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Towards a typology of pseudo antipassives: an Austronesian perspective

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Abstract: Although the Austronesian family is widely regarded as a hotspot for antipassive constructions, a closer investigation of 53 languages from Taiwan and Maritime Southeast Asia challenges this view. Philippine-type Austronesian languages have often been analyzed as exhibiting an alternation between a basic transitive construction and a corresponding antipassive. Yet when established typological criteria are applied consistently to the constructions commonly referred to as Actor Voice, genuine antipassives prove to be rare in western Austronesian. We further demonstrate how these putative antipassives form a continuum of semi-transitives, characterized by a general decrease in semantic transitivity while often still featuring a patient that retains various traits of a core argument. Not only does this cline enhance our understanding of how antipassive-like constructions may develop over time, but it also suggests that syntactic intransitivity is not necessarily the endpoint of discourse-driven changes that reduce clausal transitivity. Moreover, it undermines the prevalent ergative view of western Austronesian languages and lends new support to accusative and symmetrical voice analyses, both maintaining that Austronesian-style voice does not alter clausal transitivity. The Austronesian pseudo antipassives thus underscore the importance of approaching typological classifications with caution and situating language-specific analyses within the broader typological literature.

Keywords: antipassive; western Austronesian languages; Philippine-type languages; Indonesian-type languages; Actor Voice; Austronesian-type voice

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1 Introduction

Since Dixon (1977), antipassives – commonly defined as intransitive constructions in which the patient of a semantically transitive verb is demoted – have been widely viewed as a hallmark of ergative-absolutive alignment. Although this association has been questioned by large-scale typological surveys (Heaton 2017), it remains central to analyses of Actor Voice (AV), a controversial construction often considered a defining feature of western Austronesian languages. An example is given in (1).

(1) Tagalog
*h<**um**>abol* *si* *aya* *kay* *maria.*
<AV>chase PN.PIVOT A. PN.CM_1 M.
'Aya chased Maria.' (Chen 2025: 1851) (Actor Voice; putative antipassive)

In (1), the agent of the two-place verb 'chase' bears the argument marker *si*, which flags the syntactically prominent phrase in a clause. We label this marker and its equivalents as PIVOT throughout the paper. The patient phrase carries a distinct marker labeled as PN.CM_1 (personal name, case marker 1) and cannot undergo relativization. The verb includes an obligatory infix <*um*>, which is standardly labeled as the Actor Voice affix and also appears in monovalent intransitives, as in (2).[1]

(2) *d<**um**>ating* *si* *aya.*
<AV>arrive PN.PIVOT A.
'Aya arrived.' (Chen 2025: 1844) (Actor Voice; monovalent)

Because the same verbal marking (e.g., <*um*> in Tagalog) appears in both the two-place constructions (e.g., (1)) and monovalent intransitives (e.g., (2)), it has been commonly held that both constructions are syntactically intransitive and marked by the same intransitive affix. Consequently, the construction in (1) has been considered by many to be the intransitive/antipassive counterpart of the Patient Voice construction in (3) (Payne 1982; Mithun 1994; Aldridge 2004, 2012 et seq.; inter alia.).

(3) *h<**in**>abol* *ni* *aya* *si* *maria.*
<PV.PRF>chase PN.CM_2 A. PN.PIVOT M.
'Aya chased Maria.' (Chen 2017: 4) (Patient Voice; putative basic transitive)

In (3), the same verb carries a distinct verbal affix <*in*> and selects a patient argument that can freely undergo relativization. This argument bears the same marker (*si*) as

1 Across Philippine-type languages, monovalent intransitives and two-place AV clauses typically share AV morphology. While different AV variants may occur with different verb classes, they are generally treated as part of a single category characterized by nasal *m/n* morphology.

the agent in the Actor Voice construction (1)–(2). In contrast, the agent in (3) carries a different case marker, *ni*, and is inaccessible to relativization.[2]

At first glance, this case pattern shows the hallmarks of ergativity. If two-place AV constructions like (1) were antipassives, the argument-marking pattern of (1) and (3) would suggest that the S of the intransitive/antipassive shares the same marking (*si*) as the P of transitive constructions. This pattern is illustrated in Table 1.

As this alternation constitutes a core part of the grammar of Philippine-type languages, the Austronesian family is often cited as a hotspot for antipassives (e.g. Polinsky 2013; Mithun 2021). A key implication of this view is that Philippine-type languages manifest syntactic ergativity, where P in Patient Voice and the putative S in Actor Voice share accessibility to syntactic operations such as relativization (Payne 1982; Cooreman 1994; Mithun 1994; Liao 2004; Aldridge 2004; inter alia).[3] However, the baseline assumption of this analysis relies critically on the antipassive/intransitive view of the Actor Voice construction introduced in (1).

In this paper, we demonstrate instead that Actor Voice constructions in western Austronesian languages – such as the Tagalog example in (1) – do not exhibit the structural properties of true antipassives upon close inspection. While some show a drift toward antipassive-like properties, only a small number of languages have developed constructions that syntactically resemble antipassives, and even these remain atypical. The vast majority of western Austronesian languages therefore lack a true antipassive. Instead, many exhibit a gradient shift in AV constructions toward antipassive-like functions, driven primarily by low patient prominence rather than by argument reduction. We model this gradient as a four-way typology (4) based on investigation of 53 representative languages.

Table 1: The ergative view of Philippine-type voice alternation in Tagalog.

	Actor Voice → putative antipassive	**Patient Voice → putative basic transitive**
Agent	*si*	*ni*
Patient	*kay*	*si*

2 Some Tagalog sub-varieties have been reported to allow agent relativization from Patient Voice (Tanaka 2016). We set this variation aside, as it is clearly a recent innovation.

3 Following Comrie (1989), we use S for the single argument of an intransitive clause, and A and P, respectively, for the agentive argument and patientive argument of a transitive clause.

(4) Four types of Actor Voice constructions
   a. **Type I: Spurious antipassive** – retains the core properties of a transitive clause; found in many Philippine-type languages of Taiwan and the Philippines.
   b. **Type II: Grammaticalized functional antipassive** – shows antipassive-like functional properties while remaining structurally transitive; attested in Celebic and South Sulawesi languages such as Mori Bawah and Duri.
   c. **Type III: Semi-antipassive** – displays several antipassive traits but still allow the patient to surface as a core argument; found in languages including Sama Bangingi' (Mindanao) and Embaloh (Borneo).
   d. **Type IV: True antipassive** – meets the core diagnostics of antipassivization, including patient downgrading; attested in Bugis, Seko Padang, and Chamorro.

We argue that Types III and IV reflect a shift toward lower-transitivity structures driven by low patient topicality, whereas prototypical Philippine-type AV constructions (Type I) retain clear hallmarks of syntactic transitivity. Crucially, even where semantic transitivity is reduced, most AV constructions continue to license a patient that behaves as a core argument. This suggests that true patient-demoting operations are relatively rare in western Austronesian languages; instead, argument prominence is typically regulated through discourse-semantic means rather than valency-changing morphology (cf. Richards 2000; Hemmings 2021; Chen 2025).

This paper is structured as follows. Section 2 reviews typological definitions of antipassives. Section 3 outlines the methodology and sampling. Section 4 examines putative antipassives in Philippine-type languages. Section 5 presents the proposed cline of antipassive-like constructions. Section 6 explores the diachronic development of this cline. Section 7 discusses theoretical and typological implications, and Section 8 summarizes the main findings.

2 Antipassives from a typological view

2.1 Structural properties of antipassives

An ANTIPASSIVE is typically characterized as an intransitive verbal construction in which the patient participant of a semantically transitive verb is downgraded, i.e. demoted or suppressed (Dixon 1977, 1994; Dixon and Aikhenvald 2000; Kulikov 2011; Polinsky 2017; Heaton 2017, 2020; Zúñiga and Kittilä 2019; Janic and Witzlack-Makarevich 2021; Creissels 2024; Haspelmath 2025). Dixon (1994: 146) defines it as a

construction in which a verb that is normally transitive is marked as intransitive; the agentive argument becomes the subject of the intransitive verb, with the patient phrase either demoted to an oblique position or omitted entirely. This process often coincides with aspectual distinctions or greater prominence of the agent (Polinsky 2017; Heaton 2020; Haspelmath 2025; inter alia.).

While there is no full agreement on the structural characteristics of an antipassive, the following traits are commonly identified:

(5) Structural criteria for antipassives
   a. An intransitive verbal construction that alternates with a transitive construction in use with semantically transitive lexical verbs.
   b. The participant coded as P in the transitive construction, e.g. semantic patient, is downgraded, while the participant coded as A in the transitive, e.g. semantic agent, is coded as the sole core argument S of the antipassive.
   c. Many definitions specify that explicit morphology occurs on the verb, indicating antipassivization.
   d. Many authors hold that an antipassive is less basic or more marked than the transitive construction, from which it may be said to be derived.

The alternation between a transitive and an intransitive antipassive, as referenced in (5a), is illustrated in (6) below from Chukchi.

(6) Chukchi
   a. *tumg-e* *ŋinqey* *rəyegtetew-nin.*
      friend-ERG boy.ABS save-AOR.3SG:3SG
      'The friend saved the boy.' (transitive)
   b. *tumgətum* *(ŋinqey-ək)* ***ine**-nyegtele-g?i.*
      friend.ABS (boy-LOC) **ANTIP**-save-AOR.3SG
      'The friend saved the boy.' (Polinsky 2017: 14) (antipassive)

As (5b) indicates, there is broad agreement that antipassives involve downgrading of the patient (P) in a transitive construction (Haspelmath 2025). While terminology varies, this is typically described as realization of the patient as an optional oblique or peripheral phrase, or as a non-core argument (e.g. Dixon and Aikhenvald 2000; Polinsky 2013). Some definitions require the patient to remain expressible (e.g. Baker 1988; Dixon 1994), whereas others allow for complete suppression (e.g. Foley and Van Valin 1984; Shibatani 1998; Kulikov 2011). We adopt the broader notion of DOWNGRADING subsuming both demotion and suppression.

Patient downgrading may be reflected in (i) a shift from core to peripheral case or adpositional marking, (ii) absence of agreement, and/or (iii) optionality or non-expression of the patient. Because such diagnostics are language-specific, we

evaluate patient status comparatively, relative to transitive constructions in the same language.

There is less consensus regarding whether antipassives must be overtly marked or morphologically derived from a less marked transitive ((5c–d); cf. Dixon 1994; Heaton 2017). Nonetheless, these criteria are often useful in typological work. In particular, Haspelmath (2025) and Heaton (2017) argue that requiring an overtly marked antipassive contrasted with a less-marked transitive yields a sharper and more restrictive definition. Accordingly, we treat morphological marking as relevant – but not definitional – evidence in classifying antipassives, acknowledging that such criteria are not universally adopted (cf. Cooreman 1994; Kulikov 2011).

2.2 Functional properties of antipassives

The structural properties in (5) concern syntactic transitivity in grammatical voice systems, whereas functional properties associated with antipassives, shown in (7), involve semantic transitivity and discourse motivations (Hopper and Thompson 1980). Since the latter are highly context-dependent and gradient, we treat them as secondary and prioritize structural diagnostics. However, functional properties will be discussed below when relevant to the use and development of antipassive(-like) constructions.

(7) Common functional properties of antipassives
   a. The patient may be indefinite or non-specific, and sometimes obligatorily interpreted as such.
   b. The clause often bears a partitive reading and the patient is interpreted as less affected.
   c. The denoted event tends to be interpreted as less telic and/or non-punctual.
   d. The antipassive may take an agent argument that exhibits higher topicality, accompanied by a patient with low topicality in discourse.
   e. The antipassive is less frequent in discourse than basic transitive clauses.

3 Methodology and sampling

Western Austronesian languages exhibit substantial variation in their voice systems. Philippine-type languages (Taiwan and the Philippines) typically show a productive four-way voice alternation, including Actor Voice (AV) (see Section 7.1). Some

languages in northern Borneo and northern Sulawesi retain a reduced Philippine-type system, generally preserving the AV–PV contrast but with reduced productivity of additional voices. Most western Indonesian ("Indonesian-type") languages employ a two-way AV–PV system and lack the additional voices characteristic of Philippine-type languages. In central and southern Sulawesi, AV–PV alternations persist, but AV constructions are often functionally restricted. By contrast, most languages of East Nusantara – including the Lesser Sunda Islands east of Lombok, the Malukus, and the Bird's Head of New Guinea – lack productive voice-related verbal morphology (Klamer and Ewing 2010); a similar pattern is also found in some western Indonesian languages such as Nias and Acehnese (Brown 2001; Durie 1985).

These patterns broadly correlate with a north–south reduction in morpho-syntactic complexity, including fewer verbal categories, reduced case marking, and diminished affixal productivity. For expository purposes, we divide the western Austronesian region into five zones: Zone A (Taiwan and the Philippines), Zone B (northern Borneo and northern Sulawesi), Zone C (western Indonesia), Zone D (central and southern Sulawesi), and Zone E (East Nusantara).

We examine Actor Voice constructions across these zones, focusing on the syntactic status of the patient and whether AV constructions meet structural criteria qualifying them as antipassives. We analyze 53 well-documented languages, including nine from Taiwan, 13 from the Philippines, seven from Borneo, six from Sumatra, three from Java, two from the Lesser Sundas, and 10 from Sulawesi.

Building on the data compiled using the questionnaire in Table 2, we identify four diagnostics for distinguishing a cline of antipassive-like AV constructions, summarized in (8) and discussed in Section 5.

Table 2: Antipassive characteristics examined in this paper.

		(Y, N)	Additional info
1	Does the putative AP construction bear overt antipassive marking?	(Y, N)	(If Y, specify form)
2	Does the language bear overt marking for monovalent intransitive?	(Y, N)	(If Y, specify form)
3	Does the language bear overt marking for basic transitive?	(Y, N)	(If Y, specify form)
4	Can a patient be expressed in the putative AP construction?	(Y, N)	(If Y, optional or obligatory?)
5	Can an overt patient be definite?	(Y, N)	–
6	How are antipassive patients marked or indexed?	–	(Specify)
7a	How are transitive agents marked or indexed?	–	(Specify)
7b	How are antipassive agents marked or indexed?	–	(Specify)
7c	How are monovalent intransitive agents marked or indexed?	–	(Specify)

(8) Four key criteria for classifying western Austronesian AV constructions
   a. Can the patient be definite and/or specific? (Y, N)
   b. Is the patient marked by a peripheral case or adposition? (Y, N)
   c. Can the patient be freely omitted without a given context? (Y, N)
   d. Does the construction carry specific valency-decreasing morphology not present in monovalent intransitives? (Y, N)

Applying these four criteria to the sampled languages – selected based on (i) availability of detailed syntactic description, (ii) prior claims or evidence of antipassives, and (iii) the presence of a distinct AV construction – yields four types, as summarized earlier in (4). We begin by discussing Type I in Section 4, and then examine the remaining types in Section 5. The full language list appears in the Supplementary Materials, with their geographic distribution shown in Figure 1.[4]

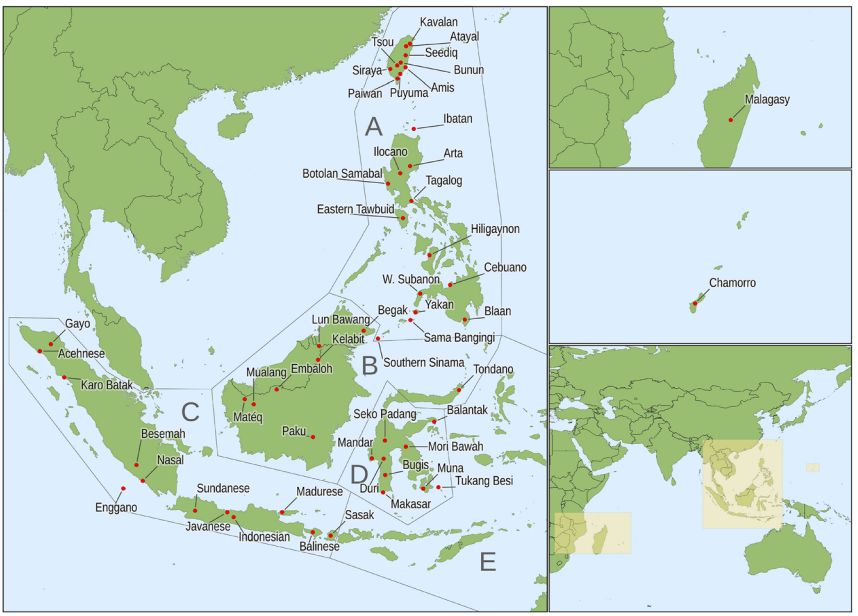

Figure 1: Geographic distribution of languages examined.

4 Maps in this paper were created using QGIS 3.40.8 (https://doi.org/10.5281/zenodo.15705531), Natural Earth (https://www.naturalearthdata.com), and Glottolog 4.7 (https://doi.org/10.5281/zenodo.7398887).

4 The western Austronesian pseudo antipassives: Zone A languages

We begin with Zone A, where Philippine-type languages predominate and Actor Voice constructions have traditionally been analyzed as antipassives (e.g. De Guzman 1976; Payne 1982; Gerdts 1988; Mithun 1994; Aldridge 2004). Zones B–D are discussed in Sections 5 and 6.

4.1 Structural properties

4.1.1 Status of the patient

A defining feature of an antipassive is downgrading of the patient. If expressed, the patient phrase shows characteristics of an oblique rather than a core argument. We understand "core argument" to refer to syntactic units that are selected and required by a predicate, and which are associated with structural relations and distinguished by special coding and behavioral properties (e.g. S, A, P) (see e.g. Andrews 2007). Does the patient phrase in the putative antipassive constructions in Zone A languages show properties characteristic of a non-core argument? Based on observed properties of core arguments in other constructions, we apply three criteria to clarify the syntactic status of the putative antipassive patients:

(9) Patient properties to be examined
   a. **Coding**: does the patient phrase carry case-marking or otherwise show patterns of indexing distinct from that of core arguments?
   b. **Optionality**: is the patient phrase freely omissible or suppressed, unlike other core arguments?
   c. **Capacity to participate in syntactic operations**: is the patient phrase constrained from types of syntactic operations accessible to core arguments?

4.1.1.1 Coding of the patient

Do putative antipassive patients in Zone A languages show peripheral case-marking or non-core indexing? The answer is no. Although these patients bear case markers distinct from those of Patient Voice pivots (i.e. pivot marking signaling syntactic prominence), they are marked with the same case used for other core arguments, including (i) causees in causatives, (ii) themes in ditransitives, and (iii) patients in Locative Voice (LV) and Circumstantial Voice (CV) constructions. This pattern is

consistent across Zone A (Philippine-type languages; see Chen 2025 for discussion). Consider the data below for Constructions (i) and (ii).

(10) Tagalog

a. *Nang-kurot si aya **kay** **maria**.*
AV.PFV-pinch PN.PIVOT A. **PN.CM$_1$** **M.**
'Aya pinched Maria.' (putative antipassive patient: *kay*-marked)

b. *I-p<in>a-kanta=ko **kay** **ivan** ang kanta.*
CV-CAUS<PRF>-sing=1SG.CM$_2$ **PN.CM$_1$** **I.** PIVOT song
'I asked Ivan to sing a song.' (causee: *kay*-marked)

c. *I-p<in>akita ni juan **kay** **maria** ang kanyang nobya.*
CV-<PRF>show PN.CM$_2$ J. **PN.CM$_1$** **M.** PIVOT 3SG.POSS girl.friend
'Juan showed Maria his girlfriend.' (Chen fieldnotes) (causee: *kay*-marked)

(11) Amis

a. *Mi-tangtang ci mama **t-una** **futing**.*
AV-cook PN.PIVOT father **CM$_1$-that** **fish**
'Father cooked that fish.' (putative antipassive patient: *t*-marked)

b. *∅-pa-pi-tangtang kaku **t-una** **wawa** t-una futing.*
AV-CAUS-TR-cook 1SG.PIVOT **CM$_1$-that** **child** CM$_1$-that fish
'I asked that child to cook that fish.' (causee: *t*-marked)

c. *Pafeli-an aku k-una wawa **t-una** **paysu**.*
give-LV 1SG.CM$_2$ PIVOT-that child **CM$_1$-that** **money**
'I gave that child that money.' (Chen fieldnotes)
(ditransitive theme: *t*-marked)

Now consider the examples below illustrating the case pattern of (iii), exemplified with CV-marked constructions in (12). In these languages, the patients in LV and CV constructions are generally analyzed as core arguments rather than antipassive patients. The fact that such patients are marked with CM$_1$ therefore suggests that this marker cannot straightforwardly be treated as an oblique marker signaling patient downgrading.

(12) CM$_1$-marked patient in CV constructions

a. Tagalog
*I-p<in>ampalo=ko ang kanyang pamalo **kay** **juan**.*
CV-hit<PRF>=1SG.CM$_2$ PIVOT 3SG.POSS stick **PN.CM$_1$** **J.**
'I hit Juan with his stick.' (theme of 3-place clause: *kay*-marked)

b. Amis
*Sa-pi-tangtang aku **t-una** **futing** k-una siuy.*
CV-TR-cook 1SG.CM$_2$ CM$_1$-**that** **fish** PIVOT-that pot
'I cooked that fish with that pot.' (Chen fieldnotes)
(theme of 3-place clause: *t*-marked)

Table 3: Philippine-type alignment: schematized case pattern[a].

	a. AV	b. PV	c. LV	d. CV
Agent	Pivot	CM_2	CM_2	CM_2
Patient	**CM_1**	Pivot	**CM_1**	**CM_1**
Locative	P_1	P_1	Pivot	P_1
Instrument/Beneficiary	P_2	P_2	P_2	Pivot

[a]Philippine-type languages typically employ a dedicated preposition for locative adjuncts, hence the distinction between P_1 and P_2. The form of case marking found on putative antipassive patients is in bold.

These patterns are summarized in Table 3. Although in some Philippine-type languages CM_1 also marks non-locative adjuncts that are not selected by the verb (e.g. non-pivot instrument or benefactive phrases), it should not be treated as a dedicated non-core case marker. As shown above, CM_1 is compatible not only with such adjuncts but also with arguments that are independently identifiable as core arguments. In some languages, adjuncts marked by CM_1 are additionally introduced by an overt preposition (e.g. the Tagalog examples in (43)), whereas in others they are not (e.g. most Formosan languages; see McDonnell and Chen 2022 for discussion). In the latter case, CM_1 is best analyzed as a default marker for phrases that are neither the pivot nor the grammatical subject, regardless of whether they are core arguments of the verb. Consequently, because the case marker found on AV patients also occurs with arguments that are independently established as core, its presence alone cannot be taken as reliable evidence for patient demotion.

4.1.1.2 Optionality of the patient

Optional omission of the patient is another possible diagnostic for patient downgrading in an antipassive, among other indicators (Section 2.1). By contrast, in the putative antipassive constructions considered here, to our knowledge, patient omission is ungrammatical without contextual recoverability – a restriction in these languages that also applies to other core arguments. This is illustrated with the data below.

(13) a. Tagalog
*b<um>ili ang babae *(ng kendi).*
<AV>buy PIVOT woman (INDF.CM_1 candy)
'The woman bought candy.'

b. Puyuma
*trima na babayan *(dra patraka).*
<AV>buy PIVOT woman (INDF.CM_1 meat)
'The woman bought meat.'

c. Amis
mi-qaca *k-una* *fafahi* **(t-una talacay).*
AV-buy PIVOT-that woman (CM$_1$-that pineapple)
'That woman is buying that pineapple.' (Chen fieldnotes)

This constraint is documented in Puyuma (Ross and Teng 2005: 763), Tagalog (Katagiri 2005: 165), Subanon (O'Brien 2016), Seediq (Huang 2002: 685), and Tsou (Huang 2002: 760), including evidence from natural texts in Tsou and Seediq. With the exception of Tagalog and Subanon, these languages belong to distinct primary branches of Austronesian, suggesting that the constraint is a canonical property of Philippine-type languages.

Accordingly, the patient in these constructions behaves as a core argument rather than a downgraded oblique. This generalization excludes verbs that are commonly ambitransitive cross-linguistically, e.g. *eat*, and *drink*, which have sometimes been cited as the sole evidence for an antipassive analysis of Tagalog AV (see (14)).

(14) Tagalog
k<um>ain=ako.
<AV>eat=1SG.PIVOT
'I eat.' (Aldridge 2012: 6) (ambitransitive verb)

As shown by O'Brien (2016), ambitransitive verbs permit patient omission even in languages that otherwise prohibit such omission without contextual support (e.g. Subanon in (15a–b)). Accordingly, examples involving ambitransitives must be treated with caution in evaluating antipassive diagnostics.

(15) Subanon
a. *k<in-um>an og libun.*
<REAL-AV>eat PIVOT woman
'The woman ate.' (patient omission with an ambitransitive verb)
b. **d<in-um>api' og gotow*
<REAL-AV>slap PIVOT man
'The man slapped.' (patient omission banned with a non-ambitransitive verb)
(O'Brien 2016: 11)

4.1.1.3 Accessibility to syntactic operations

We have shown that putative antipassives retain a patient phrase that behaves as a core argument in terms of case marking (4.1.1.1) and optionality (4.1.1.2). The remaining question is whether it is also syntactically core. Cross-linguistically,

syntactic operations follow the relational hierarchy in (16), with obliques showing the lowest accessibility.

(16) The Relational Hierarchy
subject > direct object > indirect object > obliques (Pullum 1977)

Under (16), antipassive patients should behave as syntactic obliques when expressed. Contrary to this expectation, in Philippine-type languages the patient phrase in putative antipassives participates in operations typically restricted to core arguments. In particular, such patients can serve as controllees in AV-marked control constructions, as shown in (17). In these constructions, they are case-marked by the matrix verb, function as agents of the embedded event, and are obligatorily present unless omitted for discourse reasons. This pattern supports their analysis as core arguments.

(17) Object control construction
a. *Muwai* ***kanku*** *pa-trima* *dra* *kiping* i *nanali.*
AV.permit **1SG.CM$_1$** CAUS-buy INDF.CM$_1$ clothes PN.PIVOT my.mother
'My mother permitted *me* to buy clothes.' (Puyuma)
b. *Nag-pa-bili* ***kay*** ***maria*** *ng* *bigas* *ang* *nanay.*
PFV.AV-CAUS-buy **PN.CM$_1$** **M.** INDF.CM$_1$ rice PIVOT mother
'Mother let *Maria* buy some rice.' (Kroeger 1993: 197) (Tagalog)

Additional evidence comes from the raising-to-object construction, which is highly productive in Philippine-type languages. In this construction, a complex sentence is introduced by a knowledge or perception verb, and the pivot of the complement clause is allowed to optionally surface in the matrix object position. Crucially, when the matrix verb is marked for AV, the pivot phrase of the embedded clause carries the same case-marking as the ordinary patient of two-participant AV clauses, i.e., the same coding as a putative antipassive patient. Consider (18) below from Tagalog.

(18) Tagalog raising-to-object
a. ***Um****-aasa=ako* [*na* *mai-pasa* ***ni*** ***juan*** *ang* *exam*].
AV-hope=1SG.PIVOT [C PV.SBJ-pass **PN.CM$_2$** **J.** PIVOT exam].
'I hope that *Juan* will pass the exam.' (non-raising version)
b. ***Um****-aasa=ako* ***kay*** ***juan***$_i$ [*na* *mai-pasa* *niya*$_i$
AV-hope=1SG.PIVOT **PN.CM$_1$** J. [C PV.SUBJ-pass 3SG.CM$_2$
ang *exam*].
CN.PIVOT exam].
'I hope that *Juan* will pass the exam.' (Chen 2025: 21) (raising of the embedded agent to the putative antipassive patient position)

These data pose a significant challenge to the antipassive analysis of AV constructions, as it is cross-linguistically rare – if not entirely unattested – for a core argument of the embedded clause to be optionally realized as a syntactic oblique in the matrix clause. Conversely, this pattern follows naturally from a raising-to-object analysis if the so-called antipassive patient position in the matrix clause is in fact an accusative position for a core argument.[5]

4.1.2 Verbal morphology

Although overt verbal morphology is not universally taken as definitional of antipassives (see Section 2.1 and Heaton 2020 for an overview; see also Maslova 2003; Comrie et al. 2021; Creissels 2024), some authors nonetheless require antipassive constructions to be morphologically more marked than the corresponding basic transitive (cf. Klaiman 2005; Kulikov 2011; Heaton 2017). The putative antipassives discussed here, however, show no clear morphological evidence of derivation from a basic transitive and lack obvious valency-decreasing morphology.

This pattern is illustrated below with data from Paiwan (19), which has been analyzed as possessing an antipassive construction; the same pattern is found in Tagalog and other Zone A languages.

(19) Paiwan

a. *ʔ<**em**>au-ʔaung* *ti* *baleng.*
RED<AV>-cry PIVOT.PS.SG B.
'Baleng is crying.' (monovalent intransitive)

b. *na=ʔ<**em**>alup* *ti* *palang* *ta* *vavuy*
PERF=hunt<AV> PIVOT.PS.SG P. CM_1 wild.pig
'Palang hunted wild pigs.' (putative antipassive)

c. *d<**in**>ukuL* *ti* *kui* *ni* *zepul.*
<PV>beat PIVOT.PS.SG K. CM_2 Z.
'Zepul has beaten Kui.' (Chang 2006: 113, 192, 417) (putative basic transitive)

These data show that the putative antipassive does not display additional morphological marking relative to the corresponding transitive construction, which instead exhibits an equally marked and non-overlapping pattern. Its verbal morphology is also largely indistinguishable from that found in monovalent intransitive clauses. As a result, there is no clear morphological evidence that the construction involves valency reduction relative to a more basic transitive (Campbell 2000; Foley 2008; Heaton 2017). While this pattern does not by itself rule out an antipassive analysis,

5 See Chen (2025) for specific arguments in favor of an accusative analysis for the case assigned to putative antipassive patients.

the constructions nonetheless lack clear morphological cues associated with valency-decreasing operations.[6]

Thus, while morphological marking is not required in some definitions of antipassives, in the absence of clear evidence of patient downgrading (as argued above), the lack of morphological evidence as well leaves us with little indication that these constructions resemble antipassives structurally.

4.2 Functional properties

We turn now to the functional properties of the putative antipassives in Zone A languages, as compared to antipassives in the literature (Section 2.2).

4.2.1 Definiteness of the patient

A commonly reported functional property of antipassives is lower definiteness or individuation of the patient (Heath 1976; Cooreman 1994): antipassive patients are often obligatorily indefinite or non-specific, and the predicate may be marked for plural number, indicating lower individuation.

The putative antipassives in Zone A languages behave differently. Many have noted that definite and/or specific patients can appear in AV constructions without reduction in individuation.[7] Examples below from four Philippine-type languages illustrate this: in each case, the putative antipassive contains a definite and specific patient modified by a determiner, demonstrative, or possessive pronoun.

(20) Compatibility of definite/specific patients in Philippine-type AV clauses

a. Malagasy
nanapaka ***ity*** ***hazo*** ***ity*** *tamin'ny* *antsy i Sahondra .*
PST.AV.cut **this** **tree** **this** PST.P.GEN.DET knife S.
'Sahondra cut this tree with the knife.' (Paul and Travis 2006: 316)

b. Amis
mi-takaw *cingra* ***t-una*** ***paysu.***
AV-steal 3SG.PIVOT **CM$_1$-that** **money**
'He stole that money.' (*ODFL* n.d.)

c. Paiwan

6 This should be distinguished from cases in which an antipassive marker is homophonous with related valency-decreasing affixes such as reflexive, middle, or reciprocal markers (Givón 1984; Comrie 1989; Dixon 1994; Creissels 2024).

7 Following convention in the literature, we define definite NPs as those modified by a determiner, demonstrative, or possessive pronoun, or expressed as proper names or free pronouns.

taliw *anan* *aken* ***tua*** ***ku*** ***tseqelap***, *aya* *ti*
<AV>whet.stone still 1SG.PIVOT **CM$_1$** **my** **knife** say PIVOT.PS.SG
sapayas.
S.
'I'll just sharpen my sword,' said Sapayas.' (Early and Whitehorn 2003: Text 34: 020)

d. Subanon
k<um>an *si* *juan* ***nog*** ***saging*** ***koyon***
<AV.IRR>eat PIVOT J. **CM$_1$** **banana** DET
'Juan will eat that banana.' (O'Brien 2016; glosses ours)

Only a subset of Philippine-type languages (e.g., Tagalog, Cebuano, Kapampangan) are reported to prefer indefinite/non-specific patients in AV clauses. However, even in these languages, definite patients remain possible with the AV construction. Consider (21).

(21) a. Tagalog
B<um>isita *si* *juan* ***sa*** ***hari*** *nang* *nag-iisa.*
<AV>visit PN.PIVOT J. **CN.DEF.CM$_1$** **king** ADV AV.IPFV-one
'Juan visited the king alone.' (Kroeger 1993: 41)

b. Cebuano
Nag-tindak *siya* ***kaniya***.
AV-kick 3SG.PIVOT **3SG.CM$_1$**
'He kicked him.' (Bunye and Yap 2019: 34)

c. Kapampangan
Mánig-áral=ya=ng ∅ ***Kapampángan*** *i* *Míke.*
AV-study=3SG.PIVOT=LK **CM$_1$** **Kapampángan** PN.PIVOT M.
'Mike is studying Kapampangan.' (Forman 1971: 66)

Furthermore, as also shown in the examples above, AV constructions across these languages allow pronominal patients, indicating that the patient may be specific and highly individuated, as in (22). In addition, putative antipassive patients in Philippine-type Austronesian languages can be freely modified by relative clauses (23), further suggesting that the patient may be definite and specific.

(22) Pronominal patient in Philippine-type AV constructions
a. Kavalan
babar *ti-utay* ***timaku***.
AV.punch CL.PN-U. **1SG.CM$_1$**
'Utay punched me.' (Huang 2005: 788)

b. Puyuma
Sagar=ku ***kanu***.
AV.like=1SG.PIVOT **2SG.CM$_1$**
'I like you.' (Chen fieldnotes)

(23) Tagalog relativization
Na-ka-kita=ako ***ng*** ***lalaki***=*ng* [*gusto* *si* *Aya*].
AV.PRF-RED-see=1SG.PIVOT **CM$_1$** **man**=LK like.PV PN.PIVOT A.
'I came across the man [who likes Aya].' (Chen fieldnotes)

In short, AV constructions in Philippine-type Austronesian languages typically allow definite and specific patients without signs of reduced individuation, unlike antipassives in many other languages. A few languages (e.g. Tagalog, Cebuano, Kapampangan) show a preference for less specific patients in AV clauses; however, this is not a strict constraint.

4.2.2 TAM and other semantic properties

Cross-linguistically, antipassives are associated with reduced semantic transitivity, often reflected in aspect, mood, and patient affectedness (Hopper and Thompson 1980), and commonly correlate with non-telic or non-punctual readings (e.g. habitual, iterative, durative, imperfective/progressive) (Cooreman 1994; Dixon 1994).

Similar tendencies have been reported for Philippine-type languages. AV patients may be interpreted as less affected than PV patients (e.g. Huang 2002; Liao 2004; Nolasco 2005), Tagalog AV has been argued to favor atelic readings over PV (Himmelmann 2005), and PV in some Formosan languages has been linked to bounded-event interpretations, possibly due to greater patient prominence (Ross and Teng 2005). However, broader comparison reveals substantial cross-linguistic variation in the default aspectual profiles of voice constructions, as in Table 4 for AV, PV, and LV across six languages.

Table 4: Default aspectual interpretation of voice constructions.

	AV	PV	LV	Source
a. Atayal/Seediq	Imperfective	(Future)	Perfective	Huang (2005)
b. Puyuma (Nanwang)	Perfective	Perfective	Perfective	Teng (2008)
c. Paiwan (Northern)	Perfective	Perfective	Perfective	Chang (2006)
d. Amis (Central)	Imperfective	Future	?	Wu (2006)
e. Tagalog	(Must be inflected with an aspect marker)			Schachter and Otanes (1972)
f. Malagasy	Imperfective	Perfective	N/A	Pearson (2012)

As Table 4 shows, there is no uniform default aspectual interpretation for AV across Philippine-type languages. Additionally, verb-specific idiosyncrasies are commonly observed. We therefore conclude that while some Zone A languages exhibit antipassive-like functional properties for AV (reduced affectedness; non-telic readings), these are gradient tendencies rather than categorical semantic properties, and these languages show substantial variation overall.

4.2.3 Topicality of participants

Another common trait of an antipassive is low topicality of the semantic patient as a referent across spans of clauses in connected discourse (Cooreman 1994; Vigus 2018). Consider below in Table 5 the typical relative topicality of agent and patient in three clause types discussed in Cooreman et al. (1984) and Givón (1994). In the table, a double arrow indicates a greater degree of difference in relative topicality than a single arrow.

In accordance with Table 5, the patient in an antipassive clause is expected to show properties consistent with a non-topical element with respect to relevant indicators, e.g. syntactic coding, referential distance, and topic persistence.

Do the putative antipassives behave similarly in exhibiting low patient topicality? Indeed, various Zone A languages are reported to exhibit AV patients with low topicality. Cooreman et al. (1984) show that AV patients in Tagalog have significantly lower topic continuity than agents. Similarly, Huang (2002), in a comparative study of Seediq and Tsou, reports that agents in both AV and PV constructions are significantly more topical and continuous than patients, and this pattern is particularly strong in AV constructions, as patients are only highly continuous in 5.7 % (Tsou) and 21.6 % (Seediq) of AV clauses in narratives (Huang 2002: 680–681). A similar observation is made for Cebuano. Payne (1982: 346) reports that the patient in AV constructions is consistently low in prominence and non-topical, showing low topic persistence for 79 % of AV clauses examined.

Hemmings (2015) observes a similar pattern in Cebuano, as well as Kelabit (Zone B) and Indonesian (Zone C). As shown in Table 6, in both AV and non-AV

Table 5: Clause type and relative topicality of agent and patient.

Active/ergative	Actor > patient	Patient is topical, but agent more so
Passive	Actor << patient	Agent is non-topical and frequently omitted
Antipassive	Actor >> patient	Patient is non-topical and frequently omitted
Inverse	Actor < patient	Agent is topical, but patient more so

Table 6: Topicality in the Cebuano, Kelabit, and Indonesian AV constructions (Hemmings 2015: 401).

	AV		UV	
	Mean actor	**Mean undergoer**	**Mean actor**	**Mean undergoer**
Cebuano	0.41	0.18	0.89	0.18
Kelabit	0.80	0.48	0.89	0.46
Indonesian	0.53	0.36	0.27	0.53

constructions (termed UV in Hemmings' work), the patient consistently exhibits significantly lower topicality than the agent. See also for similar observations on the discourse properties of participants and voice selection from Zone C western Indonesian languages: Gayo (Eades 2005: 175–177), Javanese (Ewing 1999: 209–212), Besemah (McDonnell 2016: 232–235), and Balinese (Pastika 2006).

We may therefore assume that low topicality is a common trait of patients in AV constructions, in particular in Philippine-type (Zone A) Austronesian languages, (and some Zone B and C languages of Borneo and western Indonesia). See Section 6.2 for a theoretical explanation of this characteristic.

4.2.4 Textual frequency

A further functional property concerns textual frequency. Cross-linguistically, antipassives are typically far less frequent than basic transitives: Givón (1994) reports antipassives at roughly 10–15 % of clauses, compared to 60–70 % for ergatives, 5–10 % for passives, and 15–20 % for inverse voice. This low frequency may be attributed to the low topicality and individuation of antipassive patients (Vigus 2018).

By contrast, putative antipassives in Zone A occur at much higher rates. In Tagalog narratives in two representative studies, AV clauses comprise 41 % of 500 sentences (Constantino 1971: 126) and 27 % of 5,000 sentences (McFarland 1984: 236), far exceeding typical antipassive frequencies. This strongly suggests that AV constructions in Tagalog do not pattern like true antipassives.

Similar patterns are reported in several Philippine-type languages of Taiwan, as shown in Table 7. These data indicate that AV constructions occur far more frequently than typical antipassives (~10–15 % of clauses). Moreover, AV constructions are more frequent than any other non-Actor Voice types – a distribution that would be unexpected if AV were an antipassive.

Hemmings (2015) reports similar findings for Cebuano (Zone A), as well as for Kelabit (Zone B) and Indonesian (Zone C). In Cebuano, AV constructions account for 25 % of tokens, whereas in Kelabit and Indonesian they occur with substantially

Table 7: Textual frequency of voice types in five Philippine-type Formosan languages (Huang 2002: 786).

	Actor Voice	Patient Voice	Locative Voice	Circumstantial Voice
Tsou	**57.5 %**	**27.2 %**	12.3 %	2.9 %
Atayal	**48.2 %**	**29.9 %**	17.7 %	4.2 %
Saisiyat	**77 %**	**19.2 %**	0 %	3.8 %
Seediq	**66.3 %**	**15.8 %**	15.6 %	2.5 %
Tagalog	**56.5 %**	**31.7 %**	10.3 %	1.4 %

Contrasting frequency values for AV and PV are in bold.

higher textual frequency – 62 % and 75 %, respectively – exceeding that of non-AV clauses. Nonetheless, in all three cases, the AV construction occurs at much higher rates than typically observed for antipassives.

Evidence from textual frequency thus suggests significant differences in the functional properties of AV constructions in Zone A Austronesian languages, compared with those commonly associated with antipassive constructions cross-linguistically.

4.3 Interim conclusion

In sum, the putative antipassives found in Philippine-type western Austronesian languages diverge from standard typological definitions of antipassives in several key structural properties:

(24)
a. The patient is case-marked as a core argument.
b. The patient cannot be freely omitted without prior discourse context.
c. The patient remains accessible to syntactic operations unavailable to obliques.
d. The construction is not more morphologically marked relative to the corresponding transitive, nor does it exhibit valency-decreasing morphology.

Moreover, in many Zone A languages, these constructions also lack several functional properties commonly associated with antipassives, except for the shared tendency toward low patient topicality (Section 4.2.3):

(25)
a. The construction readily occurs with definite and highly specific patients.
b. Reduced telicity or patient affectedness is not consistently observed.
c. The construction displays a much higher textual frequency than typical antipassives.

Table 8: Philippine-type voice alternation following the intransitive view of the AV construction.

	Actor Voice	Patient Voice
Agent	**S (pivot-marking)**	A (CM_2)
Patient	OBL (CM_1)	**P (pivot-marking)**

Arguments that share alignment in this analysis are in bold.

A key implication of this finding concerns the ergative approach to Philippine-type Austronesian languages. As discussed in Section 7.1, this analysis depends crucially on treating Actor Voice clauses as syntactically intransitive and on aligning the Actor Voice subject with the Patient Voice patient, as shown in Table 8.

This approach is based primarily on two observations: first, that AV morphology occurs both with monovalent intransitives and with semantically transitive verbs; and second, that putative antipassive patients tend to be indefinite and bear coding that is also found with certain non-locative adjuncts.

Our findings, however, challenge this interpretation. When a broader set of diagnostics is considered – including omissibility, syntactic accessibility, and coding patterns in causative and ditransitive constructions – AV clauses consistently display the structural properties of transitive clauses. They contain a core patient argument and do not differ from PV clauses in clausal transitivity. Consequently, the AV–PV alternation should not be regarded as evidence of ergative–absolutive alignment in these languages. Rather, it is more appropriately analyzed as shown in Table 9.

Given this, the remaining question is how AV-marked constructions should be classified. We address this issue next by proposing a typology of AV subtypes across Zones A–D (Section 5) and outlining a diachronic pathway for their development (Section 6).

5 Austronesian AV-marked constructions: a cline of (in)transitivity

We now extend our discussion to Zones B, C, and D, where the attested AV constructions in some languages display additional traits of antipassives. Table 10

Table 9: Philippine-type voice alternation following the transitive view of the AV construction.

	Actor Voice	Patient Voice
Agent	**A (pivot-marking)**	A (CM_2)
Patient	P (CM_1)	**P (pivot-marking)**

Arguments that share alignment in this analysis are in bold.

Table 10: Four types of AV constructions in western Austronesian languages.

	Type	Criterion	Examples
I	Spurious antipassive	Patients are obligatory without given context, may be definite, and share case-marking with core arguments in other constructions.	Formosan languages. Tagalog, most Philippine languages
II	Functional antipassive	Patients are obligatorily indefinite and coded as a bare NP	Mori Bawah, Duri
III	Semi-antipassive	Patients are frequently omitted and may be marked as an oblique or surface as a bare NP.	Sama Bangingi', Embaloh
IV	True antipassive	Patients are optional or suppressed; when present, are marked as oblique or incorporated into the verb.	Chamorro, Bugis, Seko Padang

presents a cline of AV constructions found across the 53 surveyed languages, divided into four subtypes.

We propose that Type I constructions are syntactically transitive, with a syntactically prominent agent bearing high topicality. The tendency towards lower semantic transitivity in some constructions sharing this morphological marking has arisen due to low topicality of the semantic patient. In a subset of western Austronesian languages, this has been grammaticalized, leading to changes in the coding, indexing, and/or behavioral properties of the patient phrase.

5.1 Type I: spurious antipassive

In most Zone A (Philippine-type) languages, and many Zone B/C languages, the AV construction displays core properties of a transitive. We classify it as a SPURIOUS ANTIPASSIVE, as indicated in (26).

(26) **Spurious antipassive**
The patient is obligatorily present without contextual support, may be definite, and bears the same case marking as core arguments in other transitive constructions.

This construction shows no clear morphological evidence of detransitivization or valency reduction. AV shares its verbal morphology with monovalent intransitives, and Philippine-type systems lack dedicated valency-decreasing morphology (Section 4.1.2), reflecting the inherited distribution of Proto-Austronesian Actor Voice morphology (see Section 6.1.1).

The putative antipassive patient also lacks oblique properties: it bears the same case marking as other core arguments (Section 4.1.1.1) and participates in syntactic operations typically restricted to core arguments (Section 4.1.1.3). Thus there is little morphological or syntactic evidence for patient downgrading, in line with previous transitive analyses of Philippine-type AV constructions (Richards 2000; Pearson 2005; Rackowski and Richards 2005; O'Brien 2016; Chen 2017; Hemmings 2021; inter alia).

Spurious antipassives are also compatible with definite or highly specific patients and generally disallow patient omission without contextual licensing (4.1.1.2, 4.2.1). The core properties are summarized in Table 11.

The distribution of Type I constructions in our survey is shown in Figure 2. They occur across Zones A–D and are attested in both Philippine-type and Indonesian-type languages. We discuss the implications of this distribution in Section 6.

5.2 Type II: functional antipassive

We now turn to the second subtype on the cline, termed the FUNCTIONAL ANTIPASSIVE following Mead (1999). These constructions exhibit some of the functions typically associated with antipassives while retaining key structural properties of transitive constructions, as indicated in (27).

(27) **Functional antipassive**
The patient in this type of construction is obligatorily indefinite and coded as a bare NP.

This construction is found in a subset of languages of Sulawesi. It features a grammatical restriction constraining the patient of a transitive verb stem to be indefinite. The patient phrase is realized as a bare NP, and generally does not receive oblique marking, while other obliques are regularly marked with a preposition. The patient is not indexed with a bound pronominal on the verb complex, while the patient in

Table 11: Key traits of Type I constructions.

	Type I Spurious antipassive
a. Can the patient be definite and/or specific?	Yes
b. Is the patient marked by a peripheral case or adposition?	No
c. Can the patient be freely omitted without a given context?	No
d. Does the construction show morphological cues of detransitivization or valency reduction?	No

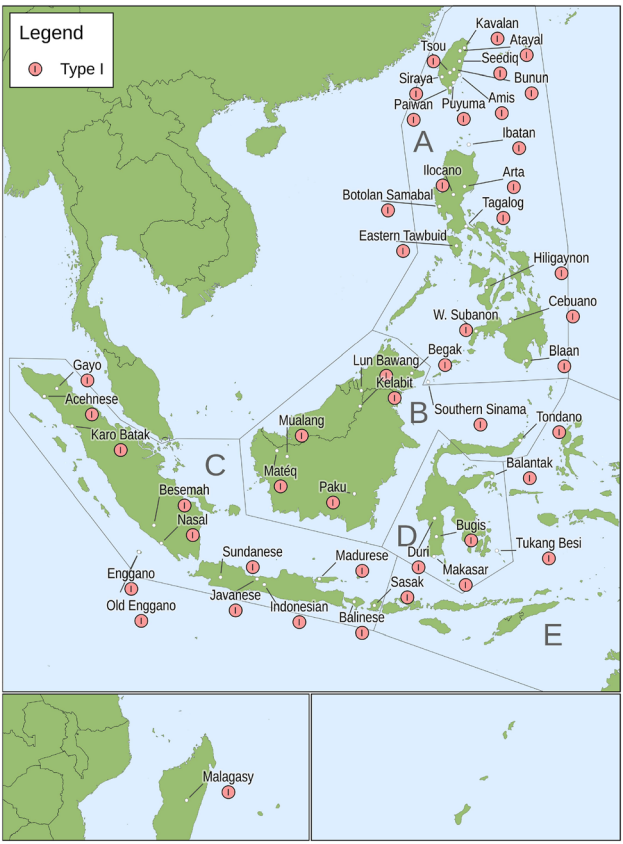

Figure 2: Distribution of Type I constructions.

basic transitive clauses (usually zero-marked) is typically indexed with a pronominal clitic.

Consider (28) below from Mori Bawah (Celebic). In the basic transitive in (28a), the verb is zero-marked; P is a definite NP (*ana-no* 'her children'), and indexed as an enclitic (=*'ira* 3PL.ABS) on the verb. In the functional antipassive in (28b), the verb bears the prefix *poN-*, and the patient is expressed as an indefinite NP (*singa* 'a lion') and is not indexed on the verb.

(28) Mori Bawah

a. *…ka=i* *pepate='ira* *ana-no.*
and=3SG kill=3PL child-3SG.POSS
'…and she killed her children.' (basic transitive)

b. …*ka=i* ***pom****-pepate* *singa.*
and=3SG ANTIP-kill lion
'…and he killed a lion.' (Mead 2005: 698) (functional antipassive)

Type II constructions do not qualify as true antipassives, because the patient NP shows a number of properties consistent with those of a core argument. It is not marked by a preposition, unlike oblique NPs in other verbal clauses. Additionally, particularly in South Sulawesi languages, an overt patient NP is obligatory rather than optional. An example from Duri (South Sulawesi) is shown below. In the functional antipassive in (29b), the patient is obligatorily indefinite, and must be overtly expressed, but is not marked with a preposition, which otherwise is used to signal oblique relations.

(29) Duri
a. *pura* *mu=saeq=i* *joo* *dea*
Already 2.FAM=cut=3 DEF grass
'You have cut that grass.' (basic transitive)
b. ***n****-ampaq=naq* *akua-na* *kokoq* *lungkun* *bene!*
ANTIP-get=1SG 1SG-EMPH mushroom just.grown girls
'I found a fresh mushroom, girls!' (Valkama 1993: 20, 23)
(functional antipassive)

While the patient in a functional antipassive is not indexed on the verb, indexing with a pronominal clitic in these languages does not necessarily correlate with core argument status. For example, the P argument of a basic transitive also is not indexed on the verbal complex in certain cases, e.g. when the clause expresses a general state of affairs, when P is given information, when P is fronted for focus, among others (see e.g., Valkama 1993; Mead 1998; Jukes 2020).

Many Type II constructions show other functional properties commonly associated with antipassives, such as non-telic aspect and partitive interpretation. For example, in Mori Bawah, the functional antipassive is used when the patient represents only part of a larger entity (Mead 1999).

We classify this type of construction into a separate category, as it differs from spurious antipassives by imposing a definiteness/specificity constraint on the patient and featuring clear morphological markers for derived status in most cases, alongside some additional functional properties indicating lower semantic transitivity. However, the patient phrase retains key properties of a core argument: it is not freely omissible, and is realized as a bare NP, a form of syntactic coding charateristic of core arguments. A comparison with Type I constructions is shown in Table 12.

Table 12: Key traits of Type I–II constructions.

	Type I Spurious antipassive	**Type II Functional antipassive**
a. Can the patient be definite and/or specific?	Yes	No
b. Is the patient marked by a peripheral case or adposition?	No	No (bare NP)
c. Can the patient be freely omitted without a given context?	No	No
d. Does the construction show morphological cues of detransitivization or valency reduction?	No	(Varies)

Note that some languages show both a Type I and a Type II construction, and these two may even show the same form of morphological marking (but differ in indexing of arguments). This is discussed in further detail in Section 6.2.

As shown in Figure 3, Type II constructions are restricted to central and south Sulawesi (Zone D) and Sasak, a neighboring language spoken in Lombok (Zone C). Implications of this distribution are discussed in Section 6.

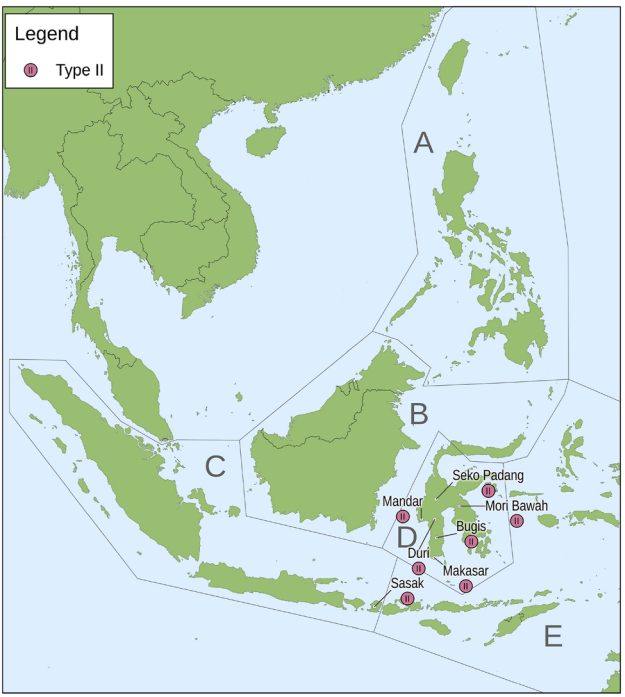

Figure 3: Distribution of Type II constructions.

5.3 Type III: semi-antipassive

Type III constructions are characterized by optional marking of the patient NP as oblique. Found in a small subset of western Austronesian languages (Yakan, Sama Bangingi', and Embaloh), they permit free omission of the patient phrase and marking of the patient with a peripheral case or preposition, neither of which is allowed in Type II constructions. We call this a SEMI-ANTIPASSIVE, as the patient phrase may be realized with either core or oblique encoding, as indicated in (30).

(30) **Semi-antipassive**
The patient in this type of construction is frequently omitted and may be marked as an oblique or surface as a bare NP.

A semi-antipassive from Sama Bangingi' is shown in (31). The patient of the *aN*-marked verb may be coded as an oblique marked NP, or alternately appear as an unmarked NP. Note that coding as an unmarked NP is not otherwise found for oblique phrases in the language. A pronominal patient in the same construction must take the oblique phrase marker *ma* (Gault 1999: 56–57). A comparable example from Embaloh is provided in the Supplementary Materials.

(31) Sama Bangingi'

a. *Abaya' tood aku amangan* ***sin nangka' u.***
want INTS 1SG.ABS AV.eat **OBL** **jackfruit** **that**
'*I* really want to eat that jackfruit.' (oblique-marked patient)

b. *Abaya' tood iya amangan* ***nangka' inaan.***
want INTS 3SG.ABS AV.eat **jackfruit** **that**
'*She* really wants to eat that jackfruit.' (Gault 1999: 29, 78) (bare NP patient)

Unlike Type II, Type III constructions crucially allow oblique-marking of the patient phrase. The patient is also frequently omitted, and an overt patient is never obligatory. It is clear that Type III constructions are approaching the cross-linguistic criteria for antipassives. However, it is also permissible for the patient phrase to be realized as a bare NP, i.e. with coding used for core arguments. The degree of frequency with which bare NP patients are observed is not always reported. In Sama Bangingi', bare NP patients occur in approximately one-third of semi-antipassive clauses in texts (Gault 1999: 59).

With respect to verbal morphology, the form used for semi-antipassives is consistently shared with monovalent intransitives. Compared to corresponding transitive constructions, in Embaloh the semi-antipassive shows additional marking, as PV is zero-marked, while in Yakan and Sama Bangingi', the pattern is similar to that in Zone A languages (see Section 4.1.2) with equal and non-overlapping marking

for semi-antipassive and transitive constructions, though this depends in part on modal category.

The functional properties of Type III constructions are quite consistent with those commonly associated with antipassives cross-linguistically. In Sama Bangingi', the agent is higher in topicality than the patient, which is often indefinite, non-referential or non-given (Gault 1999). The semi-antipassive is also used to express partitive or incomplete action in Sama Bangingi'. In Embaloh, the semi-antipassive tends to be used with less individuated patients and to express lower affectedness (Adelaar 1995). A comparison with Type I and II constructions is shown in Table 13.

As shown in Figure 4, Type III constructions occur in Embaloh, an inland West Kalimantan (Borneo) language of the South Sulawesi subgroup, and in two languages spoken in Mindanao (Philippines), Yakan and Sama Bangingi, that subgroup with Western Indonesian languages. Thus, the construction spans at least two primary branches of Malayo-Polynesian: Western Indonesian and South Sulawesi. We return to the implications of this distribution in Section 6.

5.4 Type IV: true antipassive

Only three of the 53 languages surveyed exhibit a productive construction that may be classified as a true antipassive: Chamorro and two South Sulawesi languages: Bugis and Seko Padang. In these constructions, the verb bears some additional morphological marking, and the patient is optionally expressed and downgraded to an oblique phrase, or is suppressed. In some cases, it is also permissible for the semantic patient to be expressed as an incorporated noun. These constructions therefore exhibit key structural properties characteristic of antipassives. We classify them as Type IV, defined as in (32).

Table 13: Key traits of Type I–III constructions.

	Type I Spurious antipassive	**Type II Functional antipassive**	**Type III Semi-antipassive**
a. Can the patient be definite and/or specific?	Yes	No	(Varies)
b. Is the patient marked by a peripheral case or adposition?	No	No (bare NP)	Yes
c. Can the patient be freely omitted without a given context?	No	No	Yes
d. Does the construction show morphological cues of detransitivization or valency reduction?	No	(Varies)	(Varies)

(32) **True antipassive**
The patient phrase in this type of construction is optional or suppressed; when present, it is marked as oblique or incorporated into the verb.

Consider (33) below from Chamorro, an isolated language of the Marianas. As seen in (33b), the construction bears distinct morphological marking (prefix *man-*) not present in the unmarked transitive construction (33a); furthermore, it features an oblique-marked patient phrase that can be freely omitted (Chung 1998, 2025).

(33) Chamorro
a. *Ha* ***bisita*** *si* *dolores* *si* *antonio.*
AGR **visit** UNM D. UNM A.
'Dolores visited Antonio.' (basic transitive)
b. ***Man-bisita*** *si* *dolores* *(as antonio).*
AGR.ANTIP-VISIT UNM D. (OBL A.)
'Dolores visited (Antonio).' Chung (2013: 6)
(antipassive; implicit patient allowed)

Compared to Type I constructions, the Chamorro *maN*-marked construction also shows more functional properties associated with antipassives. In terms of textual frequency, according to Cooreman (1987), just 7.7 % of the transitive verbs in Chamorro narratives are marked antipassive. Most antipassive clauses (61.4 %) also have an implicit semantic patient – not syntactically realized at all, and understood as a non-specific indefinite referent. When the semantic patient is syntactically realized, it is almost always indefinite. Accordingly, the antipassive is used when the activity described by the predicate is foregrounded and the identity of the patient is unimportant.

Bugis exhibits a similar Type IV construction. When the verb is marked with *maC-*, the patient phrase is oblique-marked, incorporated into the verb, or omitted. This construction also expresses lower affectedness of the patient (Laskowske 2016: 65), as reflected in the translation for (34b).[8]

(34) Bugis
a. *Na=sémpe'=i* *Saénal* *asu-é.*
3SG.ERG=kick=3SG.ABS S. dog=DEF
'Saenal kicked the dog' (basic transitive)

8 Laskowske (2016) treats phrases headed by *lao ri* as oblique prepositional phrases, though we note that *lao*, glossed here as ALL derives from the verb 'go', while *ri* is a preposition marking oblique relations (Hanson 2003: 93).

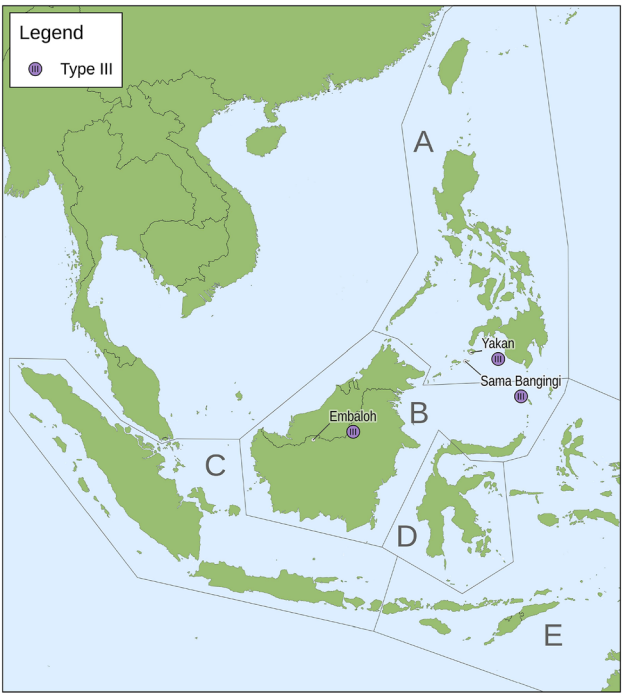

Figure 4: Distribution of Type III constructions.

b. ***Mas****-sémpe'=i* *Saénal* ***lao*** ***ri*** *asu-é.*
ANTIP-kick=3SG.ABS S. ALL OBL dog=DEF
'Saenal kicked at the dog (but didn't necessarily hit it.)'
(antipassive, oblique patient) (Laskowske 2016: 56–57)

The Type IV construction is distinct from basic transitives in Bugis, which are zero-marked and require an obligatory patient NP and/or a pronominal enclitic indexing the patient (34a). In contrast, the *maC*-marked antipassive allows the patient to be omitted (35a) or optionally expressed as an incorporated noun immediately following the verb and preceding the pronominal enclitic indexing the agent (35b).

(35) Bugis
a. *Mar-oki=ka'.*
ANTIP-write=1SG.ABS
'I'm writing.' (antipassive, patient omitted)

b. *Mar-oki sure'=ka'.*
ANTIP-write letter=1SG.ABS
'I'm writing a letter' or 'I'm letter-writing.' (Laskowske 2016: 58–59)
(antipassive, incorporated patient)

A Type II construction marked with *m-* is also attested in Bugis. In Type II constructions, the patient is obligatorily expressed as a bare NP, following the verb and the agent enclitic. Type II clauses are interpreted as telic, while Type IV clauses are interpreted as atelic (see Section 6.1.2 for further discussion of the forms of these prefixes).

(36) Bugis
a. *M-elli=ka' balé*
AV-buy=1SG.ABS fish
'I bought a/some fish.' (Type II functional antipassive)
b. *Mang-elli balé=ka'*
ANTIP-buy fish=1SG.ABS
'I'm (in the process of) buying fish.'or 'I buy fish (for a living).'
(Laskowske 2016: 65) (Type IV true antipassive)

The structural characteristics of the Type IV *maC*-marked construction in Bugis are thus consistent with those of a true antipassive. The patient is downgraded; it is optionally expressed, and if present must be coded as an oblique (or realized as an incorporated noun). Morphologically, the construction is more marked than a basic transitive. Furthermore, its functional properties are consistent with an antipassive. Events expressed are interpreted as atelic, or with low affectedness of the patient, and often exhibit non-specific and non-referential patients.

In the Seko Padang Type IV construction, the patient is suppressed when an intransitive prefix *miN-/mu-/ m-* is affixed onto a "notionally" transitive verb stem (Payne and Laskowske 1997). It may not be indexed on the verb as a clitic pronoun, nor expressed as a full NP.

(37) Seko Padang
a. *u=ku=ula'*
2=1SG=follow
'I follow you.' (basic transitive)
b. *ku=ming-ula'*
1SG=ANTIP-follow
'I follow.' (Payne and Laskowske 1997: 432–433) (Type IV antipassive)

Seko Padang also exhibits a Type II construction marked with *maN-*, that is used with new, non-specific patients, and patients that are not major participants in the discourse (Payne and Laskowske 1997). The antipassive marked with *miN-/mu-/m-*, in comparison, is used when the patient shows even lower topicality; Payne and Laskowske call this construction "super antipassive". However, it is also quite rare in discourse, so its functions are not fully understood.

All Type IV constructions in our survey are reported to be only partially productive. In Chamorro, only around 40 transitive verbs have antipassive counterparts (Chung 1998: 39), and the Bugis construction likewise exhibits limited productivity and is highly lexicalized. This provides further evidence that Type IV constructions are innovative and remain under development. A comparison of the four types of AV constructions discussed above is presented in Table 14. See Kaufman (2017) for a classification along similar lines.

In addition to the three languages discussed above (Chamorro, Bugis, and Seko Padang), Type IV constructions are found in two Sumatran languages; however these are not synchronically productive (see Section 6.3). Thus, Type IV is found in Zone C, Zone D, and the Marianas as shown in Figure 5.

The patterns discussed above highlight the hitherto unnoticed fact that the western Austronesian AV constructions exhibit a gradient in the presence or absence of antipassive traits. This gradient shows a rough north-to-south distribution, with Sulawesi being the hotspot for Type III and IV constructions, which show the most structural similarities with typical antipassives. The overall distribution is shown in Figure 6.

Table 14: Key traits of Type I–IV constructions.

	Type I Spurious antipassive	**Type II Functional antipassive**	**Type III Semi-antipassive**	**Type IV True antipassive**
a. Can the patient be definite and/or specific?	Yes	No	(Varies)	Yes
b. Is the patient marked by a peripheral case or adposition?	No	No (bare NP)	Yes	Yes
c. Can the patient be freely omitted without a given context?	No	No	Yes	Yes
d. Does the construction show morphological cues of detransitivization or valency reduction?	No	(Varies)	(Varies)	(Varies)

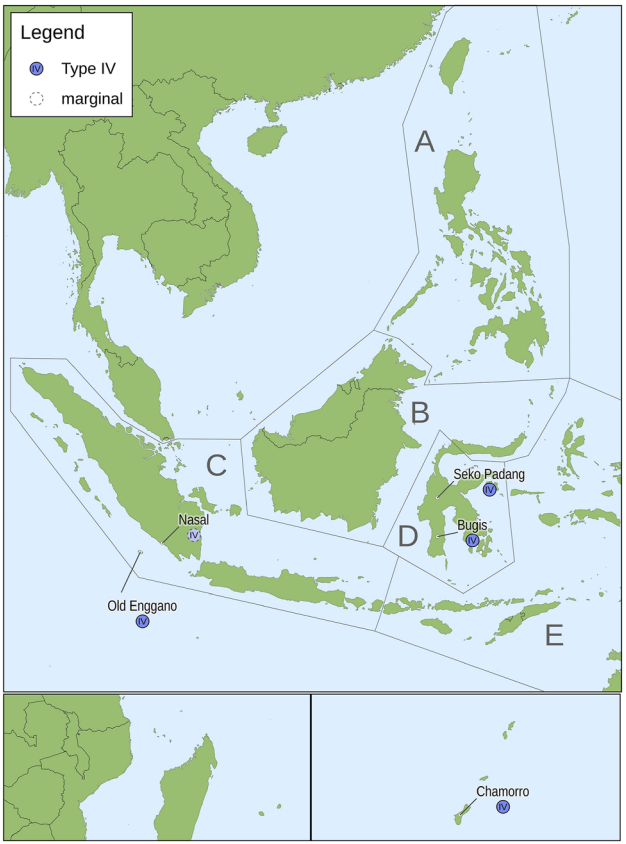

Figure 5: Distribution of Type IV constructions.

6 A gradient of antipassive traits: a diachronic perspective

The current findings support three generalizations. First, AV constructions in western Austronesian form a cline, with true antipassives attested in only a few languages. Second, spurious antipassives (Type I) are far more widespread than intermediate types (Types II–III) and true antipassives (Type IV), which cluster in Sulawesi and Sumatra. Third, Sulawesi is the most structurally diverse region, attesting all four types. This distribution raises three diachronic questions:

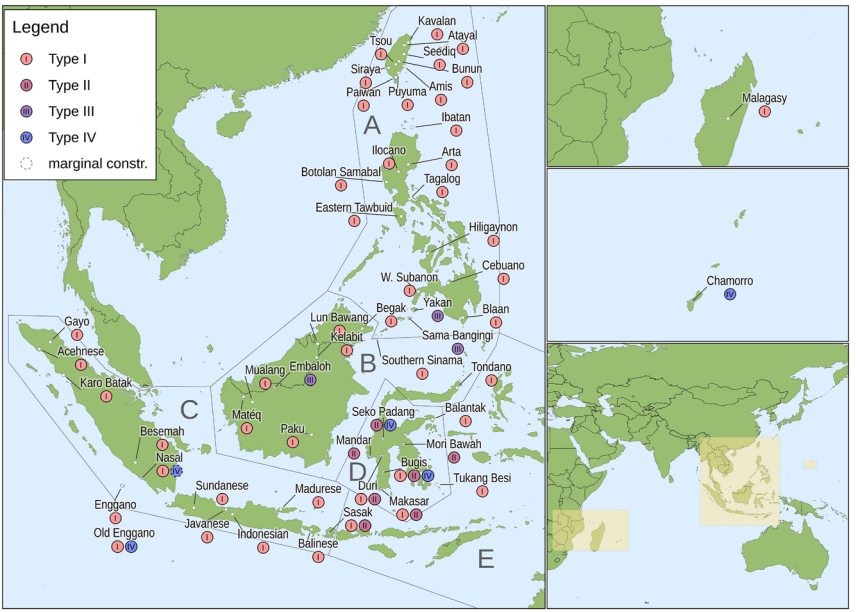

Figure 6: Distribution of Type I–IV constructions.

(38)
a. **Source and directionality**: What is the source of the cline, and which types are more conservative?
b. **Driving forces**: What promotes the emergence of true antipassives in western Austronesian?
c. **Pathways**: Do Types II–IV reflect a single innovation or multiple independent developments?

We address the questions in (38) using three lines of evidence: (i) the core syntax of Philippine-type languages with spurious antipassives, (ii) the emergence of antipassive-like properties in Type I–II languages, and (iii) languages with multiple antipassive-like constructions, which illuminate the development of true antipassives.

6.1 The development of antipassive-like constructions in western Austronesia

6.1.1 The diachronic source of the cline and directionality of the change

Comparative evidence indicates that Type I constructions (Philippine-type Actor Voice) most closely reflect the diachronic source of the cline, as supported by both morphological evidence and the distribution of the four subtypes.

Actor Voice morphology <*um*> is widely reconstructed for Proto-Austronesian (Blust 2001, 2013; Blust and Trussel ongoing; Ross 2002, 2009; see Section 5.1). Its reflexes – including <*m*>, *m-*, *N-*, *ng-*, *n-*, *meN-*, and zero marking – are widely attested across western Austronesian languages and may combine with reflexes of the perfective <in> (Ross 2015). In addition, innovative AV affixes *maN- and *maR- are reconstructable for Proto-Malayo-Polynesian (Ross 2002; Liao 2011; Blust 2013).[9]

Despite formal variation, AV morphology is typically characterized by a nasal element (often schematized as *M-*). The morphological marking of Type II–IV constructions in languages that exhibit them is clearly cognate with this inherited AV morphology.

As shown in Section 5, Type I constructions are far more widely distributed, occurring across all primary branches of Proto-Austronesian, whereas Types II–IV appear only sporadically in certain Malayo-Polynesian languages and lower-level subgroups. This distribution suggests that antipassive-like constructions developed from changes in the properties and distribution of Type I AV constructions in a subset of western Austronesian languages.

Further evidence that Type I represents the diachronic source of the antipassive-like cline comes from the cross-linguistic generalization that main clauses tend to be innovative, while subordinate clauses are more conservative (Bybee 2001 et seq.). Some languages in our sample exhibit both Type I and II constructions. In several of these – including Duri, Makasar, and Bugis – Type I is restricted to contexts where it is obligatory, notably subordinate clauses with A–S/A coreference (39a) and focus constructions with contrastive A (39b), while Type II has a much broader distribution. Since subordinate clauses are known to preserve conservative morphology in western Austronesian languages (Donohue and Maclachlan 1999; Chen 2017), these patterns support the view that Type I is conservative, whereas Types II–IV are innovative. We therefore analyze these cases as remnants of an earlier Type I AV construction with a broader distribution, which in most Zone A–C languages still occurs not only in these environments but also in main clauses and pragmatically neutral contexts.

(39) Duri

a. *ma-rio* *gaja-m=i* *Yuhani* ***ng**-kita=i*
STV-rejoice very-COMPL=3 Y. **AV**-see=3
'Juhani became very glad to see it.' (Type I, subordinate clause)

9 See the Supplementary Materials for language-specific sources.

b. *baq=i* *mai* *tuu* *nande* *na* *akuq* ***m**-baq=i* *lako*
carry-3 here DEM rice and 1SG **AV**-carry=3 there
'Carry that rice here and I will carry it there.' (Valkama 1993: 82, 85)
(Type I, contrastive focus)

The distribution of the Seko Padang Type II and Embaloh and Sama Bangingi' Type III constructions is likewise conditioned by structural factors in addition to semantic and pragmatic ones. These constructions also occur obligatorily in subordinate clauses with A–S/A coreference, even when the patient does not display reduced topicality, affectedness, or individuation, as it usually does in main clauses (Adelaar 1995: 392; Gault 1999: 78–79; Payne and Laskowske 1997: 432). This pattern supports the view that Types II and III derive from a Type I source, with which they share key structural and semantic properties in subordinate contexts.

Based on this morphological and distributional evidence, we conclude that the cline of antipassive-like constructions (Types II–IV) derives from earlier Philippine-type AV constructions (Type I). As discussed in Sections 4 and 5, Type I constructions (thus the source of the cline) exhibit key properties of true transitives – despite often having been analyzed as antipassives.

6.1.2 The development of antipassive marking in western Austronesian languages

Another key finding from our survey is the emergence of distinctive morphological marking for antipassives and intermediate constructions. As reported in Table 14, some but not all Type II-IV constructions have developed innovative verbal morphology not found on monovalent intransitives that may be viewed as morphological cues of detransitivization.

Such affixes are typically similar in shape but formally distinct from morphology used in the same languages on bivalent AV or monovalent intransitive clauses, which suggests that they are being reanalyzed or grammaticalized as specific markers of valency reduction. These languages thus differ from Philippine-type Austronesian languages, and indeed the majority of languages showing Type I constructions, which make no morphological distinction between bivalent and monovalent AV clauses.

For example, in Makasar, monovalent verbs are usually bare, or marked with *aC-*. Meanwhile Type II (functional antipassive) verbs carry the prefix *aN(N)-* , while Type I verbs (in subordinate clauses and contrastive focus constructions) exhibit a distinct marker *aN-*. The Type II prefix triggers nasal substitution of an initial stem consonant when it is a voiceless stop or /b/, resulting in a geminate nasal at the morpheme boundary, while the other two do not, as in (40). Thus, Makasar is

developing a dedicated morphological marker for its functional antipassive construction.

(40) Makasar

a. *Akkanama'*
***aC**-kana=mo=a'*
INTR-word=PFV=1
'I speak.' (monovalent intransitive)

b. *Ammallia'* *ballo'*
***aN(N)**-balli=a'* *ballo'*
AV_2-buy=1 palm.wine
'I buy palm wine.' (Type II, marked with *aN(N)-*)

c. *Kongkonga* *ambunoi* *mionga*
kongkong=a ***aN**-buno=i* *miong=a*
dog=DEF AV_1-kill=3 cat=DEF
'*The dog* killed the cat.' (Jukes 2020: 243, 335, 384) (Type I, marked with *aN-*)

Table 15 lists surveyed languages with AV constructions beyond Type I. Markers shown for Types II–IV are all likely cognate with Proto-Austronesian AV marking. Even so, in languages with more than one attested construction, a tendency for differentiation of verbal morphology across them is observed. Thus, antipassive and antipassive-like constructions in these languages tend to develop distinct markers, distinguishing them from bivalent or transitive clause types. Additional examples appear in the Supplementary Materials.

Table 15: Antipassive-like constructions in selected languages.

Language	Type I		Type II		Type III		Type IV		Other	
Duri	✓	*N-*	✓	*N-*	–		–			
Makasar	✓	*aN-*	✓	*aN(N)-*	–		–			
Ampenan Sasak	✓	∅	✓	*N-*	–		–			
Old Enggano	✓	*bu-*	–		–		✓	*aH-*		
Chamorro	✓	∅	–		–		✓	*maN-/fan-*		
Nasal	✓	*N-*	–		–		✓*	**		
Mandar	–		✓	*maC-*	–		–			
Mori Bawah	–		✓	*poN-*	–		–			
Embaloh	–		–		✓	*maN-*	–			
Sama Bangingi'	–		–		✓	*aN-/mag-*	–			
Yakan	–		–		✓	*aN-/mag-*	–			
Bugis	✓	*m-*	✓	*m-*	–		✓	*maC-*		
Seko Padang	–		✓	*maN-*	–		✓	*miN-/<um>*		
Muna	–		–		–		–		DOI	*ae-* (SBJ PFX)

*Marginal construction, low productivity.

6.2 The driving force for development of antipassive(-like) constructions

We now consider the potential driving forces behind the development of Type II–IV constructions. Cross-linguistically, antipassive markers derive from a variety of diachronic sources that share a common semantic profile: increased agent salience and reduced patient salience. Sansò (2019) identifies several such sources, all of which privilege agentivity and/or attenuate the role of the patient:

(41) Four diachronic sources of antipassive markers
  a. agent nominalizations
  b. generic or indefinite object fillers (e.g. *person*, *(some)thing*)
  c. action nominalizations, optionally with a light verb
  d. reflexive and/or reciprocal morphology

We propose that the antipassive(-like) constructions discussed here (Types II–IV) emerge under comparable pressures. Type I constructions typically involve a highly topical agent and a relatively low-topicality patient, a discourse configuration that favors lower semantic transitivity in the sense of Hopper and Thompson (1980), including reduced affectedness and individuation of the patient and a tendency toward non-punctual or atelic interpretations.

Substantial evidence indicates that discourse prominence drives this pattern. A long line of work analyzes Philippine-type AV clauses as subject–topic constructions in which the pivot corresponds to the discourse-prominent argument (Shibatani 1998; Richards 2000; Chen 2025). This idea traces back to Keenan (1976), who notes that pivots in Malagasy display unusually high referential prominence, and it is supported by numerous descriptive and comparative studies (Foley and Van Valin 1984; Carrier-Duncan 1985; Naylor 1995; Paul and Massam 2021; inter alia). In many languages, voice selection is sensitive to the relative discourse prominence of agent and patient (e.g. Tsou: Huang 2002; Jakarta Indonesian: Wouk 1996).

Latrouite's (2011: 102, 109) generalization for Tagalog captures this interaction succinctly: pivot marking *ang* targets the most discourse-prominent argument, defined by factors such as specificity, information structure, or person hierarchy. Elicited dialogue further supports this view: across voice types, pivothood tracks discourse topicality rather than grammatical role (Chen 2017).

A key implication is that in AV clauses the agent is typically the discourse topic, while the patient is correspondingly low in topicality. This configuration explains why AV clauses may exhibit antipassive-like functional properties despite retaining a core patient argument, as noted for Tagalog and Kelabit by Hemmings (2017) (see also Section 4.2.3).

Table 16: Topicality and voice in Duri.

Topicality of agent	Topicality of patient	Voice morphology	Construction
High	Low	*N-*	Functional antipassive
High	High/med	∅	Transitive PV
High/med	High	*N-*	Transitive AV
Low	High	*di-*	Passive

Additional support comes from languages that exhibit both Type I and Type II constructions, in which the alternation is clearly discourse-driven. In Duri, the Type II functional antipassive construction is used when the agent is highly topical and the patient is low in topicality and indefinite, whereas the Type I transitive AV construction is associated with highly topical, definite patients (Valkama 1993), as shown in Table 16.

In Duri, this discourse-driven contrast has been grammaticalized: Type II constructions impose strict constraints on low-topicality patients (an indefiniteness requirement, lack of pronominal indexing, rigid post-verbal position), while Type I remnants allow greater syntactic flexibility. Similar patterns are reported for other South Sulawesi and Celebic languages (e.g. Makasar, Mori Bawah), as well as Sasak, indicating a broader grammaticalization of discourse-conditioned patient prominence.

Finally, Type III constructions likewise show strong discourse conditioning. As discussed in Section 5.3, patients in Type III constructions in Sama Bangingi' and Embaloh are typically indefinite, non-topical, and associated with unrealized or low-salience events (Adelaar 1995; Gault 1999).

These patterns indicate that western Austronesian antipassives arise from the grammaticalization of discourse asymmetries in AV constructions rather than from valency reduction.

6.3 The derivational pathway: single innovation or parallel drifts?

Do the intermediate constructions and true antipassives reflect a single innovation or multiple parallel developments (i.e. drift)? Although Type II–IV constructions occur in only a minority of the sample (11/53 languages), their wide geographic and genetic distribution suggests drift. While especially common in Sulawesi, they also appear sporadically across lower-level subgroups: Type II occurs in diverse groups such as Sasak (Western Indonesian), South Sulawesi, and Celebic languages. Type III

is attested in languages such as Embaloh (Borneo, South Sulawesi subgroup), and Yakan and Sama Bangingi' (southern Philippines, Western Indonesian subgroup). Type IV spans distant regions from South Sulawesi to the Marianas.

Further support comes from two Sumatran subgroup languages (Billings and McDonnell 2024). In Nasal, a marginal antipassive marked with <*em*> occurs with a limited set of verbal roots (Bradley McDonnell pers. comm.). In Enggano, older sources describe an antipassive marked with *aH-*, where the patient is marked with the oblique *u-* and optionally preceded by the preposition *i'ioo* (Hemmings under review). In contemporary Enggano, however, the patient appears as a bare NP and use of the preposition is no longer possible; the newer construction is therefore no longer a true antipassive and is classified here as Type I.

Although the Nasal construction is marginal and the Enggano pattern has changed over time, their presence nonetheless supports the view that antipassives have arisen sporadically across western Austronesian languages rather than through an innovation in a single subgroup.

7 The changing faces of Austronesian voice: theoretical and typological implications

We have shown that genuine antipassives are rare in western Austronesian when established typological criteria are applied consistently to AV constructions. This finding has two major implications, summarized in (42). The first concerns the alignment status of Philippine-type languages, while the second bears on the diachronic development of western Austronesian symmetrical voice systems.

(42) a. **The alignment of Philippine-type Austronesian languages**: What does the transitive status of Type I AV imply for traditional ergative analyses of Philippine-type languages?
b. **The evolutionary trajectory of western Austronesian symmetrical voice systems**: What does the cline of AV-marked antipassive(-like) constructions reveal about the diachrony of symmetrical voice?

7.1 Implications for the case alignment of Philippine-type Austronesian languages

We have shown that the arguments commonly analyzed as antipassive patients in Zone A languages exhibit the hallmarks of core arguments. This finding bears

directly on a longstanding debate in the literature concerning whether Philippine-type languages are best characterized as ergative, accusative, or as instantiating a distinct alignment system.

Central to this debate is the transitivity status of the Philippine-type AV construction, which, together with the other voice forms, constitutes the Philippine-type voice system. These voice forms are associated with the selection of different pivots – agent, patient, locative, or instrument/benefactive – as illustrated in (43).

(43) Philippine-type voice alternation in Tagalog

a. *B⟨**um**⟩ili si AJ ng keyk mula kay Lia para kay Joy.*
⟨AV⟩buy PN.PIVOT AJ INDF.CM_1 cake P_1 PN.CM1 L. P_2 PN.CM_1 J.
'*AJ* bought cake from Lia for Joy.' (Actor Voice)

b. *Bi-bilih-**in** ni AJ ang keyk mula kay Lia para kay Joy.*
CONT-buy-PV PN.CM_2 AJ PIVOT cake P_1 PN.CM1 L. P_2 PN.CM_1 J.
'AJ will buy the *cake* from Lia for Joy.' (Patient Voice)

c. *Bi-bilih-**an** ni AJ ng keyk si Lia para kay Joy.*
CONT-buy-LV PN.CM_2 AJ INDF.CM_1 cake PN.PIVOT L. P_2 PN.CM_1 J.
'AJ will buy cake from *Lia* for Joy.' (Locative Voice)

d. ***I**-bi-bili ni AJ ng keyk mula kay Lia si Joy.*
CV-CONT-buy PN.CM_2 AJ INDF.CM_1 cake P_1 PN.CM_1 L. PN.PIVOT J.
'AJ will buy cake from Lia for *Joy*.' (Chen 2025: 1840)
(Circumstantial Voice)

The schematized case pattern is shown in Table 17.

The ergative view of this pattern maintains that the AV construction is syntactically intransitive, or antipassive, and that its patient is an oblique argument (see, e.g., Payne 1982; Mithun 1994; Aldridge 2004). Under this view, the alignment pattern is as represented in Table 18.

However, given our conclusion that Type I constructions are syntactically transitive and that their patients exhibit core argument properties, the apparent

Table 17: Philippine-type alignment: schematized case pattern[a].

	a. AV	b. PV	c. LV	d. CV
Agent	**Pivot**	CM_2	CM_2	CM_2
Patient	CM_1	**Pivot**	CM_1	CM_1
Locative	P_1	P_1	**Pivot**	P_1
Instrument/Beneficiary	P_2	P_2	P_2	**Pivot**

[a]Philippine-type languages typically use a dedicated preposition for locative adjuncts, motivating the distinction between P1 and P2. In some languages, P2 has multiple forms distinguishing non-locative adjunct types. Arguments that share pivot marking are in bold.

Table 18: The ergative view of Philippine-type languages.

	a. AV	**b. PV**	**c. LV**	**d. CV**
Agent	**Pivot: ABS**	CM_2: ERG	CM_2: ERG	CM_2: ERG
Patient	CM_1: OBL	**Pivot: ABS**	CM_1: OBL	CM_1: OBL
Locative	P_1	P_1	**Pivot: ABS**	P_1
Instrument/Beneficiary	P_2	P_2	P_2	**Pivot: ABS**
	Intransitive/antipassive	Basic transitive	Transitive applicative	Transitive applicative

Arguments that share pivot marking are in bold.

ergative alignment is only superficial. The pivot of an AV clause is a transitive agent (A) rather than an intransitive subject (S), as demonstrated by the contrast in (44).

The relevant two-place pattern is therefore as in Table 19, where both the AV and PV constructions are transitive.

(44) Tagalog

a. *h*<**um**>*abol* *si* *aya* *kay* *maria.*
<AV>chase PN.PIVOT A. $PN.CM_1$ M.
'Aya chased Maria.' (AV; putative antipassive)

b. *h*<***in***>*abol* *ni* *aya* *si* *maria.*
<PV.PRF>chase $PN.CM_2$ A. PN.PIVOT M.
'Aya chased Maria.' (PV; putative basic transitive)

c. *d*<***um***>*ating* *si* *aya.*
<AV>arrive PN.PIVOT A.
'Aya arrived.' (Chen 2025: 1851, 1844) (AV; monovalent)

Our finding that AV constructions in Philippine-type languages exhibit the structural properties of true transitive clauses, rather than antipassive, supports non-ergative analyses of Philippine-type alignment and reinforces the view that western Austronesian languages do not constitute a hotspot for antipassives.

Table 19: Argument-marking pattern in Tagalog two-place AV and PV constructions (44a, b).

	Actor Voice (Syntactically transitive)	**Patient Voice (Syntactically transitive)**
Agent	*si* (A)	*ni* (A)
Patient	*kay* (P)	*si* (P)

More broadly, together with critiques of derived-applicative analyses of LV and CV constructions (Foley 2008; Chen 2017; inter alia), our findings suggest that Philippine-type voice alternations affect pivot selection rather than clausal transitivity. A key implication is that pivot marking should not be analyzed as subject marking (i.e. nominative or absolutive), since it may target different participants – including non-core roles such as instruments and beneficiaries – without any accompanying change in argument structure. Instead, our findings are consistent with analyses that treat pivot marking as a form of topic marking (Shibatani 1998; Pearson 2005; Chen 2017; inter alia).

This conclusion also bears on a broader typological issue discussed by Haspelmath (2011), who argues that the identification of S, A, and P arguments depends crucially on how these notions are defined. As he shows, conflicting analyses of passive and antipassive constructions often arise from inconsistencies in argument identification rather than from empirical disagreement. Our findings contribute to this debate by showing that arguments commonly analyzed as antipassive patients in Philippine-type languages display specific properties shared by other core arguments (S, A, P) in these languages, and on this basis they can be considered to constitute core P arguments.

7.2 The evolutionary trajectory of Actor Voice: from symmetrical voice to valency-rearranging morphology

A second key implication of the observed typology concerns the evolutionary trajectory linking western Austronesian symmetrical voice systems to the asymmetrical voice systems characteristic of Indo-European languages and many other language families.

The predominance of Type I and Type II AV constructions indicates that western Austronesian voice systems are primarily organized around valency-neutral symmetrical alternations rather than valency-decreasing operations. In this view, voice alternations serve chiefly to encode information-structural prominence through pivot selection, not to alter clausal transitivity or argument structure, in line with Kiss (1995: 4):

(45) In a topic-prominent language, the topic is, in a way, an alternative to the subject [in a subject-prominent language].

This perspective also accords with analyses treating pivot phrases in Philippine-type languages (Zone A) as topics rather than subjects, with symmetrical voice alternations indexing discourse prominence (e.g. Shibatani 1998; Richards 2000;

Pearson 2005).[10] Building on this, we propose that low patient topicality drives the emergence of antipassives and intermediate antipassive-like constructions (Section 6). Diachronically, this reflects a shift from symmetrical systems tracking discourse prominence to asymmetrical systems increasingly encoding valency and transitivity.

Since antipassives are cross-linguistically less common than passives (Dryer and Haspelmath 2013; Zúñiga and Kittilä 2019), an important question is whether the same pattern holds in western Austronesian. Available descriptions suggest that passives are indeed more widespread than true antipassives in the region.[11]

Our survey further suggests that the emergence of true antipassives often coincides with that of passives, yielding asymmetrical systems in which either agent or patient can be demoted. This pattern appears in all three languages with (synchronically productive) true antipassives (Type IV) – Chamorro, Bugis, and Seko Padang – which also show morphologically marked passives with oblique or suppressed agents. Passives are likewise reported in most languages with Type II or III constructions.

Languages with both a passive and an antipassive instantiate highly productive asymmetrical voice systems and differ typologically from prototypical Philippine-type systems, which primarily rely on valency-neutral voice alternation. Chamorro illustrates such a system: the basic transitive is unmarked, the antipassive is marked with *man-* and allows an optional oblique patient, and the passive is marked with <*in*> and features an oblique agent (Chung 1998, 2025):

(46) Chamorro

a. *Ha* ***bisita*** *si dolores si antonio.*
AGR **visit** UNM dolores UNM antonio
'Dolores visited Antonio.' (basic transitive)

b. ***Man-bisita*** *si dolores (as antonio).*
AGR.ANTIP-visit UNM Dolores (OBL Antonio)
'Dolores visited (Antonio).' (antipassive; implicit patient allowed)

c. ***B<in>isita*** *si Antonio (gi)as Dolores.*
<AGR.PASSS>visit UNM Antonio OBL Dolores
Antonio was visited by Dolores.' (Chung 2013: 6) (passive)

10 See the Supplementary Materials for further empirical support; see also Latrouite (2011) and Chen (2017) for evidence linking pivothood with discourse topichood.

11 At least 12 languages in our sample are reported to have genuine passives that demote or suppress the agent: Puyuma (Chen 2020), Acehnese (Legate 2014), Indonesian (Legate 2014), Bugis (Hanson 2003), Makasar (Jukes 2020), Mori Bawah (Mead 1999, 2005), Sasak (Khairunnisa 2022; Duri (Valkama 1993), Mandar (Brodkin 2022), Chamorro (Chung 2020), Seko Padang (Payne and Laskowske 1997), and Tukang Besi (Donohue 1999).

Importantly, clear morphological evidence shows that Chamorro's antipassive and passive affixes historically derive from AV and PV morphology (Donohue and Maclachlan 1999), illustrating a pathway from symmetrical voice to valency-changing morphology.

(47) The evolution of symmetrical voice morphology in Chamorro
   a. **Philippine-type Actor Voice affix** → antipassive marker
   b. **Philippine-type Patient Voice affix** → passive marker

Taken together, these patterns highlight that western Austronesian languages exhibit two distinct voice systems – symmetrical and asymmetrical – with evidence of a diachronic link between them: symmetrical systems may develop into asymmetrical ones through the reanalysis of voice morphology as valency-decreasing affixes. The same direction of development is also observed in eastern Austronesian languages (e.g., Næss 2013, 2025; Holmen and Næss 2025).

8 Conclusions

The widespread view of western Austronesian as a hotspot for antipassives and ergative–absolutive alignment is not supported by comparative evidence. Our survey reveals that genuine antipassives are rare, being robustly attested in only four out of 53 languages, with one additional marginal case in Nasal.

Although AV constructions often exhibit functions associated with antipassives, most remain syntactically transitive. We have proposed a four-way typology of AV and related constructions, forming a cline of antipassive-like patterns shaped by discourse factors – especially low patient topicality – that in some languages have developed into true antipassives.

These findings have two broader implications. First, ergative analyses of Philippine-type and other western Austronesian symmetrical voice systems are difficult to maintain insofar as they depend on treating Actor Voice as intransitive or antipassive. Second, antipassive-like constructions appear to reflect independent diachronic developments driven by shared discourse pressures rather than a family-wide alignment pattern. More broadly, the Austronesian case underscores the need for caution in applying broad typological labels and highlights the value of fine-grained classifications grounded in systematic diagnostics.

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Abbreviations

List of abbreviations not included in the Leipzig Glossing Rules.

AGT	agentive
AOR	aorist
ASP	aspect
ASSOC	associative
AV	actor voice
CM	case marker
CN	common noun
CONT	contemplated aspect
CORE	core argument
CV	circumstantial voice
EMPH	emphatic
EX.POSS	existential possessive
INTS	intensive
LK	linker
LV	locative voice
NFUT	non-future
NPIVOT	nonpivot
P	preposition
PART	partitive
PFX	prefix
PIVOT	pivot
PN	personal name
PV	patient voice
REAL	realis
RED	reduplication
UMN	unmarked case

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