the Antipassive construction, the patient is omitted and interpreted as nonspecific (Hewitt 1989:168-9). Hewitt (1989:168) mentions that this construction only occurs with “certain verbs”, however he does not explicitly say which ones. The two examples given are with *sew* and *write*, which both semantically imply a generic type of patient.

The other Antipassive construction is shown below in example (86). The inter-linear gloss has been modified.

### Antipassive II (Hewitt 1989:220)

- (86) k'rə-y-fò-yt'  
AP-he.ABS-eat-FIN  
'He's eating.'

In this Antipassive construction, the agent is in the absolutive case, the Verb is overtly coded, and the patient is omitted. Hewitt (1989:220) says that this Antipassive construction only occurs with a few Verbs; the two examples given are with ingestion Verbs: *fò* ‘eat’ and *ž<sup>o</sup>* ‘drink’.

**Bezti** is a Daghestanian, North Caucasian language spoken in Eastern Europe. The Active construction is shown below in example (87) and the Antipassive construction in example (88).



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Active (Hewitt 1981:166)

- (87) ist'i            Xori        ūsoc<sup>h</sup>a  
brother.ERG sheep.SG cut  
'Brother cuts the sheep.'

Antipassive

- (88) is            Xorlarad        ūxo-lā-c<sup>h</sup>  
brother.ABS sheep.PL-INST cut-AP  
'Brother occupies himself cutting up sheep.'

In the Active construction, as in example (87), the agent is in the ergative case; in the Antipassive construction, as in example (88), the agent is in the absolutive case. In the Antipassive construction, the patient must be plural and is expressed in the Instrumental case or omitted (Hewitt 1981:166). In the Active construction, the patient is in the absolutive case and may be singular. The Verb in the Antipassive construction is distinct from the Verb in the Active construction. The patient is construed as nonspecific and the action can be construed as habitual (Hewitt 1981:166).

**Bzhedukh** is a Circassian, North Caucasian language spoken in Eastern Europe. The Active construction is shown below in example (89) and the Antipassive construction in example (90).

Active (Hewitt 1981:160)

- (89) č'ale-m    ç'egə-r    ø-j-e-ž'e  
boy-ERG field-ABS 3SG.ABS-3SG.ERG-DYN-plough  
'The boy is ploughing the field.'

Antipassive

- (90) č'ale-r    ç'egə-m    ø-j-e-ž'e  
boy-ABS field-OBL 3SG.ABS-3SG.ERG-DYN-plough  
'The boy is ploughing away at the field.'

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In the Active construction, the agent is in the ergative case; the agent in the Antipassive construction is in the absolutive case. In the Antipassive construction, as in example (90), the patient is expressed in the oblique case instead of the absolutive, as in the Active construction in example (89). However, both the agent and the patient are still indexed on the verb by ergative and absolutive forms. (Although the oblique suffix is identical to that of the ergative, I will assume that this is the result of diachronic change, as this is a common change, and that the patient in example (90) is not to be interpreted as an ergative.) The Antipassive construction is used when the focus is on the agent's performing the action expressed by the Verb, and thus the affectedness of the patient is less important and it may be construed as less affected than in the Active construction (Hewitt 1981:160).

**Godoberi** is a Nahk-Daghestanian, North Caucasian language. The Active construction is illustrated in example (91) and the Antipassive construction in example (92) .

Active (Tatevosov 2011:153)

- (91) ʃali-di q'iru b-el-ata-da  
Ali-ERG wheat N-thresh-IPFV.CONV-AUX  
'Ali is threshing wheat.'

Antipassive

- (92) ʃali w-ol-a-da  
Ali M-thresh-A.CONV-AUX  
'Ali is threshing.'

In the Active construction, the agent is in the ergative case and the patient is absolutive. In the Antipassive construction, the agent is absolutive and the patient is omitted. The Verb is marked with the suffix *-a*. Tatevosov (2011) calls this morpheme detelicizing; it can be suffixed to Intransitive Verbs as well. Only incremental

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theme Verbs occur in the Antipassive construction and indicate the suppression and non-specification of the patient.

### B.2.3 Kartvelian

**Laz** is a Kartvelian language spoken in Turkey. The Active construction is illustrated in example (93), and the Antipassive construction in example (94).

Active (Harris 1985:128)

- (93) nana-k      palto      muıçkips  
mother-NAR coat/NOM she/take.off/it/II  
'Mother took off [her] coat.'

Antipassive

- (94) nana-k      muıçkips  
mother-NAR she/take.off/it/II  
'Mother took it off.' 'Mother undressed.'

The agent in both constructions is in the ergative case (Harris's "narrative" case) and the Verb forms are identical. As the Verb is zero-coded, Harris (1985:128) calls this Antipassive construction a Transitive construction functioning as an Intransitive. Although the translation may make it appear as though the omitted patient in example (94) is anaphoric, Harris (1985:128) is clear that the "direct object need not be established in discourse". Thus, the patient must be nonspecific if it is not referring to a particular referent, and it falls into the non-individuated category. Laz indexes the patient the same way in both the antipassive and basic voice constructions.

**Svan** is a Kartvelian language spoken in Georgia. The Active construction is illustrated in example (95) and the Antipassive in example (96).

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### Active

- (95) dede-d        lerekw        ediyāle  
mother-NAR clothes/NOM she/take.off/it/II  
'Mother took off [her] clothes.'

### Antipassive

- (96) dede        ediyālān  
mother/NOM she/take.off/II  
'Mother undressed.'

In the Active construction, the agent is in the ergative case, whereas in the Antipassive, the agent is in the nominative case. The Verb in the Antipassive is distinct from the Verb in the Active construction and the patient in the Antipassive is omitted. Functionally, this Antipassive construction is similar to the one in Laz above; the patient is omitted and unspecified.

## B.2.4 Caucasian

**Kabardian** is a Caucasian language spoken in Russia. The Active and Antipassive constructions are shown below in examples (97) and (98).

### Active (Colarusso 1992:117)

- (97) /za maaza Y<sup>w</sup>ag<sup>w</sup>-r 0-y-s-k\*"s-r-  
one forest road-ABS 3-3-NONPRES-move-DISTR-stand  
'He travelled a forest road (durative past).'

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### Antipassive

- (98) /Xaay<sup>w</sup>3-m  
footpath-OBL  
0-0-y3-r3-y3-k<sup>w</sup>3+a-r-t/  
3(ABS)-3(OBL)-groove-DISTR-DIR-move+INTR-DISTR-stand  
'He travelled along a footpath (durative past).'

The agent in the Active construction is in the ergative case; in example (97), it is indexed on the Verb by an ergative prefix. The patient in the Active construction is in the absolutive case and indexed on the Verb by an absolutive prefix. In the Antipassive construction, the agent is in the absolutive case and the patient is in the oblique case; both are indexed on the Verb as such. The Verb in the Antipassive construction is coded by the intransitivizing suffix *+a-*. Colarusso (1992) does not mention any restrictions on the semantic class of Verb that can occur in the Antipassive construction; the only example is (98) above.

### B.2.5 Turkic

**Tuvan** is a Turkic language spoken in Central Russia and China. The Antipassive construction is illustrated below in example (99).

Antipassive (Kuular 2007:1173)

- (99) ava-m        am daara-n-əp        tur  
mother-my now sew-REFL-CONV AUX.3  
'My mother is sewing now.'

The agent in the Antipassive construction is in the nominative case, the patient is prohibited, and the Verb is overtly coded with the polysemous Reflexive/Middle suffix. Although Kuular (2007:1173) considers this a “middle” construction, examples like the one above appear to be Antipassives as the patient cannot be construed as

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part of, or co-referential with, the agent. Instead, the patient is implied by the Verb and thus is construed as generic. In example (99) above, the patient is understood to be some sort of fabric. Although Kuular (2007:1173) does not mention any restrictions on the class of Verb that can occur in this construction, all of the examples are with Verbs that have implied patients.

### B.2.6 Chutkotko-Kamchatkan

**Chukchi** is a Chukotko-Kamchatkan language spoken in Eastern Russia. The Active construction is illustrated below in example (100) and the Antipassive construction in example (101).

Active (Nedjalkov 2006:222, Janic 2013b:67)

- (100) ʔettʔ-e juu-nin  
dog-ERG bite-AOR.3SG:3SG  
'The dog bit him.'

Antipassive

- (101) ʔettʔ-ən nə-jyu-tku-qin  
dog-ABS IPF-bite-AP-3SG  
'The dog bites.'

The agent in the Active construction is in the ergative case; the agent in the Antipassive construction is in the absolutive case. The patient is prohibited in the Antipassive construction and thus it is not indexed on the Verb as it is in the Active construction. The agent is indexed on the Verb in both constructions. The Verb in the Antipassive construction is marked with the suffix *-tku*, which is also used for a variety of other constructions, such as the Reflexive, Reciprocal, and Anticausative (Nedjalkov 2006:221-222). The patient in the Antipassive is construed as nonspecific.

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From the translation, it appears that the Antipassive construction might also have a habitual interpretation.

### B.3 Africa

#### B.3.1 Niger-Congo

**Logba** is a Niger-Congo language spoken in Ghana. The Active and Antipassive constructions are shown in examples (102) and (103) below.

Active (Dorvlo 2008:135)

- (102) Kofi ó-ɖu            i-dzɔ    bgo=é  
Kofi SM.SG-plant CM-yam rotten=DET  
'Kofi planted the rotten yam.'

Antipassive

- (103) Kofi ó-ɖu            i-va  
Kofi SM.SG-plant CM-thing  
'Kofi planted.'

Although in example (103) the Verb and *iva* are represented as separate words, Dorvlo (2008:134) mentions that *iva* can contract with the Verb, as *dɪva*. In both the Active and Antipassive constructions, the agent is in the (zero-coded) nominative case. According to Dorvlo (2008:134), the Antipassive construction does not make “reference to any particular undergoer”. Not every Verb can occur in the Antipassive construction; some Verbs that can are *tiva* ‘swear thing’, *kpiva* ‘eat thing’, and *ziva* ‘cook thing’. All of these Verbs imply a generic type of patient.

**Supyire** is a Niger-Congo language spoken in Mali around Sikasso. There are

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two Antipassive constructions in Supyire, illustrated below in examples (105) and (107).

Active (Carlson 1994:408)

- (104) *kà pi í tíré sùre lyì*  
and they NARR that(EMPH) mush.DEF eat  
'Then they ate that mush...'

Antipassive

- (105) *tajjyéeni canᵛ kà nùmpìlàgè è wùù pyéngá shíinbílá*  
the.year.before.last day IND night in our home people.DEF  
*à pyì a lyì a kwò mà sìnì*  
PERF PAST PERF eat SC finish and lie.down  
'The year before last, one night our family had finished eating and gone to bed.'

In the Active construction, as in example (104), the agent is in the nominative case and the patient is accusative. In the Antipassive construction, as in example (105), the agent is in the nominative and the patient is omitted. The Verb in the Antipassive construction is not distinct from the Active. Carlson (1994:407) describes that in this Antipassive construction, as in example (105), the “focus” is not on the patient. The patient must be very predictable from, or implied by, the Verb, and therefore necessarily non-individuated. Only six verbs occur in this construction: *lyì* ‘eat’, *wíí* ‘look at’, *shwǎhǎ* ‘cook’, *bya* ‘drink’, *bégélé* ‘pack’, and *tugo* ‘vomit’. With the exception of *wíí* ‘look at’, all of these verbs have a type of patient implied by the Verb (*eat food, cook food, drink liquid, etc.*). Carlson (1994:409) speculates that because *wíí* ‘look at’ doesn’t imply a specific type of patient, the omission of the patient may not be for the same functional purpose as the other verbs. It is possible that this construction with *wíí* therefore does not actually fit the topicality-based definition of the antipassive.



## Appendix B. Examples

The other Antipassive construction in Supyire, as in example (107), indicates that the patient is less affected.

Active (Carlson 1994:411)

- (106) u    à    lwəhé    bya  
s/he PERF water.DEF drink  
'S/he drank the water.'

Antipassive

- (107) u    à    bya lwəhé    e  
s/he PERF drink water.DEF in  
'S/he drank some of the water.' or 'S/he drank from the water.'

In the Active construction in example (106), the agent is in the nominative and the patient is in the accusative. In the Antipassive construction in example (107), the agent is in the nominative case and the patient is obligatorily expressed in the Dative case. The Verb in the Antipassive construction is not distinct from the Active construction. The lower affectedness of the patient can be construed either as non-engagement of the patient by the agent, or a partitive interpretation of the patient, as in example (107). The non-engagement meaning is found with certain Verbs (Carlson 1994:411):

- ja* 'overcome' → 'be able to cope with'  
*cù* 'grab, catch' → 'refrain from'  
*sənnəḍ* 'warn' → 'think about'  
*cíí* 'meet and pass' → 'meet'

According to Carlson (1994:411), the partitive meaning is found with "verbs such as 'eat' and 'drink'".

### B.3.2 Nilo-Saharan

**Bari** is a Nilo-Saharan language spoken in South Sudan and Uganda. The Active and Antipassive constructions in Bari are shown below in examples (108) and (109). Interlinear glosses have been added.

Active (Spagnolo 1933:240)

- (108) *nye*            *a-rem*  
          3SG.NOM PAST-stab  
          ‘He stabbed it.’

Antipassive (Spagnolo 1933:239)

- (109) *nye*            *a-rem-bu*  
          3SG.NOM PAST-stab-AP  
          ‘He stabbed.’

The agent in both constructions is in the nominative case, expressed by the nominative pronoun *nye* in examples (108) and (109). The Verb in the Antipassive construction is marked with the *-bu* suffix; without this suffix, omission of the patient is interpreted as anaphoric, as in example (108). The patient in the Antipassive construction is interpreted as nonspecific.

**Gumuz** is a Nilo-Saharan language spoken in Ethiopia and the Republican of the Sudan. There are three Antipassive constructions in Gumuz. Two of these constructions mark the Verb with the “valency-reducing” suffix */(a)go(a)/* (Ahland 2012:189). Historically, */(a)go(a)/* derives from an incorporated noun meaning ‘place’ (Ahland 2012:189-90). These Antipassive and corresponding Active constructions are shown below in examples (110)-(113).

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Active (Ahland 2012:190)

- (110) d-óko-wíd           baga  
AFF-1PL.INCL-see person  
'We saw someone.'

Antipassive I

- (111) d-á-wír-é-gw                           ká=ndea  
AFF-3SG.INTR-see-TWRD-PLACE DAT=ground  
'He looked toward the ground.'

Active (Ahland 2012:190)

- (112) dá    etá-b-a-fá-gâ-n                           á-baga    aja  
thing REL.PRO-AFF-3SG.TR-drink-NFUT-ABL NOM-person water  
'the thing that people drink water out of'

Antipassive II

- (113) dá    etá-b-á-fá-gá-gô-n                           á-baga  
thing REL.PRO-AFF-3SG.INTR-drink-NFUT-PLACE-ABL NOM-person  
'the thing that people drink out of'

Although the Verbs are marked by the same detransitivizing morpheme in (111) and (113), the meaning and the expression of the patient is different; therefore, they are considered two different constructions. In example (111), the patient is expressed as an oblique, marked by the dative *ká-* prefix. The patient is construed as less affected, compared to the Active construction in (110). In example (113), the patient is omitted and construed as nonspecific, or generic. In both constructions, the agents are indexed as absolutive. The Antipassive with an omitted patient is found in examples with Verbs meaning 'eat' and 'drink'; the Antipassive with an oblique patient is only presented in example (111) above.

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The third Antipassive construction and corresponding Active construction can be seen below in (114) and (115).

Active (Ahland 2012:341)

- (114) b-íí-sá-gá                      ɲga  
AFF-3PL.TR-eat-NFUT food  
'They ate food.'

Antipassive III (Ahland 2012:342)

- (115) b-íí-sá-gá-tsa  
AFF-3PL.TR-eat-NFUT-BODY  
'They ate it all.'

In this Antipassive construction, the patient is omitted and interpreted as nonspecific. The Verb must be marked with an incorporated noun/classifier that is “coreferential with a P argument” (Ahland 2012:341). Without this incorporated noun/classifier, omission of the patient can only occur if it is accessible from the discourse context, i.e. Definite Null Instantiation. Unlike the Antipassive I and Antipassive II constructions above, the agent in the the Antipassive III construction in Gumuz is indexed on the Verb by the ergative person markers. The examples with the Antipassive III construction occur with the Verbs for ‘grab/marry’ and ‘eat’.

### B.3.3 Bantu

**Cilubà** is a Bantu language spoken in central Africa. The Active construction is shown below in example (116) and the Antipassive construction in example (117).

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Active (Bostoen, Dom, & Segerer 2015:734)

- (116) mù-sàlaayì u-di ù-lu-a mu-lwishì  
NP1-soldier PC1-be SC1-fight-FV NP1-enemy  
'The soldier who is fighting the enemy.'

Antipassive

- (117) mù-sàlaayì u-di ù-lu-angan-a mu ci-alu  
NP1-soldier PC1-PRS SC1-fight-ANTIP-FV LOC18 NP7-meeting.place  
cì-à m-vità...  
PC7-CON NP1N-war  
'The soldier who is fighting (someone) on the battlefield'

In both the Active and Antipassive constructions above, the agent is in the nominative case. The Verb in the Antipassive construction in (117) is marked by the Antipassive suffix *-angan* and the patient is omitted. According to Bostoen, Dom, & Segerer (2015:734), the Antipassive construction is used to indicate both a habitual aspect and a nonspecific patient.

**Kirundi** is a Bantu language spoken in the Democratic Republic of the Congo. There are two Antipassive constructions in Kirundi; both are Patient Omission types, but one has a zero-coded Verb, as in example (119) and the other has an overtly coded Verb, as in example (120).

Active (Ndayiragije 2006:275)

- (118) imbwa zi-a-ri-ye inyama  
dogs 3P-PST-eat-ASP meat  
'Dogs ate meat.'

## Appendix B. Examples

### Antipassive with zero-coded Verb

- (119) imbwa zi-a-ri-ye  
dogs 3P-PST-eat-ASP  
'Dogs ate (something).'

### Antipassive with overtly coded Verb

- (120) imbwa zi-a-ri-an-ye  
dogs 3P-PST-eat-AN-ASP  
'Dogs bit each other/people<sub>arbitrary</sub>'

The agent in the Active and both Antipassive constructions is in the nominative case and indexed on the Verb. The Antipassive construction with a zero-coded Verb, as in example (119), is an example of Indefinite Null Instantiation: the patient cannot be expressed and is interpreted as nonspecific. In the Antipassive construction with an overtly coded Verb, as in example (120), the Verb is marked with the *-an* suffix, which is ambiguous between a reciprocal and an antipassive meaning. If the agent is singular, then only the antipassive reading is possible (Ndayiragije 2006:276). In this Antipassive construction, the patient must refer to people in a nonspecific way, as in example (120).

Ndayiragije (2006) does not mention any restrictions on which semantic class of Verbs can occur in either Antipassive construction. The Antipassive construction with a zero-coded Verb is only shown with the Verb *ri* 'eat'. The Antipassive construction with an overtly-coded Verb is shown with *ri* 'eat', *tuk* 'insult', *kúbit* 'hit', *pend* 'like', and *sambur* 'destroy'.

### B.3.4 K'xa

**!Xun** is a K'xa language spoken in Angola and Namibia. The Active and Antipassive constructions are shown below in examples (121) and (122).

## Appendix B. Examples

Active (Heine & König 2010:54)

- (121) *hà má ā cǝ g||ú*  
N1 TOP PROG drink water  
'He's drinking water.'

Antipassive

- (122) *hà má ā cǝ*  
N1 TOP PROG drink  
'He's drinking.'

The agent in both the Active and Antipassive constructions is in the nominative case. The Verb is zero-coded in the Antipassive construction and the patient is omitted. The patient is construed as nonspecific. Heine & König (2010) do not discuss the semantic classes of Verbs that can occur in the Antipassive construction; the examples given are with *cǝ* 'drink' and *//öhm* 'chop'.

### B.3.5 Nilotic

**Päri** is a Nilotic language spoken in South Sudan. The Antipassive in Päri has an optional oblique patient. The Antipassive without the patient expressed is shown in example (124) below and the corresponding Active construction is shown below in example (123).

Active (Andersen 2000:301)

- (123) *dhòk á-kwàl ùbúrr-i*  
cows C-steal Ubur-ERG  
'Ubur stole the cows (and took them away).'

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Antipassive with omitted patient

- (124) ùbúr á-kwàt-ò  
Ubur C-steal.CF.AP-SUF  
‘Ubur went to steal.’ or ‘Ubur stole.’

The Antipassive with the patient expressed is shown in example (126) and the corresponding Active construction in (125).

Active (Andersen 2000:303)

- (125) b́éel á-cám wìŋŋ-ì  
grain C-eat birds-ERG  
‘The birds ate the grain.’

Antipassive

- (126) wìŋ á-càmb-ò kí b́éel  
birds C-eat.CF.AP-SUF PREP grain  
‘The birds ate the grain.’

In the Active construction, as in examples (123) and (125), the agent is in the ergative case, marked by the *-ì* suffix. In the Antipassive construction, as in examples (124) and (126), the agent is in the zero-coded absolutive case. The Verb in the Antipassive construction uses a stem derived from the Verb in the Active construction. When the patient is not expressed in the Antipassive, as in example (124), it is left unspecified; however, it is clear that the oblique patient in the Antipassive construction is able to have a definite interpretation. Andersen (2000) does not mention any restrictions on the semantic class of Verb that can occur in the Antipassive. The examples for the Antipassive without the patient expressed are with Verbs meaning ‘drink’ and ‘steal’; examples of the Antipassive with the patient in an oblique are with Verbs meaning ‘cut’, ‘beat’, ‘eat’, and ‘call’,



## B.4 Americas

### B.4.1 Eskimo-Aleut

**Central Alaskan Yup'ik** is an Eskimo-Aleut language spoken in Alaska. The Active construction with Transitive Verbs is shown in example (127); the Antipassive construction with Transitive Verbs is shown in example (128) and the Antipassive construction with Agentive Ambitransitive Verbs is shown in example (129).

Active with Transitive Verbs (Mithun 2000:96)

- (127) *ikayuraa*  
'She helped him.'

Antipassive with Transitive Verbs (Mithun 2000:96)

- (128) *ikayuut-uq*  
'She helped out.'

Antipassive with Agentive Ambitransitive Verbs (Mithun 2000:94)

- (129) *niite-aqe-lu-teng*            *cali yug-nek*  
hear-repeatedly-SUB-3PL and person-PL.ABLATIVE  
'And they would hear people.'

In Central Alaskan Yup'ik, patients can only occur in the absolutive case if they are identifiable (Mithun 2000:94). In order to express two-participant events with an indefinite patient, the patient must be omitted, as in example (128), or expressed in the Ablative case, as in example (129). For the Agentive Ambitransitive class of Verbs, the Verb in the Antipassive construction can be inflected Intransitively; the agent is in the absolutive. For the Transitive class of Verbs, they cannot be inflected intransitively without derivation. In the Antipassive construction, as in example (128), the Verb is suffixed with the *-uq* detransitivizer. Since the Antipassive

*Appendix B. Examples*

construction is used for a specific discourse purpose, it is unlikely that it patterns with certain semantic classes of Verbs.

**Iñupiaq** is an Eskimo-Aleut language spoken in North America. The Active construction is shown below in example (130) and the Antipassive construction in examples (131) and (132). Interlinear glosses have been added, based on prose discussion in MacLean (1986).

Active (MacLean 1986:135)

- (130) *tuttu niġi-ga-a*  
caribou eat-TRANS.INDIC-3SG.ERG/3SG.ABS  
'He is eating the caribou.'

Antipassive with patient expressed (MacLean 1986:131)

- (131) *niġi-ru-q iqaluġ-mik*  
eat-INTRANS.INDIC-3SG.ABS fish-MOD  
'He is eating a fish.'

Antipassive without patient expressed (MacLean 1986:135)

- (132) *tuttu niġi-ru-q*  
caribou eat-INTRANS.INDIC-3SG.ABS  
'The/a caribou is eating.'

In the Active construction, the agent is in the ergative case and the patient is in the absolutive; both are indexed on the Verb by the *-a* suffix. The Verb in the Active construction is coded as Transitive. In the Antipassive construction, the Verb is coded as Intransitive and the agent is in the absolutive case. The patient can be omitted, as in example (132), or expressed in an oblique ('Modalis') case, as in example (131). The Antipassive construction is obligatory when the patient is indefinite; only definite patients can occur in the Active construction. When the patient in the Antipassive construction is omitted, it is interpreted as nonspecific.

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**West Greenlandic** is an Eskimo-Aleut language spoken in Greenland. The Active construction is shown in example (133) and the Antipassive construction in examples (134) and (135) below.

Active (Fortescue 1984:84)

- (133) inuit tuqup-pai  
people kill-3S.3P.INDIC  
'He killed the people.'

Antipassive with Transitive Verb

- (134) inun-nik tuqut-si-vuq  
people-INSTR kill-1/2TRANS-3S.INDIC  
'He killed people.'

Antipassive with Agentive Verb

- (135) mattam-mik niri-qqu-aa  
mattak-INSTR eat-ask.to-3S.3S.INDIC  
'He asked him to eat some mattak.'

According to Fortescue (1984:84-85), there are four classes of Verbs in West Greenlandic. Verbs can first be divided based on whether or not they can occur in both Intransitive and Transitive constructions without derivation. Verbs that can occur in both types of constructions without derivation can then be divided into Agentive Verbs where the A of the Transitive construction corresponds to the S of Intransitive construction and Non-Agentive Verbs where the O of the Transitive construction corresponds to the S of the Intransitive construction. The Verbs that do require derivation can be divided into Transitive or Intransitive Verbs depending on which construction requires overt derivation. In the Antipassive Construction, Agentive Verbs are not derived, as in example (135); Transitive Verbs require derivation, as in (134). Non-Agentive Verbs and Intransitive Verbs cannot occur in the Antipassive construction.

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In the Active construction, the agent is in the ergative case and the patient is in the absolutive, as in example (133). In the Antipassive construction, the agent is in the absolutive and the patient is in the Instrumental case, if it is expressed. Since Instrumental nouns are not indexed on the Verb, the Verb in the Antipassive construction only indexes the agent, as in examples (134) and (135).

According to Fortescue (1984:84), in the Antipassive construction, regardless of the class of Verb, the patient is construed as indefinite and nonspecific; often, the entire construction has a habitual interpretation. However, from the one example with the underived Agentive Verb, example (135), it seems that there may also be a partitive or less-affected meaning. If this is the case and this meaning only occurs with Agentive verbs, then perhaps these should be analyzed as two different Antipassive constructions.

### B.4.2 Mayan

**K'ekchi Mayan** is a Mayan language spoken in Guatemala. The Active construction is shown below in example (136); the Antipassive without the patient expressed is shown in (137) and the Antipassive with the patient expressed is shown in (138).

Active (Berinstein 1998:221)

- (136) t- $\emptyset$ -in-c'at      li   pim   anakcuan  
TNS-B3-A1-burn the brush now  
'I will burn the brush now.'

Antipassive without expressed patient

- (137) t-in-c'at-o-k  
TNS-B1-burn-AP-ASP  
'I will burn [brush].'

## Appendix B. Examples

Antipassive with expressed patient (Berinstein 1998:218)

- (138) x-at-sic'-o-c            cape  
      TNS-B2-pick-AP-ASP coffee  
      'You picked coffee.'

In the Active construction, the agent is in the ergative case, indexed on the Verb by *in-* in example (136). The patient in the Active construction is in the absolutive case and indexed on the Verb; it is zero-marked in example (136). In the Antipassive construction, the agent is in the absolutive case, indexed on the Verb by *in-* in example (137) and *at-* in example (138). The Verb in the Antipassive construction is marked by the Antipassive suffix *-o*. If the patient is expressed in the Antipassive construction, it is in the zero-coded absolutive case, as in example (138). However, the absolutive patient in the Antipassive construction is not indexed on the Verb, unlike the patient in an Active construction, as can be seen in example (136) and (138). The patient in the Antipassive construction is interpreted as generic and nonspecific (Berinstein 1998:218). Berinstein (1998) does not mention any restrictions on the semantic class of Verbs that can occur in the Antipassive construction; examples include Verbs *sic'* 'pick' (as in example (138)) and *tz'iba* 'write'.

**Mam** is a Mayan language spoken in Central America. The Active construction is illustrated in example (139) and the Antipassive in example (140) below.

Active (England 1988:533)

- (139) ma  $\emptyset$ -w-aq'na-7n-a  
      ASP ABS.3SG-ERG.1SG-work-DS-1SG  
      'I worked it (something).'

Antipassive

- (140) ma chin        aq'naa-n-a  
      ASP ABS.1SG work-AP-1SG  
      'I worked.'

## Appendix B. Examples

In the Active construction, the agent is expressed as the ergative pronoun *w-*, whereas in the Antipassive construction, the agent is expressed by the absolutive pronoun *chin*. The Verb in the Antipassive construction is distinct from the basic Active construction, marked with the derivational suffix *-n*. The Antipassive construction in (140) is obligatory when the patient is unknown, implied, or nonspecific; it cannot be used when the patient has been previously mentioned (England 1988:533).

**Tzutujil** is a Mayan language spoken in Guatemala. The Antipassive construction is shown below in example (141).

Antipassive (Dayley 1985:346)

- (141)   jaa7 ma xa ko7 xchapon                    iiwiir  
          he   a lot            B3-scolded/grabbed yesterday  
          ‘He scolded/grabbed a lot yesterday.’

In the Antipassive construction, the agent is in the absolutive case, as opposed to an ergative agent in Active constructions. The patient is omitted from the Antipassive construction and the Verb is coded with a suffix. The exact suffix depends on the Verb root (Dayley 1985:345). The Antipassive construction is used when the patient is “unknown or irrelevant” and therefore is left unspecified (Dayley 1985:346). Dayley (1985) says that almost any Transitive Verb can occur in the Antipassive construction.

### B.4.3 Uto-Aztecan

**Comanche** is an Uto-Aztecan language spoken in the southeastern United States. The Active construction is shown in example (142), and the Antipassive constructions in examples (143) and (144).

Appendix B. Examples

Active (Charney 1993:123-4)

- (142) eHka        nii wa ʔó ʔ-a makwih-ʔe-h/H/pinni-ti  
         those=OBJ I    cat-OBJ    chase.herd-RPT:ASP-ONGO:ASP-GEN:ASP  
         ‘I’m chasing the cats.’

Incorporation Antipassive

- (143) puku-makwih-ʔe-tii=utii  
         horse-chase.herd-RPT:ASP-GEN:ASP=PL.they  
         ‘They’re chasing horses.’

In both the Active and Antipassive constructions, the Verb form is *makwih* and the agents are in the nominative case. In the Antipassive construction in (143), the patient *puka* ‘horses’ is uninflected for case and does not take a determiner, whereas the patient in the Active construction *wa ʔó ʔ-a* ‘cats’ takes the case marking suffix *-a* and is modified by the (also case-marked) determiner *eHka*.

In the Antipassive construction in (144), the patient is construed as indefinite.

Patient Omission Antipassive (Charney 1993:128)

- (144) ke    nii ti-tsahani-wai-ti=  
         NEG I    ti-drive-UR:ASP-GEN:ASP  
         ‘I’m not going to drive.’

In the Antipassive construction in (144), the agent is in the nominative and the Verb is marked by the prefix *ti-*. The patient is omitted. According to Charney (1993:128), the *ti-* prefix has an “indefinite object” meaning.

**Ute** is an Uto-Aztecan language spoken in the Western United States. The Active construction is shown below in example (145) and the Antipassive in example (146).

## Appendix B. Examples

Active (Givón 2011:260)

- (145) t̥akuavi 'uru t̥aka-p̥ɥgay-'u  
meat/O the/O eat-REM-3S  
'S/he ate the meat.'

Antipassive

- (146) t̥akua-t̥aka-na-p̥ɥgay-'u  
meat-eat-HAB-REM-3S  
'S/he used to do meat-eating.'

In both the Active and the Antipassive constructions, the agent is in the nominative case. In the Active construction, the patient is in the accusative case, as in example (145). In the Antipassive construction, the patient occurs prefixed to the Verb and is not marked for case, as in example (146). Typically, incorporated nouns are not able to take case marking. Although the Antipassive construction often occurs with habitual aspect, as in example (146), this is not obligatory (Givón 1980:160), and thus there is no special verbal marking in the Antipassive construction. The patient must be non-referring and generic, and is of extremely low topicality (Givón 2011:259).

### B.4.4 Athapaskan

**Slave** is an Athapaskan language spoken in Canada. The Active construction is shown below in example (147) and the corresponding Antipassive construction in example (148). Interlinear glosses have been added to both examples based on prose description in Rice 1989.



Appendix B. Examples

Active (Rice 1989:629)

- (147) heh-ʔá  
1SG.SUBJ-eat  
'I am eating it.'

Antipassive (Rice 1989:629)

- (148) ʔehʔá  
UNSPEC-1SG.SUBJ-eat  
'I am eating (something).'

Both of the agents are in the nominative case, indexed by *h-* on the Verb (the *he* in example (147) is epenthetic). The patient is prohibited from being expressed, but is indexed by the unspecified marker *ʔe-*. The Verb is not marked. The Antipassive construction can only occur when the patient is left unspecified because it is “culturally understood” (Rice 1989:629). Other Verbs shown in this construction in Rice (1989) include: ‘drink’, ‘sew’, ‘undress’, ‘wash’, ‘smoke’. All of these Verbs are considered to obligatorily express direct objects, unless the unspecified marker is present. The unspecified object marker can also index oblique objects, time reference, or the subject of a passive.

**Tolowa** is an Athabaskan language spoken in the Western United States. The Active construction is shown below in example (149) and the Antipassive construction in example (150).

Direct (Givón & Bommelyn 2000:43)

- (149) y ɯ-l-t ɯl  
TR-L-kick.IMPERF  
'S/he is kicking it.'

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### Antipassive

- (150) t ʉ-d-l-t ʉł  
TH-D-L-kick  
'S/he is kicking out (her/his feet).'

The agent in the Active and Antipassive constructions is in the Proximate case. The Verb in the Antipassive construction is marked by the prefix *D-* and the patient is omitted. Although a patient is not expressed in the Direct construction in example (149), this lack of patient has a definite, anaphoric interpretation. The *D-* “classifier” is necessary in order to get an unspecified patient interpretation. Although no longer productive in Tolowa, there is evidence that the *D-* “classifier” was a general detransitivizer at an earlier stage (Givón & Bommelyn 2000). Tolowa is the only example of an inverse alignment system in this sample, and thus the only example with a Proximate agent.

### B.4.5 Siouan-Catawban

**Lakhota** is a Siouan-Catawban language spoken in North America. The Active and Antipassive examples are shown below in (151) and (152). Interlinear glosses have been added. (It is actually unclear which *wa-* prefix in (152) is the detransitivizer and which is the agent indexation. Based on examples of other valency-changing prefixes, it appears that the agent indexation occurs closer to the Verb root.)

Active (Van Valin 1997:14)

- (151) wa-tke'  
1SG.SUBJ-kill  
'I kill it.'

## Appendix B. Examples

### Antipassive

- (152) wa-wa'-kte  
DETRANS-1SG.SUBJ-kill  
'I kill something.'

Both the Active and the Antipassive construction have a nominative agent indexed on the Verb by the *wa-* prefix. The Verb in the Antipassive construction is marked by the detransitivizing prefix *wa-* and the patient is omitted without the option of including it. The patient is construed as nonspecific. Van Valin (1997) does not mention any restrictions on the semantic class of Verb that can occur in the Antipassive construction; the examples are with *nax'ũ* 'hear', *yu'ta* 'eat' and *kte* 'kill'.

### B.4.6 Jean

**Apinaje** is a Jean language spoken in Brazil. The Active construction is illustrated in example (153) below and the Antipassive in example (154).

Active (Oliviera 2005:261)

- (153) kət paj amɲĩ mẽ mebɔj j-apro  
IRLS 1.IRLS RFLX DAT things RP-buy  
'I'll buy something for myself.'

Antipassive

- (154) kət paj amɲĩ mẽ awjapro  
IRLS 1.IRLS RFLX DAT go.shopping  
'I'll do my shopping (for myself).'

The agent in both the Active and the Antipassive constructions are in the nominative case; the patient is prohibited in the Antipassive construction. In the Antipassive

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construction, the Verb is marked with the *aw-* prefix. In Apinaje, there is a set of what Oliveira (2005:131) calls middles prefixes; however, these prefixes have different meanings. The *aw-* prefix, seen attached to the Verb *awjapro* in example (154), has “generic or impersonal patient semantics” (Oliviera 2005:131).

### B.4.7 Guaykuruan

**Kadiweu** is a Guaykuruan language spoken in Brazil. Kadiweu has two Antipassive constructions depending on the class of the Verb. The Antipassive construction with “unergative roots” (Sandalo 1997:107) is shown below in example (156) and the corresponding Active construction in example (155). The Antipassive construction with “bivalent roots” (Sandalo 1997:108) is shown in example (158) and the corresponding Active construction in example (157).

Active (Sandalo 1997:107)

- (155) j-b:a:-qen  
1SG.SUBJ-work-[+ internal argument]  
‘I work/use it.’

Antipassive I (Sandalo 1997:107)

- (156) j-b:a:  
1SG.SUBJ-work  
‘I work.’

In example (155), the Active construction is marked with the suffix *-qen*, which “adds an internal argument” (Sandalo 1997:107); the Verb in the Antipassive does not have any additional morphology. These constructions can only occur with the “unergative roots”, which cannot take a second argument without the *-qen* suffix. Although this is not a common pattern in the sample, the Verb denotes a two-participant

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event and the lack of patient in the Antipassive construction cannot be interpreted as anaphoric, as in the Active construction. As the patient must be interpreted as unknown or nonspecific, this fits the topicality based definition of the antipassive. The agent in both the Active and Antipassive constructions is in the nominative case, indexed on the Verb with the *j*- prefix. The patient is omitted from the Antipassive construction and may not be expressed. Sandalo (1997) does not give any information about the semantic classes of Verbs that can occur in this construction: the examples given are with *okolen* ‘bet’, *b:a*: ‘work’, and *ikon* ‘sit down’.

The second Antipassive construction in Kadiweu is shown in example (158) below. This construction can only be used with “bivalent” roots and looks more like the canonical antipassive: the Verb in the Active construction in (157) is zero-coded and the Verb in the Antipassive is overtly-coded.

Active (Sandalo 1997:109)

- (157) *j-owo*:  
1SG.SUBJ-think  
‘I think it.’

Antipassive II (Sandalo 1997:109)

- (158) *j-owo:-kon*  
1SG.SUBJ-think-[ - internal argument]  
‘I think.’

Like examples (155) and (156) above, the agent in both constructions is in the nominative case and is marked by the *j*- prefix. The patient cannot be expressed in the Antipassive construction and is interpreted as unknown or nonspecific. Again, Sandalo (1997) does not discuss the occurrence of semantic classes of Verbs in this construction: the examples are with *owo*: ‘think’ and *laji* ‘laugh’.

### B.4.8 Panoan

**Matses** is a Panoan languages spoken in Brazil. The Active construction is shown below in example (159) and the Antipassive in example (160).

Active (Fleck 2003:931)

- (159) aid opa-n matses- $\emptyset$  pe-e-c  
that.one dog-ERG people-ABS bite-NPAST-INDIC  
'That dog bites people.'

Antipassive (Fleck 2003:931)

- (160) aid opa- $\emptyset$  pe-an-e-c  
that.one dog-ABS bite-ANTPASS-NPAST-INDIC  
'That dog bites.'/'That dog always bites me/is biting me.'

In the Active construction, as in example (159), the agent *opa-n* is ergative case-marked; in the Antipassive construction, as in example (160), the agent *opa* is zero-marked in the absolutive case. The Verb in the Antipassive construction is marked by *-an*, the Antipassive marker. The patient is prohibited from being expressed. Functionally, the Matses Antipassive is a little bit more complicated: it can be used with either unknown/indefinite patients or first/second person patients (Fleck 2003:931). The non-individuated patients clearly fit the topicality-based definition of antipassive, however the first/second person patients do not. Fleck (2003:936) says that the Antipassive constructions with first or second person patients indicate that the first or second person participant is not important in the discourse. Thus, it seems that, although speech act participants are highly topical, the Matses Antipassive indicates that they are less topical than if expressed in the corresponding Active construction. Interestingly, the Antipassive construction actually cannot occur with Verbs that "naturally have impersonal objects", such as 'vomit' and 'eat' (Fleck 2003:938).

### B.4.9 Kiowa-Tanoan

**Kiowa** is a Kiowa-Tanoan language spoken in the southeastern United States. The Antipassive construction is shown in example (161) below.

Antipassive (Watkins 1984:138)

- (161) gyàt-gúttò  
1SG/AGT:PL/OBJ-write.IMPF  
'I am/was writing (something).'

The agent in the Antipassive is nominative and indexed on the Verb. The patient is prohibited from occurring in the Antipassive construction; the plural object indexation on the Verb indicates that the patient is unspecified (Watkins 1984:138). Watkins (1984) doesn't mention any restrictions on the semantic class of Verbs that can occur in the Antipassive construction; the examples are with *gúttò* 'write' and *pó* 'eat'.

### B.4.10 Sahaptian

**Nez Perce** is a Sahaptian language spoken in the Western United States. The Active construction is shown below in example (162) and the Antipassive construction in example (163).

Active (Rude 1986:126)

- (162) haama-nm pee-'wiye                      wewukiye-na  
man-ERG 3SG/ERG-shoot/PERF elk-DO  
'The man shot the elk.'

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Antipassive (Givón 2001:212)

- (163) haama hi-'wiye (wewukiye)  
man/NOM 3SG/NOM-shoot/PERF elk  
'The man shot (an/some elk).'

In the Active construction, the agent is in the ergative case and the patient is marked as a direct object, as in example (162). In the Antipassive construction, expression of the patient is optional; the agent and the patient are both unmarked and in the nominative case, as in example (163). In both constructions, the agent is indexed on the Verb, however this marking is dependent on the case of the agent. There is no difference between the Active and Antipassive Verb forms. Rude (1986) found that the patient in the Antipassive construction exhibited a high referential distance and low topical persistence, i.e. low topicality, in comparison with the Active construction.

### B.4.11 isolate

**Trumai** is an isolate spoken in Brazil. The Active construction is shown below in example (164) and the Antipassive construction in example (165).

Active (Guirardello 1999:341)

- (164) hay chī\_in hai-ts iyi husa-n  
already Foc/Tens 1-ERG IYI tie-3ABS  
'I already tied him/it (an animal).'



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Antipassive

- (165) hay    chī\_in    hai-ts iyi husa  
already Foc/Tens 1-ERG IYI tie  
'I already tied (it).'

In the Active and Antipassive constructions, the agent is in the ergative case. The Verb in the Antipassive construction does not have a distinct form compared to the Active construction. The patient in the Antipassive construction is omitted. According to Guirardello (1999:340-1), the Antipassive construction occurs when the patient is not salient to the discourse.

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