

## Original Article

## Poetics and Care and their Reflection on ‘Mentikavales’: A Qualitative Transcultural Study

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### Abstract

**Background:** According to Aristotle, the work “Περὶ Ποιητικῆς” (about Poetics) has an ethical character. For him, poetry is “art”, which is to say science. Those concepts (ethic, art and science) are core concepts of care's sciences. Mentikavales is a gypsy word and means care.

**Objectives:** I will venture a correlation between the two concepts of "Poetics" and "Care", and how they reflect the concept of “mentikavales”.

**Methods:** The collection of the ethnographic material was gathered through interviews and participant observation at the hospital. The survey population were the Gypsies of Larissa. Their presence in the hospital was testified in part by their close identification with a distinctive style of dress.

**Result:** “Mentikavales” refers to the provision of one’s assistance to another person by doing whatever is good and necessary for them, as they would do for themselves. For the Gypsies of Larissa, “mentikavales” pertains to the subjects’ communitarian ethos, it being a duty and an obligation that extends beyond the boundaries of utilitarian rationalism or that of reciprocity. The Larissa Gypsies’ habits concerning the care of a person reflect a communitarian ethos that, as Aristotle would have it, includes the cathartic process found in the poetics of ancient tragedy. The everyday, material care given by family carers of their relatives involves a sacred sense of duty and self-sacrifice that is “marked” by the physical presence of the carer and support for the sick.

**Discussion:** The communitarianism of the people of the narrative differs widely from the sociocentrism or the typical deontology around the suffering person, which we all co-sign in the majority but more so in words rather than action. It is a deontology profoundly internalized and fermented as much in the social superego of the community of the Gypsies of Larissa as at the level of individual consciousness.

**Key Words:** nursing ethnography, transcultural nursing, care, caring, Gypsies, Roma

### Introduction

In this study we will attempt to analyze two, at first sight, totally different concepts: "on Poetics" (peri piitikis) and "Care" (peripiitikis). The first common feature of two concepts is that their oral speech in the Greek language is the same. It is therefore the words “περὶ Ποιητικῆς” (peri piitikis) (about Poetics) and “Περὶποιητικῆς” (peripiitikis) (Care) are homophones and their written forms share root-words. Based on this, I will venture a further correlation between the two concepts of "Poetics" and "Care", and how they reflect the concept of "mentikavales".

In this context I analyze what the habits of the Roma from Larissa, reveal about a culturally specific understanding of (healthcare, caretaking), expressed in the word “mentikavales”. It seems that the term “mentikavales” is used to denote the care, the treatment, the ‘looking after’ of a person whether they are healthy or not healthy. What is more, I attempt to understand Roma rituals/processes/practices of caretaking—and the communitarian ethos that it/they entail/s—through the Aristotelian notion of catharsis. Drawing from the great Stagerite work, “Ποιητική” (Poetics), I theorize a correlation

between the meaning of “mentikavales” among modern Roma and Aristotle’s reflection on a communitarian ethos and the cathartic process that he attributed to ancient tragedy. In doing so, this case study/paper hopes to address.

I am of the opinion the spirit of Aristotelian ethics is deeply communitarian. It is not accidental that our current moral philosophers who revived communitarianism and eschatology—in the sense of a common good that restrains individualism—call themselves “neo-aristotelians”. Such thinkers, who include MacIntyre (1999, 2007), Taylor (1979, 1996), Sandel (1996, 2012), Desmond (2001), Eagleton (1997), oppose the Kantian “constructivist” model of morality and justice, according to which social coexistence is best served by the construction and continuous integration of a social consensus. This constitutes a product of convention and dialogue, moving towards the best possible safeguard and servicing of individual rights.

Challenging the primacy of individualism in the constitution of a human subject, which they consider to be a social achievement, neo-aristotelian communitarians set as a starting point the organization of life, tradition, and customary law of the community, however not as an inescapable and oppressive constraint which traps the individual and abolishes their own self. Indeed, an ethics of communitarianism underlies a key concept first introduced by the Stagerian philosopher in his “Ποιητική” (Poetics), the concept of “catharsis”.

### Roma of Larissa: Historical background

Anthropological research reveals the diversity and heterogeneity of various Roma groups. There are several Roma groups living in the city of Larissa, Greece, and the surrounding area Kotrotsiou et al, 2014). Two of these, the Roumanovlachians, or Rudarides, and the Tsiganoi, have lived in the district of Nea Smirni, Larissa, Greece, for many years. The first group, the Roumanovlachians or Rudarides originate from Romania (in the broader region of Moldovlachia) and especially from Constanta. The second group, the Tsiganoi, consists of ten families. They are Orthodox Christians yet have developed a special relationship with religion. Even though they are devout and in awe of the divine, they do not often attend church. The professions they practice are that of the musician, land worker, merchant, and stall vendor at

markets. They live in private, detached houses built without formal town planning, which has led to obvious street and drainage problems (Development Company Prefectural Self-Government of Larissa 2003). Despite their general marginalization, the Roma have created adequate living conditions based on home ownership, co-existence with non-Roma, social integration, and political legitimacy.

### “Re Poetics”

With respect to tragedy and theater, Aristotle in his “Ποιητική” (Poetics) gives the following definition:

“Ἔστιν οὖν τραγωδία μίμησις πράξεως σπουδαίας καὶ τελείας, μέγεθος ἔχουσης, ἡδυσμένῳ λόγῳ, χωρὶς ἐκάστῳ τῶν εἰδῶν ἐν τοῖς μορίοις, δρώντων καὶ οὐ δι’ ἀπαγγελίας, δι’ ἐλέου καὶ φόβου περαίνουσα τὴν τῶν τοιοῦτων παθημάτων κάθαρσιν” (Aristotle, Poetics 1449 B,25).

Translation (Crocker, 2011) : “Tragedy is, then, an enactment of a deed that is important and complete, and of [a certain] magnitude, by means of language enriched [with ornaments], each used separately in the different parts [of the play]: it is enacted, not [merely] recited, and through pity and fear it effects relief (catharsis) to such [and similar] emotions.”

At the heart of the Aristotelian definition of tragedy: “Ἔστιν οὖν τραγωδία μίμησις πράξεως σπουδαίας καὶ τελείας” (Tragedy is, then, an enactment of a deed that is important and complete) stands the concept of “action”, the deliberate transfer of a human action on stage and not merely a theoretical imitation of earlier events, notably important, “δρώντων καὶ οὐ δι’ ἀπαγγελίας” (it is enacted, not [merely] recited). Western dramatic art, as it originated among the Greeks and formally defined along the way by the Stagerite philosopher, is not a theoretical or ideological activity in the recitation of poems, but the embodiment of roles which are inspired or could be observed in real life. The actor “ποιεῖ ἦθος” (creates ethos), in other words, imitates the lives of people who interest us, because they reveal aspects of life and reality which we either ignore or pass by indifferently, unaware of their actual reach. These personified roles shed fresh light on situations which are of interest to the world, as they illuminate human behavior in

moments of panic, love, anguish, despondency, despair, denial, rage and heartache.

At the theatre, all these situations are embodied in the audience as they are being watched and are not in the form of narration or recitation, since drama is to a large degree real art. The Aristotelian definition of tragedy, therefore, gives a plausible reason for “suffering”, thus connecting learning to experience, according to «μαθός και παθός» (one learns from one’s adversities). The audience members are led to catharsis by “experiencing” what is occurring on stage, which comes alive before them with all dramatic intensity. In this sense catharsis is redemption, mental relief which the audience reach by empathizing, identifying and agonizing over the fate of the heroes.

The overriding meaning of this is “catharsis”. In general, the basic concepts which are attributed to catharsis are those of the removal of harmful elements of the organism, those of cleansing and purgation (Markantonatos, 2013). Hence, the term “catharsis” is originally given as purgation, emptying or, as we often say, cleansing, referring to the “cleansing” of sufferings in “Ποιητική” (Poetics) (Zolotas, 2007:1). With regard to Aristotle’s use of the term, it appears that, although it refers to almost all of his works, he does not define either this one or another similar term, it being used more in medical contexts (Zolotas, 2007:1-2).

In this light it means the removal of substances that are harmful to the organism and restoring physiological balance. The genitive case in which the word catharsis is declined—katharsin—refers not so much to the action but to the offending material that is removed from the body or metaphorically from the soul. In this sense, the audience’s soul, as it experiences the shocking emotions of the tragic heroes, is purged or ‘detoxified’ of whatever quality is excessive. Theater is, in this vein, the collective release and relief of an excess that overburdens a body, a model of the restoration of balance that occurs both at the communal level of the theater audience and at the individual level of the human organism (Markantonatos, 2013).

## Methods

The collection of the ethnographic material was gathered through on-site field research at the local municipal hospital. This meant intensive rhythms and the constant presence of the

researcher in the field as a licensed, practicing nurse, a natural member of the social scene, as far, of course as was possible, in that he, himself would be able to acquire deep, penetrating and multidimensional knowledge”, which could not be acquired by brief, short-term visits (Gefou-Madianou, 1999:235). The research was multifaceted in the sense that it was conducted in one space but in “a variety of places” and in “various ways”: from the nursing department and the auxiliary premises of the nursing department, to the patient’s room (in these places the researcher wore the white blouse) the waiting room, the cafes and the eateries in the vicinity of the hospital (in these places the researcher did not wear the white blouse).

The survey population were the Tsiganoi of Larissa. Their presence in the hospital was testified in part by their close identification with a distinctive style of dress (women especially garb themselves in loose-fitting, multicoloured shirts, long multicoloured skirts and headscarves). Distinct usage of language, however, was another identifying trait, as all Tsiganoi in the hospital spoke Greek—therefore there were no problems in communication—although maintain social boundaries through closed off, noisy dialogues amongst themselves. Even so, I was able to ascertain that I was conversing with the Tsiganoi of Nea Smyrni not only from their particular dialect (having learnt a number of specific words and phrases) but also through a knowledge of family surnames and places of residence.

Ethnographers sometimes have difficulties of access to the clinic due to the refusal by management (Long et al, 2008:71-72). Nevertheless, the Scientific Council of the Clinic approved the carrying out of the on-site investigation.

## Results

### “Mentikavales” means care

Mentikavales refers to the provision of one’s assistance to another person by doing whatever is good, pleasant, useful and necessary for them, as they would do for themselves. As explained:

*You say ‘mentikavales’ when you take care of your loved one [Panagiota]*

*Whether you care for an older person or a young person, it’s the same word. Mentikavales. It’s one word, both for the*

*sick person and the young one who you are caring for, and the older one, it's one word. [Marina]*

In both of these explanations, we see that the word “mentikavales” is used synonymously with the word care. I argue that, for the Tsiganoi of Larissa, their habits, traditions, blood ties and common experiences introduce a personal-emotional dimension to the process of seeking appropriate care (McLean & Trakas, 2010:13). From this point of view, for the Tsiganoi of Larissa, “mentikavales” pertains to the subjects' communitarian ethos, it being a duty and an obligation that extends beyond the boundaries of utilitarian rationalism or that of reciprocity. Such a communitarian ethos, especially in the context of the Tsiganoi of Larissa, seems to be specific to peoples and social groups expressing strong elements of patriarchy and nepotism, much as they did in Aristotle's society. In this respect, the Tsiganoi of Larissa habits concerning the care of a person reflect a communitarian ethos that, as Aristotle would have it, includes the cathartic process found in the poetics of ancient tragedy.

How does such a purgative sentiment relate to the concept of “mentikavales”/ care of a person? Although, in my opinion, societies expressing such a paradigm are many, irrespective of nationality, race, educational level and social class, I focus on the Tsiganoi of Larissa, as they are a group with a very powerful indicator of solidarity and community spirit. The available testimonies offer rich material for relative study and drawing conclusions at an anthropological level. Therefore, in the interest of cultural insight, I have listed the notes from the ethnographic diary and their own words.

*Medically, Paraskeva's condition is improving from day to day, yet he continues to feel intense stinging and pain in the places where he got burnt. His movements are limited and are mainly those related to being transferred to the lavatory and short walks along the length of the ward in which he is being hospitalized. On his left hand an intravenous fluid and drug delivery system has been placed, which is connected to a bottle of serum, hung on a T-shaped, IV stand on casters. With one hand burnt by fire and the other confined by the intravenous fluid infusion system, any movement causes pain and*

*discomfort, making it troublesome to perform the tasks of everyday life on his own. At times, in order to recover from numbness due to continuous bed rest, he goes for short walks within the ward, always accompanied by his wife, who puts a pajama top over his shoulders since, from the waist up, he is usually naked because of burns to his chest. Her anxiety over the progress of his condition is obvious, yet she tries to quell his fears that there will be scars from the burn, which, she relieves continuously by fanning them with a hard piece of cardboard. She helps him at mealtimes, keeps him clean, washing his face with a wet towel, often changing his pajama bottoms and underpants, and accompanies him to the lavatory. As for his moving about, for instance, whenever he ambles to the lavatory or walks within the ward, she pulls the wheel-based IV stack, which he necessarily carries with his body. She stays overnight in the ward, having been granted permission from the head of the surgical department. She sleeps in a chair next to Paraskeva. For a pillow she uses her hands, leaning on the mattress of the bed where Paraskevas sleeps. [Notes from the ethnographic diary]*

*A doctor is to cure the world, a nurse is to provide service, to give medicine, to look up at the drip. To give the needles on time. A nurse will do these things for you and she'll leave. She does her job. If the wife is there, if he gets dirty, his wife will clean him, why give rise to comments. If she isn't, well then, the nurse will clean him. If it's hard and we can't, then the nurses [will]. That's the right thing. [Maria]*

*A wife is in there to comfort her husband. [Anna]*

*Now to have your loved one in hospital, you are on the outside, you go for an hour, someone else goes for an hour. That is, you give encouragement to him, his wife, in there. [Asimina (Paraskeva's mother)]*

In the case of Tsiganoi of Larissa, the “Περιοποιητική” (Care) of the patient, the first thing we note is that it mainly concerns women,

in the sense that most of the care is the women's responsibility, with emphasis being placed on the practical nature of care. The care of the suffering fellow person is not expressed in terms of abstract moral imperatives or ideological laws (i.e., because it alleviates suffering or is the customary way) but is, from the outset, concerned with the action of caretaking in a very physical and mental sense (i.e. because that is what is done).

"Mentikavales" is in complete contrast to the standardized available (or "basic") health care that is carried out on the basis of the carer's priorities or of the institutions within which the care is being provided (McLean & Trakas 2010:14). Here also (as on the theatre stage) acts of care are carried out "by means of pity and fear" as mentioned by Aristotle. In their own words, the everyday, material care given by family carers of their relatives involves a sacred sense of duty and self-sacrifice that is "marked" not by claims to moral abstractions (e.g., love, mercy, honor) but by the physical presence of the carer and support for the sick. In this sense, the persons taking care of persons very close to them offer a personalized and consistent care which respects the patient's progress and supports their needs: a care which is directed to their needs and their wishes and responds to these, as well as a care which is a good combination of the patient's and the carer's needs. Such care, often called "person-centered" or "sympathetic", is based on the principles of eternal love (Trakas 2008) between the carer and the recipient of this care and is fueled by a close relationship which is required by the act of this care as such. This personalized care is in complete contrast to the standardized available (or "basic") health care that is carried out on the basis of the carer's priorities or of the institutions within which the care is being provided (McLean & Trakas 2010:14).

Under this premise, the subjects/female carers suffer from their patients' sufferings, because they experience them up close and to a large extent share the patients' physical and mental hardships, empathizing with their physical pain and their inability to take care of themselves. In "Περιποιητική" (Care) of patients, there is a psychological identification of carers with patients, which ultimately leads to catharsis, in other words, to a further awareness of reality and the human fate of people who are themselves "latso"/well, yet they also suffer the

consequences of the illness through the experiences of those they take care of. So, the hospital bed and the hospital ward are transformed inadvertently by their protagonists into microcosmic representations of human fate where people suffer either as patients or as carers and, depending on the degree of identification of the latter with the former, there occurs in the end a sense of catharsis, which pertains to the grounding of the person who is confronted with the insurmountable limits of human existence.

*Discreet, taciturn, she was already in the process of satisfying Paraskeva's aforementioned needs, before he verbally or non-verbally expressed them, as if it were to satisfy her own needs. She constituted Paraskeva's invisible, strong hands in the execution of specific activities, as his own hands, one being trapped in pain and the other one to medication delivery devices, were incapable. [Notes from the ethnographic diary]*

This nature of care demonstrates that "Περιποιητική" (Care) is an intricate art to be performed and not a unilateral plot to be executed. Paraskeva's carer, in this case his wife, feels her loved one as part of herself and at the same time as something separate, a person not unrelated to her. He is perceived by her as an extension of herself, therefore she functions at two levels simultaneously. "Mentikavales" involves a role relation where Paraskeva and his wife are transformed into communicating vessels, wherein a blending of the two as one takes place, a "giving and taking" of her own and his own. The wife herself also "suffers from" her husband's suffering, as the care which she provides is not emotionally detached but directly involved in the patient's suffering: as Aristotle says about tragedy, it is "μίμησις πράξεως σπουδαίας καί τελείας" (an enactment of a deed that is important and complete). Great and perfect because her involvement is psychosomatic. It is not cerebral but instead concentrates as much on the patient's "livelihood" as to their "wellbeing", incorporating both physical and psychological support into a holistic role/character/unit. Furthermore, the act of care has a beginning, a middle and an end, not only in the sense of completion but also that of purpose—as in Tragedy, it includes both technical and emotive

elements of performance, so that it is able to render a complete, whole character.

It is also worth highlighting at this point the addition of Aristotle's expression "*ἡδυσμένω λόγῳ*" (by means of language enriched [with ornaments]) in his definition of tragedy, a phrase also found to be applied to the art of "Περιποιητική" (Care): a patient's care, more so than other circumstances of human life, requires sweetness of speech, understanding and comfort towards the patient who is going through a particularly difficult phase in their life and, consequently, is vulnerable to fear and anguish for their life. Additionally, because patients are governed by feelings of weakness and low self-esteem, owing to suppressed physical strengths, pleasant speech goes a long way in framing good humor. In the case of Paraskeva, the patient's support, primarily with the wife's physical appearance and secondarily, with other close relatives, is just as equally important as his medical treatment, and functions to educate all those involved, as it teaches the audience the humanitarian aim of the drama.

All things considered, the components of a person's care are divided into three parts: that of health professionals, visitors and family. In this case family is represented by the mother, wife or daughter, the person who respectively accepts the responsibility of the care. It seems that the emotional component of care is covered by Paraskeva's wife and visitors. The technical/practical component of care is supervised by the health professionals. However, certain "pieces" of care, mainly related to that of basic nursing care (feeding, body wash, cleanliness of the genital area), are allotted to the wife by the healthcare professionals. In this case, the important other person who is called upon to deal with the lack of Paraskeva's selfcare, to satisfy his needs, is his wife, who, during Paraskeva's stay in the clinic, remained constantly next to him. She cared for him as if she were taking care of a part of herself and at the same time as something separate (Mayeroff, 1971).

### **Catharsis and Care**

In fact, one could claim that the "scenery" of the hospital ward can be likened to a theatre stage and to the roles which are embodied within it. The main characters are, as demonstrated by the carers' recounting of events we quote, the patients themselves and their loved ones who

care for them. However, "extras" come on stage, the secondary but indeed necessary persons of the drama, in the form of doctors, nursing staff and visitors, each completing in their own way the story. Often, these people resemble the "dance" of the ancient tragedy with their statements and comments and contribute to the climax of the drama and the arrival of catharsis. In each case the "Περιποιητική" (Care) of patients, especially among people with increased, in my opinion, social superego such as the Tsiganoi of Larissa, the range and depth of the Aristotelian «Ποιητικής» (Poetics) is enclosed within it. This is due to the fact that it reflects "possible improbabilities", according to the Stagerite's terminology, which creates learning through suffering, as opposed to the "unlikely probabilities", which is to say the "far-fetched" situations which flood cheap dramas and which, instead of catharsis, offer plain entertainment and escape from reality.

From an "anatomical" aspect of the components of "Περιποιητικής" (Care) (the analogy of the structure of tragedy), care in a hospital consists of two basic components: the emotional and technical/practical ones. The former expresses concern, dedication and commitment. To do something with care or attention means that someone acts with particular dedication. The latter refers to the performance of a person's activities for the sake of other people who cannot carry them out on their own. In the latter case, care has a complementary character as one person complements the other in activities which they cannot perform on their own (Van der Geest, 2002:8). In light of this, the inability of a person to take care of himself, in this case Paraskevas, is interpreted through failure to meet his basic biological, psychological and social needs. Thus, there is a lack of care. Paraskevas has a need for care, the need for the presence of the other person, who as a caregiver will care for him (Gouva & Kotrotsiou, 2011:29).

For Aristotle, the elements composing Tragedy are: an imitation of a serious action, having significant content, with a beginning, middle and end, pleasant speech not dispersed in the same way throughout the play but used where it is fitting: «χωρίς εκάστω των ειδών εν τοις μορίοις». By comparison, in "Περιποιητική" (Care) of the sick person, neither the components of care are shared among the carers by chance, nor do the carers function "blindly" (εικῆ καὶ ὠς ἔτυχε). At first sight, from the subjects'

words, there appears to be a division of the components of the treatment into three parts, with each part being managed by one or more of the participating parties. In this context an important part of the emotional component is undertaken by the visitors, the technical one by the health professionals and the emotional part and part of the technical one, mainly the “dirty part” of the care, is solely undertaken by a person from the sick person’s close family environment. Dirty because it is intimate. Intimate because it is close to the self.

It is a shared out, nevertheless non-divided care, in the sense that although each person takes on all of the components of care, a pre-requisite for its importance and perfection is the fulfillment of all the different parts that compose it and not being just a part of it. In this sense, the carers act “on the stage” asynchronously (meaning not all together at the same time) on the one hand coordinated with the purpose of relieving the patient, and on the other hand the redemption, the mental relief which the carers attain by being compassionate, commiserate and worrying over the patients’ suffering.

The basic conditions of tragedy are pity and fear through which catharsis is achieved: “δι’ ἐλέου καὶ φόβου περαίνουσα τὴν τῶν τοιούτων παθημάτων κάθαρσιν” (through pity and fear it effects relief catharsis). The terms are attributed as “συμπόνια καὶ φόβος” “compassion and fear” or “λύπη καὶ φόβος” (sorrow and fear). Under this assumption, pity and fear are two intense emotions that, in turn, dictate the audience’s participation in the hero’s adversity, and on the other hand warn of the uncertainty of the audience’s fate and that there is a strong likelihood that they themselves will participate in analogous misfortunes or similar sufferings.

Accordingly, in “Περιποιητική” (Care), pity and fear relate to the subjects’ emotional world, created by the imagination, of an imminent, painful or catastrophic evil, for example an incurable illness or/and death. Therefore, the subjects are involved (both) mentally and emotionally in caring for the sufferer. In «Περιποιητική» (“Care”) pity is answered in the sense of compassion and commiseration and fear in the sense of a painful physical and mental feeling which is caused by the idea of an impending catastrophic evil (Aristotle’s Nicomachean Ethics 3.6.1115<sup>a</sup>7-9). Pity and fear apply to all the carers (relatives, visitors and

health professionals), however they do not have a mandatory character, nor do they act to the same degree for everyone. However, catharsis has an ‘objective’ character and it is defined by the social perception of justice. In this sense, in “Περιποιητική” (Care) the outcome of care is not dictated by the subjects’ emotional furor.

The Tsiganoi of Larissa care for a person who needs care in a way which will not come into conflict with habits and traditional values of their society. Therefore, in “Περιποιητική” (Care) is not what the subjects want to be done but what must be done. So, it is a moral imperative. In this light the subjects who are carers provide only “pity” (ἐλεος) and “fear” (φόβο). Even those not interested in Aristotelian Ethics will certainly recognize the profound communitarian spirit which governs the acting subjects who care for Paraskeva.

### Discussion

The communitarianism of the people of the narrative differs widely from the sociocentrism or the typical deontology around the suffering person, which we all co-sign in the majority but more so in words rather than action. Paraskeva’s mother and wife do not exhaust their care as a formal obligation, which simply has to be carried out, mixed with coercive elements or even fear – the offered care is not “coerced”, it does not arise from either the one or the other form of pressure. It is a deontology profoundly internalized and fermented as much in the social superego of the community of the Tsiganoi of Larissa as at the level of individual consciousness. It is not so much an external coercion, as a conscious mutation of an internal process. These women, like Paraskeva himself (beyond the distinctive gender roles which represent the specific persons), mutter to themselves not a list of “supposed” musts and imperatives, but their personal value system, ranging from faith in God to the inviolable sacredness of the concepts of motherhood, marriage, the needs of the suffering person and perseverance. All of these have been *Descartes* internalized and solidified in a mindset, or rather in an entire worldview, which is characteristic of pre-modernist societies, with their strengths and weaknesses yet guided by super-individual principles.

It is not accidental that the aforementioned modern revivalist of Aristotelian Ethics, MacIntyre (1999), adheres to the nihilism which prevailed with the emergence of Modern Times

and finds his most prominent expression in Friedrich Nietzsche's writings. For MacIntyre, Gnostic relativism imposed by the Empiricists and, before them, by *Descartes*, poisoned the right: specifically, gnostic relativism cut off western societies from the vast reservoir of Tradition from which people derived their values and their ethics. Furthermore, since then, we no longer know what to believe, and neither do we know what course of action we should take. At this point, MacIntyre proposes returning to Aristotelianism as the only fruitful solution to the existential vacuum and nihilism which plagues modern societies.

The Aristotelian concepts of eschatology and catharsis are in a position to offer even today invaluable intellectual and ethical coordinates, if they are adapted to the current conditions of liberal democratic societies, and human, political and social rights. Therefore, whatever the form of revival of Aristotelian communitarianism, it is not intended to circumvent the rule of law (which is in fact the only refuge of the socially weak groups, which include the Tsiganoi) but to its enhancement and enrichment by a hyper-individualistic mindset, which combines obligation and patience with belief in something which transcends us as single individuals such as society, family and God.

The key to achieving all of this is the concept of catharsis. What Aristotle considered the achievement of drama (or as we would say today, literature together with alternative forms of art), is that it constitutes the result of an internalized mental process which has existed since childhood and ultimately for life. And such is the case of "Περίποιητικής" the (Care) of the Tsiganoi of Larissa. Initiation into perseverance, the sense of co-existence and the obligations which all of these include are forged by the family model and beyond that, by the happenings in the wider social environment—in other words, by the harshness of life which characterizes the life of the Tsiganoi of Larissa.

The concept of Aristotelian catharsis in «Περίποιητική» (Care), is also conducted in a more 'grounded' field than that of art, even that of tragedy. Catharsis is aided by a dramatic performance, yet in reality it is a matter of socialization and family culture, which in turn depends on everything from a wider culture. It seems that in the Tsiganoi of Larissa worldview, the term "Μεντικαβάλες" (Care), if it does not

echo the Aristotelian definition of tragedy verbatim, at least contains many of its elements as an imitation of an action of great merit and perfection, with a beginning and an end, with a technical and emotional expression, performed by a person performing and who, with compassion for the one who suffers and the fear they themselves will be in a similar position as the sufferer, brings in the end the redemption of similar sufferings (catharsis).

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