Introduction

Special Issue: Normative Practices

Gerrit Glas
Vrije Universiteit Amsterdam, Amsterdam, The Netherlands
g.glas@vu.nl

The five contributions in this issue build on the analysis of normative practices that was developed more than twenty years ago in the Netherlands by Henk Jochemsen, Jan Hoogland, and myself for the practice of health care (Hoogland et al. 1995; Jochemsen and Glas 1997; see also Hoogland and Jochemsen 2000; Jochemsen 2006). This analysis was based on Dooyeweerd’s systematic philosophy, especially his views on the nature of individuality structures (or entities), as well as on Alasdair MacIntyre’s notions of practices, virtues, and the goods that “are internal to practices” (MacIntyre 1984). It was also—loosely—based on Immanuel Kant’s distinction between constitutive concepts and regulative ideas. This analysis resulted in a model that became known as the normative practice model (NPM). Since its inception, the model has been embraced not only by Christian thinkers but also by others; and not only in health care but also in the fields of education, agriculture, communication studies, and journalism.

The NPM distinguishes between types of practices, each practice having its own internal structure which consists of a constellation of norms with various roles; to wit, qualifying norms, conditioning (or: enabling) norms, and foundational norms. The practice itself is guided by the ethos of its participants—i.e., a set of overarching values and fundamental motivations which give direction and purpose to the practice. The distinction between normative structure and guiding ethos mimics the Dooyeweerdian distinction between the internal structural principles of an individuality structure and the religious dynamic that sustains and guides the development of this structure. Following in the footsteps of Mouw and Griffioen (1993), most of the contributions in this issue...
add another dimension to the model, namely, contexts. The initial formulations of the NPM focused primarily on the individual professional–patient relationship. The context of this relationship was more or less presupposed (but considered to be important, of course). Developments within the practice of health care as well as in the other fields mentioned above necessitate a broader focus which takes meso- and macrolevel aspects of the practice into account.

Jansen, Van der Stoep, and Jochemsen start with an analysis of the normative structure of public communication by governments. They argue that this communication is shifting from a centralist, top-down, one-way approach toward an approach that is participatory, two-way, and guided by the idea of co-construction. As a result, ideas about what it is to communicate as a representative of the government have changed: from allocation to consultation, and from legitimizing to explaining what governments do. The authors see government communication as qualified by the linguistic aspect. They believe the core (or, meaning kernel) of this aspect to be expressing meaning (rather than aiming for clarity)—i.e., clarifying a given governmental policy by indicating what its meaning is. Communication officers, therefore, are not so much representatives defending governmental policies as monitors and managers of relationships in which the government and governmental agencies are involved.

Glas continues by putting the normative practice model to the test in broader contexts than just the individual professional–patient relationship. He emphasizes that it is not the aim of the NPM to offer a blueprint, but that it serves as a heuristic device that helps professionals and administrators to orient themselves both conceptually and normatively. Differences between contexts lead to different constellations of normative principles and to different descriptions of core responsibilities of stakeholders. Activities at the institutional and societal level can still be understood from the perspective of the NPM, taken in its broadest sense. However, these activities themselves are determined by non-moral types of norms—i.e., norms that are related to efficiency, sound policy making, and fair distribution of means. At the mesolevel of analysis, the emphasis is on dealing adequately with the need for health care services. At the macrolevel, the focus is on fair distribution of means and on protection of the general population—from natural disaster, epidemics, and general health risks. Another, relatively new (though not unexpected) dimension of the NPM is its facilitating role in connection the different normative dimensions to core responsibilities of employees and stakeholders in their various relevant contexts.