

## CHAPTER FOUR

### CONCLUSION

In this chapter, I would like to conclude the findings in Chapter Three and also give my personal opinion and comments on them. In addition, I would also like to suggest my own recommendations for future research.

My thesis aims to identify the ambiguity in nine medical jokes found on several websites to see how the different types of ambiguity create humor in the jokes. In addition, I also aim to observe how the incongruity in the jokes help to explain the humor. To achieve that aim, there are three theories used in the course of this study: (1) types of ambiguity theory proposed by Kreidler, (2) types of ambiguity theory proposed by Lew, and (3) Incongruity-Resolution Theory proposed by McGhee and Goldstein.

From the data used in my analysis, I find three different types of ambiguity out of eleven types of ambiguities, which are lexical ambiguity, syntactic ambiguity, and pragmatic ambiguity. In my analysis, lexical ambiguity is the type of ambiguity which is used the most frequently in medical jokes; there are five lexical ambiguities out of the nine data used. On the other hand, the least infrequently ambi

guity are pragmatic ambiguity and syntactic ambiguity; there are three data found to have pragmatic ambiguity and one syntactic ambiguity.

I found that the literal sense and figurative sense is the cause of lexical ambiguity which is used the most in the data. I think it is because in English, there are words that have different meanings when interpreted literally and figuratively. The next cause of lexical ambiguity is because of homonymy. In my opinion, the reason for this is because there are a lot of words in English which have more than one meanings even though they are written or pronounced the same, especially when these words are put in different context. On that grounds, joke-makers, who are clearly aware of how one word can be interpreted differently will tend to use this type of lexical ambiguity compared to the other one. However, it does not mean that the other type of lexical ambiguity cannot be used in medical jokes, as has been shown in my analysis. I think it is a little more difficult to use this type of ambiguity because it requires the readers to understand idiomatic expressions outside the meaning of the words themselves, and therefore jokes of this kind are limited to people with the same background knowledge.

Pragmatic ambiguity is also found in the data and the cause is different scope of information. In my opinion, the reason is because in English jokes or when someone tells a story, the context of the story makes sense with two possible scope of information that occurs. The other reason is sometimes when one person says something, the hearers do not have the same storehouse of information as the speaker; therefore, there are two different interpretations that make ambiguity. Syntactic ambiguity is found only in the last data, and it is because of the different function. The ambiguity can happen because the words in the sentence have several

possibilities of functions and the readers or the hearers of the joke can predict and know the different syntactic functions of the words in the sentence, so the two different interpretations occur as can be seen in the last data. The last reason is because the two types of ambiguity, lexical and pragmatic ambiguities, are the ambiguities that are most often able to be found in written jokes.

In my thesis, there are only three types of ambiguity found and the other eight types are not found. In my personal opinion, the reason is because this thesis only uses nine data so the types of ambiguity that can be found, taken and analysed are not as variative as they probably really are. The other reason is because when the joke-maker uses those three types of ambiguity, the ambiguity is easier to be understood by the readers than the other types.

When I used the Incongruity-Resolution Theory in my analysis, the theory helps me to analyse my analysis because all of my analysis and explanations are more structured. The Incongruity-Resolution Theory helps me to explain the humor that exists in my data from the beginning until the end of the joke. In the beginning, the story of the joke is presented to the readers and when the readers read, they will make prediction about the ending of the story. Then, the prediction can make the readers surprised, or they may not be surprised and do not laugh at the joke. In my data, all of the reader's predictions do not occur or incorrect and create a surprise. After that, they must find a rule that fits with the ending of the joke. In the end, the rule is found and the punchline occurs, which makes the readers laugh, which is usually the part with the ambiguity.

This study has some limitations. First, my study only use one type of data, which is written jokes on Internet websites. In fact, when I only chose this type of

data, my findings will be similar one another and not varied rather than if I choose several types of data. Second, I only analyse nine data of medical jokes in my study. The data in my study actually cannot represent the whole medical jokes that exist, and therefore I cannot generalise and conclude that medical jokes mostly have lexical ambiguity simply based on the results of my analysis. Last, the three different theories that I use in my study only focus on the discussion of the ambiguity and the incongruity. As a result, the analysis of my thesis also focus on ambiguity and incongruity.

Eventually, I hope the future researchers can discuss more about spoken jokes, not only written ones. One of the reasons is because there are many English words that are homophones. Even though it is more challenging to collect such data considering it is real and sometimes the data is not usable due to lack of context, but I think it still interesting to be analysed in the next research. I also suggest that the research could have more varied data. In this case, they can discuss and mix the data from both written jokes and spoken jokes so that the findings are more variative too. From my experience when doing my thesis, I suggest the next researchers to collect and find more data than mine because I think my data still few to be a conclusion and benchmark for medical jokes. My last suggestion is the researcher can combine the results from written jokes and spoken jokes, so the similarities and the differences of them can be seen. Thus, the future research could more developed and complete than my research.

(1,130 words)