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# The Construal of Events: Passives in American Sign Language

ASL HAS PREDOMINANTLY been described as having only active voice. Stokoe, Casterline, and Croneberg (1965) were among the first to propose that passive constructions are not found in ASL, although several authors (Wilbur 1987; Kegl 1990) do suggest the possibility that a passive form may exist. What Stokoe et al. believe might be construed as passive they eventually determine is simply a "reversal of personal reference" (1965, 282); in other words, a verb such as GIVE is inflected to agree with its subject and object but does not have a truly passive form. Thus GIVE, they suggest, may move away from the giver as in *I gave you* but toward the receiver in *he gave me*.<sup>1</sup> Wilbur (1987, 141) points out that Stokoe et al.'s discussion is significant, not because they conclude that ASL does not have a passive, but because their conclusion is not based on a search for passive

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1. Stokoe et al. do point out here that in some instances a verb that moves toward the signer may be best translated as a passive construction (e.g., 'I was given'). As our discussion will show, this passive translation could be entirely appropriate and suggests that Stokoe et al. may have been on the right track after all.

morphology similar to the phrasal English passive. This approach has not always been the case, however, as exemplified by Isenhath (1990), who does not consider ASL morphology on its own merit, distinct from English. Isenhath concludes that because no English-type passive structure is found in ASL, it simply is not there: “ASL verbs do not have voice” (1990, 39).

Kegl’s (1990) account includes passives in an inventory of predicate types and focuses on verb detransitivization for this construction. Primarily, Kegl associates the passive form with the absence of a noun phrase (NP) argument for an otherwise transitive verb, which normally would agree with both a subject and an object by beginning and ending its movement at loci associated with agent and patient respectively. In Kegl’s view, the NP that would be the subject of the verb obligatorily disappears, with only a single spatial location remaining associated with the object of the verb. The passive construction in Kegl’s view is marked by a lack of movement because there is no locus associated with any agent. Instead, the detransitivized verb form is articulated entirely at the final object location. The verb HIT, for example, has a movement normally beginning at a spatial location at which the subject is assigned, with an S handshape on the dominant hand moving from this location to a second location associated with the object of the transitive verb, where an extended index finger on the nondominant hand is the point of contact. The detransitivized verb, labeled AT-HIT, has only the final configuration articulated at the signer’s own torso (see Kegl 1990 for additional notational details). Kegl suggests that this is a true morphological passive because it is detransitivized, the hands are reoriented toward the signer, and the “role prominence” is shifted to the object of the verb, or the “direct argument” (1990, 166). If any movement is retained in such verbs, it is “a constrained, minimal movement that does not agree with any position other than the SBP (signer’s body)” (1990, 167).

Since the time of Stokoe et al.’s description, we have learned a great deal about the morphology of ASL. In particular, we now know that articulation is not restricted to the signer’s hands but also includes linguistic information contained in facial gestures, eye gaze, and other body postures. Thus semantic information is distributed

across a number of potential articulators, the distribution (or possible co-occurrence) of which contributes to morphologically complex forms. For ASL the most complex morphological constructions are polymorphemic verb forms, which include a verb stem along with possible semantic information about arguments, number, aspect, and so on. We propose that when a particular and consistent morphological structure is present in an ASL verbal predicate that signals certain semantic components, the result must be understood to be a passive form. Passives are constructed in various ways in languages, for example the paraphrastic passive found in languages such as English or a morphological passive marker on the verb in languages such as Ute (Givón 1990), where no nonagent is promoted into a canonical subject position in the Ute clause. The passive form we discuss for ASL appears to pattern more similarly to the nonpromotional type.

With the exception of Kegl (1990), passives have been supposed not to exist in ASL. If the reasoning for this has been influenced by a search for a paraphrastic passive construction, perhaps this has been hampered by the widespread flexibility in ASL word order. While several word orders have been proposed, either generally or as underlying structures, Wilbur (1997) argues that the flexibility is due to pragmatic motivations. The choice of topic appears to be a prime motivator in the resulting clause and sentence construction (Janzen 1998). Thus, there is flexibility in word order, but none of the resulting orders appears to correspond to a passive construction.

We propose that active and passive constructions are nonetheless distinguished in ASL, but rather than being formed by a word-order alternation as in English, the passive is marked by a particular arrangement of grammatical features surrounding the verb in the predicate. In particular, several parameters of ASL grammar interact, and when these are combined in a certain way, a prototypical passive results. Less prototypical passive constructions may also obtain, however, when only some of the construction features are present. The prototypical passive in an ASL transitive clause is constructed when (1) the signer presents the clause from the point of view of the patient rather than the agent, even though an agent is understood to be carrying out the action; and (2) the agent is demoted, which often means that the agent is not mentioned, even though there are

instances of a more weakly demoted agent still present in the clausal structure. Critical morphological features are the direction of movement of the verb toward the signer and the eye gaze of the signer, which is associated with the patient rather than the agent of the action, but additional features, described in the following sections, may also be present to some degree. Thus our analysis agrees in part with Kegl (1990), although our data, taken from discourse texts, suggest that her analysis is too restricted.

In this article we first outline the basic function of passive constructions in language generally, and then we describe in more detail what form this takes in our proposal for ASL. We then compare discourse examples of active and passive constructions in ASL. Topicalization is often associated with passives (see Givón 1990), and since topic constituents are frequent in ASL, we address the role of topicalization in passive constructions. We next discuss passives and reference shifting, which in many cases involve similar grammatical components, but which ultimately are clearly distinguishable. The latter part of the article addresses agents that are more weakly demoted and compares similarities between passives and statives in ASL. Finally we draw some conclusions for this proposal.

### Structural and Functional Dimensions of Passives

Before further discussing the features of ASL that combine to form the passive, it is necessary to look at what a passive is. *Active* and *passive* are alternates of "voice," defined by Bybee (1985) as a grammatical category relevant to both the verb and its arguments. Voice signals changes in the functional roles of the NPs in a sentence and the perspective from which the situation described by the verb is viewed. Givón states that the "same semantically-transitive event, coded by the very same verb, agent and patient, may be rendered from several discourse-pragmatic *perspectives*" (Givón's emphasis; 1990, 566). Givón further suggests that the relative topicality of the agent and patient plays an important role in how the sentence will be constructed. Whereas the agent enjoys a prototypical topic position in the active voice, according to Givón the passive results from the demotion of the agent from this position.

The demotion of the agent, however, leaves open a possible position (or function) for another NP to take over. An agent might be de-emphasized or even avoided because it is unknown, irrelevant, or suppressed, but if so, “some strategy must be available to remove the agent subject and replace it with either a dummy or an NP having some other function in the sentence proposition” (Barber 1975, 16). In the English-type passive, where word order is fixed, demotion of a subject NP means that it is taken out of subject position and, if mentioned at all, is included after the verb in an oblique phrase signaled with the preposition *by*. The subject position is then filled with the patient or theme (the object of the verb), which, according to Givón, becomes more topical, as in example 1. The pragmatic perspective on the situation is altered from an agent to a patient in the marked (passive) construction: This sentence is about John rather than about the police.

#### EXAMPLE 1

John was arrested (by the police).

The construction in example 1 is a *canonical*, or *paraphrastic*, passive in which word order plays a critical role, but in other languages, especially when word order is altered for an array of pragmatic reasons, the particular relation between the verb and the nominal entities associated with the verb may be coded morphologically. This seems to be the case for polymorphemic verb structures in languages such as Cayuga and Selayarese, where pronominal morphemes bound to the verb stem signal topical entities and where no clear subject position is designated external to the verb complex (Mithun 1991). In Ute a passivizing morpheme appears in the verb structure with no change in clausal word order (Givón 1990). In example 2, an active and passive counterpart from Givón (1990, 581), the subject NP is demoted (in example 2b), and the object NP remains pre-verbal.

This is consistent with the structural and functional dimensions of passives that Wolfart (1991) relies upon for a description of voice in Cree clauses, that is, that “[p]rominence for the patient, obscurity for

the agent and marked verb forms are the signs of classical passive constructions" (171).

#### EXAMPLE 2

##### a. Active:

táata'wa-ci-u	sivájatu-ci	pañá-qa-ñxa
men-SUBJ-PL	goat-OBJ	kill-PL-ANT
'The men killed the goat.'		

##### b. Passive:

sivájatu-ci	pañá-qa- <b>ta</b> -puga
goat-OBJ	kill-PL-PASS-REM

'The goat was killed (by some persons)/Some persons killed the goat.'<sup>2</sup>

The passive has three general functions according to Shibatani (1985, 830). First, passives prototypically involve no mention of an agent for contextual reasons because agent defocusing is the primary pragmatic function of the passive. Second, paraphrastic passives bring a topical NP other than an agent into subject position, although Shibatani suggests that the topicalization of a patient is not the main purpose of the passive, and in some languages, as we saw earlier, a subject position is not at issue for the passive. Third, the passive acts as a syntactic pivot, important for co-referential deletion processes. Critical for Shibatani is that active and passive categories are not discrete, but rather, form a continuum.

Hopper and Thompson (1980) also treat passives as being on a continuum, as seen in their discussion of passives and transitivity:

More uncontroversial passives, of the type found in English . . . in our terms, are low in Transitivity: they typically have, or must have, only one argument, and this argument generally exercises no control over the event denoted by the verb. (293)

Hopper and Thompson treat transitivity as a feature of the clause, not of just the verb itself. Thus more prototypical transitives have a fully transitive verb accompanied by two closely associated NP arguments.

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2. ANT = 'anterior' and REM = 'remote.'

Numerous semantic and syntactic components may interact, however, to raise or lower the composite transitivity of the clause. In Hopper and Thompson's view, nouns and verbs attract grammatical morphology when they are most deployable as a prototypical usage, or, in the case of nouns, are high in discourse salience. In alternate uses or functionally marked instances, the morphology will reflect a move away from the category prototype.

Langacker's perspective on the construal of events depends on the notion of energy flow. In an active, transitive construction, the energy flow is from a subject coding a prototypical agent toward, and ending with, a prototypical patient. In his terms, the semantic roles of agent and patient can be understood as archetypes.

The archetypal *agent* is a person who volitionally initiates physical activity resulting, through physical contact, in the transfer of energy to an external object. Its polar opposite is an archetypal *patient*, an inanimate object that absorbs the energy transmitted via externally initiated physical contact and thereby undergoes an internal change of state" (Langacker's emphasis; 1991, 285).<sup>3</sup>

An active clause aligns the agent with the source of energy flow, whereas the patient is the terminus of the energy flow. When the situation is construed from the patient's point of view, however, the recipient of the energy flow is promoted from a downstream position and figures more prominently in the resulting marked construction. This promotion is clearly pragmatically motivated, signaled by some morphological marking, regardless of whether there is any alternation in the word order of the clause.

Further to the suggestion that the relationship between agent and patient is one of energy flow is that movement is considered a property of the agent but not of the patient (Dowty 1991; cf. Hopper and Thompson's 1980 discussion of increased action correlating with increased transitivity: Verbs such as *hit* are higher in transitivity than verbs such as *see*). As we point out in the next section, the semantic

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3. But note that transitive constructions in discourse may easily be about two animate entities, and as such, the point of view can be taken by an animate patient, as in *John was awarded first prize in last night's contest*.

agentive property of movement maps iconically onto the structural movement of the ASL verb. In each ASL passive we discuss, the movement of the verb is associated with the agent, even though demoted, whereas the patient is in a prominent position and is, in almost every case, nonmoving.

### The Passive in ASL

The features of passives just described are evident in certain morphologically complex verbal structures in ASL. Generally, ASL clauses appear to fall along an active/passive continuum, with prototypical active constructions at one end and prototypical passives at the other. More prototypical passives in ASL, the focus of this article, contain the following characteristics:

1. Defocusing, or the demotion of, the agent, so that the agent is not mentioned. As Shibatani suggests, “passives are used when the singling out of an agent is either impossible or unimportant—because of its being unknown, obvious, or irrelevant” (1985, 831). In our prototypical examples from ASL (see following sections), the agent is assumed or obvious and is not overtly mentioned in the clause. In certain cases the agent is mentioned, but either not as the subject of the verb or as an NP that is much lower in transitivity, for example, SOMEONE or WHO. Because word order is less relevant for ASL, this pronoun may still appear preverbally.
2. The event is viewed from the patient’s perspective rather than the agent’s. In the active construction, the point of view is clearly that of the agent. That is, for many verbs in ASL, the beginning point of the articulation of the sign is located at a particular point in the space in front of the signer, while the endpoint is located at a second point in space. The spatial locus at the beginning point is associated with the agent of the action, and the endpoint, with the patient or recipient of the action. Point of view expressed in a predicate is not typically discussed in ASL literature, perhaps because it involves nonmanual elements that have been more difficult to describe as morphology (that is, it has to do with subtle shifts in the position of the shoulders and torso and with eye

gaze).<sup>4</sup> In the active construction, the signer's shoulder leans slightly in the direction of the agent positioned in the signing space, and eye gaze is in the direction of the patient. In other words, the signer's body positioning signals an association with the agent of the action, and the movement of the verb is associated with the agent's activity. The agent is more topical than the patient in Givón's (1990) sense, meaning that essentially an active, transitive clause is about the agent.

In the passive, the patient (or theme, potentially) is more accessible, or given information, than is the agent. The patient is marked in the verbal agreement system as the final locus of the verb movement, but the event coded by the verb is viewed clearly from the patient's perspective rather than the agent's. For a transitive verb where the movement from one spatial locus to a second mirrors semantic transition, the signer has the option of treating the two loci objectively, of portraying the situation coded in the clause from the agent's viewpoint by a reference shift toward that locus and gazing toward the other, or by portraying the situation from the other locus by a reference shift in that direction and gazing at the first locus. In our discourse data, such reference shifts are so common as to suggest that a purely objective treatment of these loci is an unusual construction, and such a treatment is not considered further in this discussion. Reference shifting to portray various agents' point of view is the norm, but occasionally the situation is viewed from a patient's perspective. In these instances, the discourse is clearly more about the patient, or what happened to the patient, than it is about the agent.

The identity of the patient is evident in these clauses, whereas that of the agent may not be. The signer moves his or her shoulders and torso slightly toward the spatially positioned patient, with eye gaze directed toward the agent of the action. The patient may,

4. Point of view here is related to reference shifting (cf. Lillo-Martin 1995), which we will address later, but it clearly involves something more than a simple shift to a different referent. Point of view may be considered a property of transitive clauses in ASL in general, which surfaces in alternate ways, depending on the specifics of the clause and the discourse intentions of the signer or speaker.

of course, be formally marked as the topic constituent in an ASL sentence. We presume, however, that the major function of topic marking is not to indicate the passive. Givón's remarks on topicality and passivization may be understood as treating these as co-occurrence features. Whether an NP designating a patient is found in topic position may have no real bearing on the passive construction involving the verb as we describe it. A patient may be a marked topic, and yet the arrangement of the verb and its argument(s) may satisfy the definition of an active clause.<sup>5</sup>

3. For a transitive agreement verb, defocusing the agent so that the agent is not mentioned means that, rather than specifying an agent in the syntax by associating an agent NP with a particular locus, the locus is empty. The movement of the verb must still begin at some locus, however, and it is commonly understood that the semantic designation of such a locus must be specified before the locus becomes operable. But in the passive construction, no agent is specified, with the result that the movement of the agreement verb begins at a morphosyntactic, but semantically empty, locus. This differs from null arguments in which lexical items are not signed in the local construction, but the semantic material associated with the locus has been previously specified in the grammar in some accessible way. In the prototypical passive, the agent is not identified. Also regarding movement, we have said that the structural movement is associated with agentive movement in the active clause. In the passive clause, however, a kind of split occurs between the signer's body co-referring to the patient and the signer's moving hand(s) co-referring to the action of the agent. This is in distinct contrast to the agentive active clause where, from the agent's point of view, the signer's body and moving hand(s) both co-refer to the agent and the agent's action.

### Active versus Passive Constructions

The ASL utterances in examples 3 to 6 show the difference between a verb plus its arguments arranged to give an active reading and the

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5. It is interesting to note that Janzen (1998) finds that object NPs are an unusual choice for a marked topic in actual discourse. A possible relationship between this fact and the topicality of the patient in passive constructions in ASL requires further study in order to make any real co-occurrence claims, however.

alternate that we understand to be passive.<sup>6</sup> All of our data are taken from discourse segments on commercially available videotapes of ASL signers, most of which are in wide circulation.

### *The Transitive Active Clause in ASL*

Example 3 shows an ASL transitive verb, SEE (here signed multiple times), in an active clause.

#### EXAMPLE 3<sup>7</sup>

SIGN STUDENT, SECOND, INTERPRET INTEREST LEARN CONNECT  
 INTERPRET, TEACH-agent,<sup>8</sup> PRO.3p<sub>a</sub>, DEAF WORLD<sub>b</sub>, (PRO.3<sub>a</sub>)  
<sub>a</sub>SEE<sub>b</sub> + + .

'Signed language students, interpreters interested in learning (about Deaf culture) for their work, and teachers observe aspects of Deaf culture.'

In example 3 the plural agent (i.e., the signed language students, interpreters, and teachers) is at locus *a*, designated by subscript *a*. The verb SEE agrees with its subject and object in that the direction of the movement of the verb is from locus *a* toward *b*, the locus of the patient DEAF WORLD ('Deaf culture'). The signer moves her shoulder in the direction of locus *a* and looks across her signing space toward locus *b*, thus indicating morphologically in the structure of the verb that the situation is viewed from the agent's perspective. Thus in this active clause construction, the agent is fully specified both semantically and lexically. The signer codes the situation as the agent views it by morphologically shifting reference to the agent, directing her eye gaze from the third-person plural agentive referent toward the patient, and the verbal movement is from the signer's body co-referential with the agent toward the spatial locus co-referential with the

6. See the appendix for a list of the ASL conventions used in the transcriptions of these utterances.

7. Examples 3-5 are from *An Introduction to American Deaf Culture* by MJ Bienvenu and Betty Colonos (Burtonsville, Md.: Sign Media, 1985).

8. This agent marker, as it is often referred to in ASL grammar books, is the specialized nominalizer that appears on some verbs, and should not be confused with the more general semantic role of agent discussed throughout this paper.

patient. Once again, the majority of transitive clauses we have observed in our discourse data have their verb-associated morphology aligned in this manner.

Note that the active clause in example 3 is similar in structure to the Ute construction in example 2a, with both the agent and patient NPs positioned to the left of the morphologically complex verb. It is likely that here, too, in example 3, the agent NP is clause-initial because it is the most topical—it is what the sentence is about.

### *The Passive Construction in ASL*

The perspective, however, is much different in examples 4–6. In these instances the verbal features we have discussed are realigned. We claim that this morphological alternation results in a passive construction, both structurally and functionally, for ASL.

#### EXAMPLE 4

POSS.1 NAME M-J B-I-E-N-V-E-N-U.  $\overline{\text{aNAMED}_1}$  MJ (sign name).

‘My name is MJ Bienvenu. The name I have been given is “MJ.”’

#### EXAMPLE 5

$\overline{\text{IF HAPPEN}_1}$   $\overline{\text{aLOOK-OVER-SHOULDER}_1}$ , PRO.1 FEEL MORE STRESS.

$\overline{\text{POSS.1 TYPE}++}$   $\overline{\text{FEEL MORE TYPE-STIFF}}$ .

‘If my shoulder is being looked over, my typing feels more stilted/If someone is looking over my shoulder, my typing feels more stilted.’

In example 4 the signer introduces herself and then tells us her ASL sign name. The situation described by the verb  $\text{aNAMED}_1$  is a prototypical passive. It is viewed from the perspective of the patient, the signer herself. Being given a name is something that happened to her. She is in focus in this construction; the event is not about the agent. Second, the agent is not specified and is quite clearly not in focus. These functional features are reflected in the structural makeup of the verb. Consistent with Kegl’s (1990) analysis, the hands are reoriented in  $\text{aNAMED}_1$  to have the fingertips pointed toward, rather

EXAMPLE 6<sup>9</sup>

t  
 REMEMBER ONE-YEAR-PAST BASKETBALL TOURNAMENT, EXCITE, WIN.

y/n q  
<sub>a</sub>GIVE(2h)<sub>1</sub> TROPHY. REMEMBER.<sup>10</sup>

'Do you remember the basketball tournament last year, that we were excited to win? We were given the trophy, remember?'

than away from, the signer, and the movement is toward the signer. Taken together, these features are what most clearly differentiates the verb form phonologically from the active alternate.

Hopper and Thompson (1984) suggest that if a referent is to have continued identity throughout a section of discourse, it has to be introduced so as to be referential and have the appropriate morphological "trappings" to let the discourse participants know that it is thus deployable. In example 4, the discourse entity in the role of patient is introduced in the previous clause ('my name is . . .'), but the demoted agent does not qualify as deployable. If the signer wished to refer further to this entity, a simple index to the locus *a* would likely not suffice, but rather, the identity of the agentive referent must be explicated with a full noun phrase. In example 4, no such intention is the case—the agent is not identified in the discourse here, and the spatial locus associated with the would-be agent is insufficient to deploy it as referential.

Of course, someone with the appropriate cultural background could surmise that the two most obvious sources of the sign name would be either the signer's parents or the Deaf community itself, but in this case, the source has not been mentioned, is perhaps irrelevant in this particular context (cf. Barber 1975, Shibatani 1985), and is left unindividuated. The locus *a*, where the movement of the verb <sub>a</sub>NAMED<sub>1</sub> begins, is a locus in the signing space for which the signer

9. Examples 6, 9, 11, and 13 are adapted from *American Sign Language: A Student Text, Units 1–9*, by Charlotte Baker and Dennis Cokely (Washington, D.C.: Gallaudet University Press, 1991).

10. '2h' indicates that the sign is articulated with two hands rather than the usual one. This lexical item GIVE is articulated with an Open X handshape.

has not designated any lexical NP in her discourse. In other words, the verb agrees with an unfilled locus. The signer moves the verb from locus *a* toward herself (the endpoint locus 1), the recipient of the sign name. She has already been introduced in the discourse and is by now highly topical and is the only identified argument of the verb. Moreover, passivization is strengthened in the clause in example 4 by the split co-reference in the articulation of the verb, with the signer's body position and eye gaze designating the patient, but with the initial location of the hand and its movement designating the would-be agent. Our account thus differs from Kegl (1990) in two ways. First, the movement of the verb is not constrained in any way and is thus not itself detransitivized by an alternating path length feature; second, the initial verb locus is not in a (constrained) neutral position as Kegl suggests but is somewhat distal, even though as mentioned, this locus is semantically unfilled. The distal nature of the locus may in fact mark the unidentified agent as being of less immediate importance. Thus, passivization is indicated by morphological differences in the verb complex that signal semantic differences, but the lower transitivity, or detransitivization, results not from one specific morphological addition or subtraction, but rather from a combination of clausal features, as Hopper and Thompson (1980) claim.

As Givón (1990) suggests, it is very possible to view situations such as the one in example 4 from another discourse-pragmatic perspective—the agent's. In this case, the signer might be wishing to communicate something about the act of bestowing a name sign, thus identify the agent, and, through a shift of the shoulders and eye gaze as described earlier for active clauses, take the agent's perspective. (See the section on reference shifting and passivization for further details.) Examples 5 and 6 are further instances of the arrangement of morphosyntactic features in the verb phrase that results in a passive reading. The locus *a* in *\_aLOOK-OVER-SHOULDER<sub>1</sub>* (example 5) and in *\_aGIVE(2h)<sub>1</sub>* (example 6) are similar to that described in example 4. No agent is specified, the patient rather than the agent is in focus, and although the locus *a* is morphosyntactically required in the spatial-agreement system of the verb, these loci are not filled with any semantic material. The agent's identity is irrelevant in these cases.

These instances thus show an alternation from the more typical agent-focused, transitive clause by demoting the agent, even though the movement of the verb is still from the unidentified and unfilled agentive locus, and the perspective coded in the clause is the patient's.

We suggested earlier that when the event is viewed from the patient's perspective, the signer's eye gaze is toward the locus of the agent, but this may not be a requirement if some aspect of the scene allows for the signer to direct his or her gaze elsewhere. In example 5 the signer's message is that she is being intruded upon by someone looking over her shoulder as she is typing. For  ${}_a\text{LOOK-OVER-SHOULDER}_1$  (example 5), the signer articulates the verb in a location slightly behind her shoulder while maintaining her eye gaze to the front and downward toward the point in space where she signs TYPE ++. This indicates that not every clause is constructed to allow for conventional reference shifting, noted earlier as contributing to the prototype passive construction. Nonetheless, the other structural elements of the passive are present, and the perspective is clearly not agentive. The morphology indicating the defocused agent at the initial locus of the movement in  ${}_a\text{LOOK-OVER-SHOULDER}_1$  is insufficient to make the agent deployable. Instead, the patient is the topic of this discourse, and this person's perspective is maintained. In fact, not looking in the agent's direction may ultimately serve to make the entity even more patientlike because of its clear noninvolvement in the activity being coded.<sup>11</sup> Although the eye gaze is not in the agent's direction in this case, it very well could be, but because the event is construed as being from the patient's point of view, the eye gaze does not shift to take on the agent's perspective in this passivized clause. Example 7 shows a more extreme case of this.

Even though the agent of  ${}_a\text{INJECT-IN-EAR}_1++$ , the doctor, has been identified in the previous sentence,  ${}_a\text{INJECT-IN-EAR}_1++$  in example 7 still qualifies as a passive because in this clause, the signer codes the action from the patient's perspective (the boy, Clerc) and the agent of the action is not mentioned in this clause. Here, as in example 5, the movement of the verb is directed toward the patient,

11. Note the importance of the use of space in such an ASL construction—these semantic notions are implicated in spoken language grammar, but not so overtly specified.

EXAMPLE 7<sup>12</sup>

DOCTOR WILLING SEE, CAN COME ++ TWICE EVERYDAY + + + FOR TWO-WEEK. MEDICINE <sub>a</sub>**INJECT-IN-EAR<sub>1</sub>** ++ (gesture to ear) TWO-WEEK.

'The doctor was willing to see him, saying he could come twice each day for two weeks. He was given medicine for the two weeks.'

the agent is assumed and not named again, and the signer is focusing on what happened to the patient rather than what the agent did. This passage is also a good example of a shift in perspective, from that of the doctor who is 'willing to see' the young Clerc, to that of the boy receiving the ear medicine. The event is unpleasant, however, and the signer (coding the patient) is looking away from the agent. This example shows that defocusing the agent can be quite a local effect. The signer is free to switch between agent and patient perspectives clause by clause according to how the signer wishes to frame the discourse, with the active/passive alternation being a useful grammatical mechanism to achieve this. This is not inconsistent with such grammatical category alternations in discourse for speakers and signers of other languages.

#### *Topicalization Is Not Passivization*

Givón (1990) suggests that topicality plays an important role in passivization, but in a language such as ASL, in which sentences are likely to include a grammatical topic, the marked topic and the passive structure have different functions. While the relationship between marked topics and passive constructions is not entirely clear, we are not claiming that topicalization in ASL is the marker of the passive. Simply put, the topic sets the framework for the information to follow. Li and Thompson (1976) claim that in topic-comment languages, passivization is not really needed—any NP (among other things) can go in topic position, and there is no need for any other

12. Examples 7, 8, 10, and 12 are from *When the Mind Hears: A Synopsis in ASL* (videocassette), by Harlan Lane (Burtonsville, Md.: Sign Media, 1993).

construction to defocus a subject. Yet there are topic-comment languages in which both topicalization and passive constructions do occur, such as Mandarin (Li and Thompson 1981) and, as argued here, ASL; nevertheless these two constructions have different functions. For ASL, passivization is marked in the morphology of the verb and is accompanied by the demotion of the agent NP. Most prototypically this means that the agent is not mentioned. But it is possible that both an agent NP and a patient NP are mentioned and assigned a spatial locus, followed by a morphologically coded passive verb construction. Further, it is possible that pragmatically, either of these NPs may be marked as the grammatical topic for the sentence, with no bearing on the clause being coded as active or passive.<sup>13</sup> Even with the striking proximity of the two grammatical structures, topicalization and passivization, these two are not clearly interdependent—such a verb complex could receive topic marking whether active or passive. Instances may be found in which the two features work in a complementary manner to strengthen the perspective signaled by the verb morphology, but if so, the specifics of this are not yet clear.

A marked topic occurring with an active construction is shown in example 8 with the verb <sub>1</sub>LET<sub>a</sub>.

#### EXAMPLE 8

MOTHER #DO + <sup>t</sup>, TAKE + FEEL GO CHURCH, TRAVEL(uphill). IN  
CHURCH

PRAY ++ . CLERC PRO.3<sub>a</sub> (gesture) <sub>1</sub>LET<sub>a</sub> #DO + WHAT.

'His mother decided to take Clerc to church, which was up the hill. In the church she prayed, but she let Clerc do what he wanted.'

13. Note that in example 4 above, topic marking occurs not on an NP in the passivized clause, but on the whole passivized verb complex itself. This morphosyntactic complexity combines the passivizing function of focusing the patient and, with topic marking, expresses a clearly accessible pragmatic piece of information from a cultural 'insider' point of view.

In the third sentence of this example, CLERC is the marked topic constituent, and this is followed by a pronoun that positions Clerc at locus *a*. The mother, introduced earlier in the discourse, is clearly understood as the initiator, if not causer, of the activities described in this discourse section. Clerc is the topic of the third sentence, but the mother is also highly topical. The verb *LET<sub>a</sub>* is signed from the mother's point of view, with the movement beginning near the signer's torso, where the signer's body stands in for the third-person referent, and ending near locus *a*. The signer's eye gaze is also toward locus *a*, indicating a strong agentive coding. Thus it is an active construction, accompanied by a topic-marked patient NP.

A further instance of topicalization co-occurring with a passive construction is in example 9, but once again one cannot be said to be an overt marker of the other.

#### EXAMPLE 9

+ nod    t  
YESTERDAY FINISH, B-I-L-L <sub>a</sub>**GIVE<sub>1</sub>** 800.

'Yesterday (when the work was) finished, I was given a bill for eight hundred dollars.'

Here the signer has been discussing taking his car in to the shop for repairs. The situation, which includes the unspecified, but obvious, agent at locus *a*, is coded as a topic in its entirety. Receiving a bill after the car has been fixed is an expected result and therefore is completely accessible to the addressee, thus qualifying it functionally for topic marking. The defocused agent, presumably a shop employee or owner, is at best lumped in with the pragmatic understanding of the whole scene and is not in need of individuated mention.

The agent of the action coded as **GIVE**, whoever was the source of the bill, is not a deployable entity in Hopper and Thompson's (1984) terms, but interestingly, the bill that was received is. In this case, the bill is the direct object of the verb but is also an expected entity pragmatically, and therefore topical, and is here presumably the topic (and perhaps the subject) of the clause. The nominal **B-I-L-L** is referential and deployable and in fact is the basis of further comment in the form of the exact amount. Note that the nondeployable direct

object (the giver) is only marginally coded by the morphosyntactic but unfilled locus *a*. Although we have said that topicalization within the passive clause cannot be the marker of a passive construction, example 9 represents another instance of a preverbal object NP as part of the topic-marked constituent, an unusual case for topic-marked elements in ASL clauses (Janzen 1998). We point this observation out here but leave any conclusions that might be drawn regarding its participation in strengthening the passivization to further, more complete, investigation.

#### *Reference Shifting and Passivization*

Reference shifting (also referred to as “role shifting” by some) is an ASL discourse feature by which the signer relays the actions or conversation of different characters in a narrative (Lillo-Martin 1995). Similar to what we described earlier, the signer shifts his or her shoulders and torso slightly in each character’s direction and typically looks briefly in another character’s direction.

Why then is the passive not just an instance of such reference shifting? Although these two processes do share certain features, reference shifting in narrative is predominantly from agent to agent, that is, each shift changes the perspective from one agent to another agent. The passive, conversely, may involve a shift from one character to another, but in this construction, the perspective additionally shifts from agent to patient. Alternatively, the focus may remain on a single referent, but a shift may take place from this referent’s perspective as an agent of action to the same referent’s perspective as a patient of action in the next clause. Example 7 above is an instance of a reference shift (from the doctor to Clerc) plus a perspective shift from the doctor as agent to Clerc as the recipient of the action. Example 10 illustrates a perspective shift to a passive (example 10a) with no reference-shifting morphology to any other character in the narrative until the final sentence (example 10b), in which the perspective shifts from the patient NP (being stared at by some unidentified other) to that of the other people then talking about the first referent.

In this section of discourse, we find both the type of shift from one referent to another discussed in Lillo-Martin (1995) and a passivizing perspective shift. In the first sentence, FATHER—more an

## EXAMPLE 10

- t
- a. FATHER SEEM EMBARRASS HAVE DEAF SON (emphatic gesture).  
 MEAN <sub>a</sub>(multiple) STARE-AT<sub>1</sub>.
- 'His father seemed embarrassed about having a deaf son. It meant that he would be looked down upon.'
- b. (perspective/reference shift) PRO.<sub>3b</sub> FAMILY HAVE DEAF,  
 SOMETHING WRONG.
- '(People would say) his family has a deaf son; there must be something wrong with them.'

experiencer than an agent of some action—is in focus and is marked as the topic. In the following sentence, the verb <sub>a</sub>(multiple) STARE-AT<sub>1</sub> maintains the father as the nominal in focus, but with the action carried out by a plural, unspecified agent: This is the passive construction. Plurality in this verb is indicated by all the signer's fingers being extended rather than just the index and middle fingers (i.e., LOOK-AT), and the beginning of the movement is once again associated with an unfilled locus *a*. This locus represents the townspeople, even though no mention of them has yet occurred. The locus *1*, where the movement of the passivized verb ends, further indicates that once again the signer is using his own body to represent the third person, 'father'. Here the perspective is clearly from the patient's point of view, the signer's eye gaze is directed toward the unfilled locus *a*, but the movement and handshape of the verb are clearly associated with the demoted agent's actions.

In the final sentence, however, the reference shift is from the father to the townspeople who are staring at him. Although these people's identity is never overtly stated, we can make this assumption because earlier in the narrative the father has been identified as the mayor of a small town. Moreover, the perspective shifts from the father as a patient to the townspeople as agent. The signer's shoulder and torso shifts slightly toward locus *a*, and he points to a new locus *b*, understood to be the father's (new) locus. The signer, now having

the townspeople's perspective, addresses the father, the action being from the townspeople's point of view. This brief passage, therefore, is explicit in identifying both the role of each nominal within the whole construction and the perspective marked in the verb complex.

Combined reference and perspective shifting allows the signer to both refer to several third-person entities and to choose between portraying the situation from either an active or a passive perspective. Given the morphological structures available to an ASL signer, where such perspectives are iconically mapped onto the grammatical features within the construction, the passive is perhaps made possible for third-person referents only through the availability of reference shifting. Even though the passive described here always involves an overt association to the signer's own body, passive constructions are not limited to first-person readings.

#### *A Weakly Demoted Agent*

Sometimes an agent is named in the passive clause, although examples 11 and 12 show that the NP in this role is often only weakly agentive. Even though it is generally thought that evidence exists of a basic SVO word order in ASL (e.g., Fischer 1975, Liddell 1980) or that word order variation is pragmatically motivated but still with underlying SVO order (Wilbur 1997), for topic-comment languages the subject may not be a particularly important category (Li and Thompson 1976, also cf. Mithun 1991 for a discussion of languages thought not to have a subject category). The discourse-based study of topic constituents in Janzen (1998) concludes that although topic is strongly represented in ASL utterances, the category of subject may not be. Given the variety of pre- and postverbal positions that a so-called subject NP may occupy in ASL, the semantic role of agent or patient for an NP is more clearly evident than is the NP's syntactic role of subject or object. In examples 11 and 12, the weakly agentive NP is preverbal, but any strong claims regarding an overt agentive NP and a syntactic subject position it may occupy are left for further study. In any case, the presence of a weak agent may constitute a less prototypical ASL passive by our definition, but the passivized verb construction is not affected.

Example 11 is a continuation of the discourse introduced in example 6.

In example 11b, rather than being designated a spatial locus on a more or less horizontal plane in the sense described for NPs in previous examples, the pronominal SOMEONE is articulated on a slightly higher plane. The verb  $b$ STEAL<sub>(up)</sub> first agrees with locus *b* associated

#### EXAMPLE 11

y/n q

- a. THAT-ONE PRO. $3_a$  A-A-A-D HOUSTON PRO. $3_a$  THAT-ONE.

'The one from the American Athletic Association of the Deaf Houston game?'

- b. SOMEONE  $b$ STEAL<sub>(up)</sub>.

'It was stolen/someone stole it.'

with the spatial location designated for the stolen item, and the movement of the verb is upward and away from the signer. The situation is viewed from the perspective of the owner of the trophy (and the narrator). In this case the agent, which is possibly the grammatical subject, has increased slightly in terms of focus, but the situation is still not viewed from the agent's perspective.

In this case it might not be said that the signer takes the perspective of the patient (the trophy) exactly because this NP is inanimate, whereas in all the previous examples we have cited, the signer's more physical perspective can easily map onto the semantic (and grammatical) perspective being portrayed. In example 11b, however, the signer's perspective is still aligned more with the patient than with the agent—the locus for the trophy is closer to the signer's body than is the locus for SOMEONE, the movement of the verb is away from the signer even though the movement itself is associated with the action of the agentive thief, and the signer looks toward the agent locus. Thus this construction shows that the complement of passive features may vary as Hopper and Thompson (1980) suggest, and although example 11b may not exemplify the passive prototype for ASL, it is clearly more passive than active. One clear difference in articulation is that the movement of the verb STEAL is away from—rather than

toward—the signer as we have described for other passive constructions, but this appears to be an effect of the verb semantics. Stealing involves the transfer of an object *to* the agent, but because in this case the agent is some unnamed other, and the signer's perspective is aligned with the object, the movement is consistent with the pragmatic features of this particular context—this articulation is still marked in this regard. In addition, the signer's body and hand movement are still split between the patient and agent referents.

The event portrayed in example 11b could be construed from the agent's (the thief's) perspective, however, if the movement of the verb were articulated from a locus out in the signing space toward the signer's body, and if the signer leaned his shoulder in the direction of the locus for SOMEONE and shifted his eye gaze toward the locus of the trophy. This would not in and of itself identify the narrator as the thief because as we have already seen, the signer is at liberty to have his or her own body act as a third-person referent. This possible construal would have the clear characteristic of reference shifting to another agent's point of view, as we discussed in the preceding section on reference shifting and passivization. A similar situation is apparent in example 12.

#### EXAMPLE 12

t

CLERC HIDE<sub>a</sub>. STAY<sub>a</sub> + <sub>a</sub>THERE. WHO <sub>b</sub>APPROACH<sub>1</sub>, CLERC, <sub>1</sub>LOOK-AT<sub>b</sub>, FIRST DEAF TEACH-agent.

'Clerc hid and stayed there. Then to his surprise, he was approached by the first Deaf teacher.'

Even though the weakly agentive pronominal WHO occupies the preverbal position similar to SOMEONE in example 11b, the verb <sub>b</sub>APPROACH<sub>1</sub> is construed from the patient's perspective, the person being approached, with the movement articulated toward the signer and the eye gaze toward the beginning locus of the movement of <sub>b</sub>APPROACH<sub>1</sub>. WHO itself, in this preverbal position, does not make the entity it represents deployable, but the identification of WHO is subsequently given in the comment that follows. Note that in example 12 the two clauses under the continuous topic marker, identified

by the verbs APPROACH and LOOK-AT, show a shift from passive to active perspective, although no reference shift takes place from one referent to any other. Both APPROACH and LOOK-AT are from Clerc's perspective, but APPROACH (Clerc is approached by 'who') has passive morphology, whereas LOOK-AT (Clerc looks at 'who') has active morphology.

### *The Relation of Passives to Statives*

The link between passives and statives, both because of conceptual and structural similarities, has been made for a number of languages (see Givón 1990 for a detailed discussion). Givón (1990) claims that for some languages, including English, the canonical passive arose diachronically from an adjectival-stative predicate structure. The same may be the case for ASL, but this claim is preliminary, and further work is needed to understand this relationship. Nonetheless, the kind of stative that example 13 exemplifies shares some important features with the passive constructions we discussed earlier.

### EXAMPLE 13

MORNING, <sub>b</sub>GONE<sub>(up)</sub>.<sup>14</sup>

'In the morning it (the trophy) was gone.'

This sentence is given in the same passage as in example 11 with the passivized verb <sub>b</sub>STEAL<sub>(up)</sub>. Similar to the passive, no agent is mentioned in this stative construction; it would be impossible to truly describe the situation from an agent's perspective. If transitivity lies on a continuum as Hopper and Thompson (1980) suggest, stativity may be considered as the extreme case of detransitivization. The trophy referred to in example 13, being inanimate, may not be conceptualized as having a perspective itself, but it is in focus, as designated by locus *b* and by the signer's eye gaze in the direction of locus *b*. The signer's perspective is similarly aligned with the trophy and what happened to it in both examples 11 and 13. Further, the movement

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14. The stative glossed as GONE is articulated with an Open 8 handshape, palm facing down, and rising sharply with the fingers closing to an A handshape.

of the sign GONE is similar to the movement of the verb  $b_{\text{STEAL}}(\text{up})$  in example 11. The stative situation described by  $b_{\text{GONE}}(\text{up})$ , which is the result of an action, is characterized by an upward movement from a specific locus in the same manner as the passivized STEAL.

### Discussion

Our claim, contrary to most treatments of the active/passive alternation in ASL grammar, is that a passive construction can be found in a particular arrangement of morphological features in an ASL clause and that this morphology reflects the functional and conceptual construal characteristics of such passive constructions cross-linguistically. Further, we have shown that if all the features we describe are clearly in place, the construction may be considered prototypical of the passive category for ASL. A construction may not always display all of these features, however, in which case it may be considered less than prototypical, but it still does not qualify as active. Passives are complex constructions, composed of a set of combined grammatical features, some of which may alternate while leaving others intact (note, as a simple example for English, *John was arrested* and the middle voice *John got arrested*, in which the morphology is similar, but the functional force of the passive alters; in *John got arrested* he is a more active participant, thus partially agentlike). As such, it is appropriate to suggest that active and passive constructions lie along a continuum in ASL, with the following grammatical and semantic features at each end of the continuum:

Prototypical Active	$\longleftrightarrow$	Prototypical Passive
agent is present and deployable <sup>15</sup>		defocused agent is not deployable
perspective is agent's		perspective is patient's
agent is highly topical; patient is less topical		patient is highly topical

15. In Janzen, O'Dea, and Shaffer (2000) we suggest that the agent of the active transitive is also the subject of the clause. Here, because of our hesitation to claim a strongly represented syntactic subject position, we claim only that the agent NP is a more prominent element in the clause and is thus deployable in the grammar, but we leave issues of syntactic category and word order for further study.

morphosyntactically specified agent locus is semantically filled	morphosyntactically specified agent locus is not semantically filled
high transitivity	low transitivity; marked configuration of verbal morphological features

The passive functions in ASL to either give or maintain a particular point of view, and this is accomplished in two ways: (1) by putting or keeping a patient in focus in the verb complex, and (2) by defocusing the agent. The morphology in the verb complex expresses the passive alternation. Although the movement of the verb is still associated with the (demoted) agent, the perspective is distinctly the patient's.

We have suggested that the ASL passive is typologically more similar to the noncanonical, nonpromotional passive, primarily because no syntactic alternation that characterizes the canonical English-type passive is evident and because the alternation appears in the verb complex with less regard to the position of NPs elsewhere in the clause. Morphological passive marking is not unusual in language, but we acknowledge that it may sometimes be difficult to determine what morphological units are in complex constructions in a signed language, given the nonlinearity of semantic units in these languages. In our analysis the perspective articulated as the patient's represents a marked structure compared to the more typical, expected, and frequent agent's perspective in transitive clauses in ASL. We may in fact be observing a significant typological feature of signed languages that, while sharing conceptual and functional elements with all languages, treats morphological units in a particular way. Evidence of this comes from Irish Sign Language, for which Saeed and Leeson (1999) demonstrate a similar alternation. Saeed and Leeson do not conclude that constructions they observe in Irish Sign Language qualify as passives, focusing instead on the detransitivization that results in these constructions, but their examples show a marked-perspective alternation that is almost identical to what we have noted for ASL.<sup>16</sup>

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16. Saeed and Leeson base their analysis on an earlier draft of the present paper. Here we hope we have added numerous details that strengthen our claim.

One important question that remains is why we do not consider the construction we describe as just an instance of verb agreement. It is well known that a large class of verbs in ASL agree with their associated argument NPs (Padden 1988, 1990), with any first-, second-, and third-person referents participating in the agreement system. Clearly these agreement features are present in the constructions we claim are passives, but in each case other than the passive, the perspective is concomitant with the agent referent. Perspective shifting allows for the signer's physical body to align with any referent so that the patient's perspective is construed (although we have no evidence of this for second person to date). Moreover, the agent in these particular passive alternations is demoted, so what would normally be a semantically filled locus in the agreement system has no specified agent referent, thus increasing the markedness of this construction.

It might be possible to consider what we have called passive as simply analogous to what are understood as inverse constructions (Givón 1990, 1994), which also indicate a perspective alternation through relative topicality, but often with little else changing morphologically in the verb agreement system. This may prove significant for ASL because of close structural similarities often noted between inverses and passives (Thompson 1994) and evidence that some passive constructions have arisen diachronically from inverse forms (Forrest 1994). It is possible that from within the complex agreement system in ASL a particular combination of structural features has conventionalized as a functioning passive. The markedness and distribution of this construction appear to suggest this, but we leave this possibility too to further investigation.

This proposal is intended as a beginning point for the study of active and passive constructions in ASL. Many of our comments lead to additional questions that need further study, for example the relationship between grammatical elements such as topic marking and topicality to the functional passive we propose, the role of word order, and the contributions that spatial positioning, movement, hand orientation, and other features make to the morphological system of a signed language. Significantly, we have suggested that the entities in a given discourse the signer wishes to focus upon and the point of view from which the signer is construing the situation are pragmatic

considerations that motivate the arrangement of particular grammatical features in a linguistic utterance. This investigation relies on grammar and participant construal as they emerge through language usage within discourse contexts, all of which necessitates much further, detailed study.

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## Appendix

### Transcription Conventions

SYMBOL	EXAMPLE	USE
SMALL CAPITAL LETTERS	YEAR	English glosses (representations) of ASL signs
Hyphens	ONE-YEAR-PAST 'last year'	Shows that more than one English word is required to represent a sign
—	MOTHER — FATHER 'parents'	Indicates compound signs
+++	SEE +++	Shows repetition of movement
Subscript letters and numbers	<sub>b</sub> APPROACH <sub>1</sub>	Represent loci in the signing space that correspond to NP arguments. These letters are assigned arbitrarily, with <i>a</i> assigned to the first locus used by the signer.
PRO.#	PRO.2	Indicates pronouns. The number represents first, second, or third person.
POSS.#	POSS.1	Indicates possessives. The number represents person.
Line and letters over a gloss	<u>                  </u> t REMEMBER	Designates marked topic constituents
Small capital letters separated by hyphens	<u>                  </u> y/n q THAT ONE	Designates yes/no questions
Number sign in front of a gloss	M-A-R-Y	Indicates glosses that are fingerspelled
	#DO	Indicates a lexicalized sign (one that originated from fingerspelling)

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