Summary of the discussion on semantic categories

I. Necessary corrections in the semantic categories

1. Intensive = Augmentative

2. Attenuative = Diminutive

3. Inceptive= Inchotive

4. Sometimes two categories are necessary but such labeling should be kept to a minimum and always sent for approval to the responsible person.

5. In cases of systematic polysemy both/any number of meanings involved should be included separately under the respective labels.

6. The differentiation between Causative and Resultative is very difficult and slippery. Yet, Resultative is primary and need not involve causation. Causation is superimposed on Resultativeness and should be marked when detected.

7. Semelfactive=Singulative

8. Occupation=Agent

II. Recommendations by participants

1) More examples per category should be provided in the table;

2) The examples should be glossed;

3) Regularly post combinations of semantic categories that have been accepted;

4) No specific category "Pathology"

5) Accept the category TRANSFER to accommodate seemingly unrelated resultant meanings from the verb "give" in the group of Slavonic languages;

6) Semantic restrictions on possible derivations stemming from the lexical meaning of the base are not marked, but individual authors may comment on any such in their chapters if they deem this worthy of discussion;

7) No decision was taken as to how to proceed when two possible directions of derivation are possible (which affects orders of derivation and co-occurrence of semantic categories – i.e. adjective – abstract noun and the possibility of privative in both: should it be adjective-privative-abstract (privative) or adjective – abstract – privative?