BEYOND "PARTNERSHIP SHOCK": GETTING TO 'YES', LIVING WITH 'NO'

by

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Abstract

A variety of partnerships are described which demonstrate that "partnership shock" often limits the capacity of all the players to fully participate. As a result, most partnerships maintain the traditional status quo and power relations between people with disabilities and professional, service provider, and government partners. Effective partnerships must consciously address both "finding common ground" (getting to 'yes') and "working across differences" (living with 'no'). Unless both processes occur, it is unlikely that those involved can move beyond "partnership shock" to create meaningful change. Lessons from successful partnerships are identified.

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BEYOND "PARTNERSHIP SHOCK": GETTING TO 'YES', LIVING WITH 'NO'

John Lord and Kathryn Church

We live in an era of expectation that "partnerships" will lead to effective community support in rehabilitation and human services. As community researchers, both of us have extensive experience with partnerships. Some have been of a local, intimate nature, while others have involved provincial initiatives or national coalitions. We have also been involved in several participatory action research projects, which have operated on a partnership approach (Church, 1993, 1997; Lord & Hutchison, 1993; Nelson, Ochocka, Griffin, & Lord, 1998). All these initiatives have engaged us directly in partnerships between people with disabilities and a variety of community, rehabilitation, and government agencies. Our role has varied widely, but we often find ourselves as documenters, facilitators or bridge builders. These experiences have provided us with unique opportunities to learn about the strengths and dilemmas of partnerships.

In recent years, the call for partnerships has been loud and clear. Boudreau, (1991) has argued that the notion of partnership has permeated our social policy vocabulary. Slogans such as "Partnerships for Change," "Partners for Health," and "Empowerment through Partnership" are "somewhat like the philosopher's stone which will solve our society's many strategic problems" (Boudreau, 1991, p.7). At the same time, new paradigms have been emerging in the disability field (De Jong, 1993; Nelson and Walsh-Bowers, 1994; Schwartz, 1992). These paradigms suggest more partnerships between consumers and providers, and especially between disability groups and the community sector.

Social service agencies, mental health agencies, research funders, rehabilitation organizations and governments are all initiating partnerships with disability groups. With such powerful groups advocating for partnerships, we find it instructive to ask; Can we trust them? Why are the definitions of partnership often so vague and uncertain? Are partnerships simply another tool to control and maintain people with disabilities as clients? Or are partnerships a significant and important new way of understanding the world and how we need to cooperate for change? Albert Einstein once said, "the significant problems we face cannot be solved at the same level of thinking we were at when we created them." The significant problems of disability relate to stigma, segregation, isolation, poverty, and inappropriate use of resources by large and small health and social service agencies. Is it possible to create genuine partnerships that change and address these structural problems?

In this paper, we describe our experiences with a variety of partnerships. We argue that beneath the formal process, there is a kind of "partnership shock" that limits the capacity of all the players to fully engage. This means that few partnerships are genuinely transformative. Most partnerships maintain unequal power relations between people with disabilities and service provider or government partners. We also identify things which successful partnerships do to reduce "partnership shock." As we shall explain, we believe that finding common ground (getting to 'yes') among unequal partners requires an understanding of and a commitment to work across differences (living with 'no').

"Meetings" as a Partnership Metaphor

Much of the rhetoric and reality of partnerships gets played out in meetings. These partnership experiences reflect cultural values and tendencies. The following vignettes illustrate some of the richness of this metaphor and set the context for our reflections.

> *Some years ago, I was the research co-ordinator of a large Ontario provincial study looking at community support services for people with physical disabilities. The first meeting of the steering committee guiding this partnership research reflected the "fixed positions" which people often bring to partnerships. All four consumers sat at one end of a large rectangular table, government representatives all sat on one side and service provider representatives all sat on the other, while the two researchers sat at the head of the table in their facilitating role. The differences between the partners appeared to be very wide at first. Although most partnerships in the early stages do not reflect "fixed positions" quite so blatantly, my experience is that all disability partnerships with professionals struggle with different world views and experience. Language, lived experience, and our understanding of what constitutes knowledge are all aspects of the differences.* (John)

> *I was a close observer of the partnership exercise organized in 1993 by the Ontario Ministry of Health for its consultation on community mental health services legislation. In these meetings, there was a sustained debate over "manners." Psychiatric consumer/survivors who took part were expected to channel their anger into reasonable, polite and thus*

> *nonpolitical behavior. Professionals were attuned to linguistic styles (pitch and tone of voice, non-tactile interactions) and body postures as indicators of social relations. When survivors did not produce the kind of behaviour that confirmed existing social relations, professionals became upset or angry. All participants in this exercise were pressed into a definition of their partnership which went well beyond mere survivor representation (bodies at the table). The event had an emotional constitution marked by tension between dominant and subordinate behavioural codes. For survivors, a key aspect was whether personal experience and emotions could be included as forms of knowledge.* (Kathryn)

The language of partnership implies that each stakeholder group has something to contribute and something to benefit by being involved. The reality, of course, is that partnership means different things to different people. Research has identified that each stakeholder will have a different perception of what the benefits are to them (Boudreau, 1991; MacGillivary, 1996). For consumers with disabilities, coming to the table with more powerful potential partners brings enormous risk. The personal and collective cost is far greater for the consumer. As our initial vignettes illustrate, consumers with disabilities are usually outnumbered and often in a milieu that does not respect their experience as an important form of knowledge. But, consumers also recognize that partnerships may bring them "benefits." Unlike the second vignette, they are usually cautious not to offend or even negotiate with more powerful players. Service providers and government may also be nervous when they enter partnerships with less powerful partners. They are aware there is a gap between themselves and consumers with disabilities. While they know it is prudent to support "consumer participation," they want their project to proceed with the least amount of disruption. So both sides may enter into partnership without having asked any hard questions or being unaware of the "shock" which may occur as a result of the encounter.

How "Partnership Shock" is Experienced

The formal, procedural nature of most partnerships maintains rationality and existing power relations. Those with more power are familiar with the formal, traditional ways of making decisions. Professional knowledge, whether medical, scientific, or practice based, is usually presented with such certainty that there is little room for consumer experiential knowledge. Such processes tend to exclude the "story" of consumers with disabilities, which may be critical to understanding people's lives. The lived experience of people with disabilities and the world of professionals represent different cultures. This is often reflected in the way partnerships are practiced.

> *In a recent project in which I was involved, government bureaucrats were very defensive about any research which was not "positivist" in nature. This stance never altered and consumer stories about fears and hopes were politely ignored or dismissed. Consumers were encouraged to believe in and support the governments' "efficiency" approach. On the surface, this may have seemed like a successful partnership because everyone talked nicely to each other and acted responsibly in the meetings. Yet, those in power never changed, and an exercise which had been labeled "partnership" became a process of limited "consumer input" or "consultation."* (John)

The dominance of "we" can be both positive and negative in partnerships. On the positive side, there may be a sense that "we are all in this together" and that a common direction has emerged. More frequently the "we" in partnerships maintains professional certainty and includes a loss of voice for people with disabilities. There is a kind of "averaging effect," where attending to individual needs is seen as a drag on the process. Consumers may well know that they are acquiescing or conforming to professional certainty, but feel drawn to do so. Unlike Freire's concept of "unity in diversity" (Freire, 1973), diversity is undervalued and a kind of homogeneity in viewpoint is encouraged. As Elizabeth Janeway points out in Powers of the Weak (1980), citizens who are less powerful are generally persuaded by the powerful to mistrust their own motives and voice. This is the essence of "partnership shock."

We have borrowed the "shock" metaphor from Dalma Heyn, author of Marriage Shock (1996). Her research with married women, revealed the emergence of a new script for many women after marriage. Being transformed into "wife" means a dramatic change, in which editing and censoring the self becomes a way of life. It is not uncommon for women to withhold information or cover emotions to protect their marriages. Like vulnerable people being dependent, the "good wife" metaphor is both cultural and historical. As emphasized by writers like Foucault (1984), Freire (1973), and Janeway (1980), powerless citizens often "internalize" the views of the dominant group. Ultimately, this means doing what they think necessary to maintain peace. Paradoxically, when weaker members acquiesce, it significantly limits the stronger members' capacity to adapt and change. An important ingredient that enables more powerful partners to change is the direct challenge from weaker members.

Mistrusting one's own voice is central to "partnership shock." Although the dance of power in partnerships is played out between individuals, through interactions between real people, individuals often express the institutions which surround and penetrate them.

Since institutional activity is often the context for partnerships between people with disabilities and providers of service, there is another voice which limits both partners. This is a voice of three centuries of authority, preaching a sermon about how to be normal!! "Partnership shock" marks the moment for the consumer of suddenly knowing that he/she is compelled to listen to that institutional voice (Heyn, 1996). The messages of institutions and authorities become internalized, teaching us to be proper, normal kinds of people as defined by mainstream society, suppressing other more critical, independent voices. We often do not realize that we are expressing the institutional voice and ignoring other possibilities. Foucault (1984) has said that power is never more powerful than when it disappears. In this sense, "partnership shock" can be quite insidious, affecting both consumers and professionals.

Working Across Differences; Finding Common Ground

Partnerships that hope to be genuinely transformative and meaningful for consumers and professionals must consciously address both "working across differences" and "finding common ground." Without both processes, it is unlikely that groups can create meaningful change. "Working across differences" is a process of naming, mapping, and working with differences, whether they relate to experience, ability, race, class, or gender.

> *I no longer assume that the way I may want to run meetings works for other partners with whom I am working. In the first few meetings of the Welcome Home Initiative, a Kitchener-Waterloo based project, for example, sharing stories and experiences were important for the group of consumers, service providers and family members. It became obvious that there were significant differences in the experience which people had with formal meetings. When I later asked "how would we like to work together?" the group developed thoughtful guidelines which respected the different levels of experience. Although the guidelines were perhaps more structured than I would have chosen, they allowed for extensive participation of members and they gave value to experiential knowledge. The meetings have a very different feel than a meeting made up only of professionals.* (John)

> *Access to income and resources creates crucial differences between people. In my years at the Canadian Mental Health Association, we talked about the fact that consumer/survivors are poor but in organizing to include them we had to confront their poverty directly. We learned to anticipate expenses rather than to reimburse them. That meant paying for plane and train tickets up front, having hotel expenses billed directly to an organization rather than the individual, and sending expense money ahead*

> *of time. The CMHA's empowerment conference was the first event in which I confronted and worked with people's needs in this way. I have since watched the same situation play itself out in other partnerships. Sometimes it is approached openly and directly. Most often, professionals don't realize the impact of economic and class issues.* (Kathryn)

"Working across differences" recognizes that there are genuine differences in power and resources. Naming these differences almost always produces discomfort, but the ensuing conflict helps shift power relations. In our work as community researchers, for example, people with disabilities often ask us (sometimes angrily) why all research funds go to research centres or universities. Although we have been unable to change research funding structures, both of us constantly look for creative ways to share research resources with groups or individuals with disabilities. This includes paying people to participate in research or hiring consumer researchers (Nelson, Ochocka, Griffin, & Lord, 1998; Oliver, 1992; Woodill, 1992; Zarb, 1992). Social relations are difficult to change (for example, it is difficult to change research funding structures), but we do not need to automatically reproduce the dominant ways of working.

"Working across differences" goes hand in hand with "finding common ground." Paradoxically, while emphasizing differences, the issues in the above vignettes were resolved by finding approaches which worked for both partners. For us, getting to 'yes' is about finding strength in our differences, not simply assuming common needs and experience. The latter can have a kind of numbing affect on group process. In this sense, finding common ground is "filtered through" differences and strengths.

In an interesting analysis, Bell (1994) examined partnerships in the private sector from the customer's perspective. He identified several qualities of partnerships, including abundance (a foundation of generosity), truth (candor and openness is valued); and dreams (shared visions). He also noted that partnerships require elasticity, as opposed to tolerance. Elasticity has give and stretch, whereas tolerance can mean accepting or even suffering in silence (Bell, 1994).

The following vignette is a practical example how "working together across differences" can be facilitated.

> *As part of board development for a community organization, a colleague and I made use of something known to popular educators as the "lifeboat exercise." The essence of the exercise is to have people organize themselves together according to categories that we suggested (but didn't elaborate) and then to reflect on what they did in response and who they*

> *ended up with. As a warm-up, we asked people to form themselves into groups according to when they typically arrive at meetings, a point of some contention within the organization). Then we moved to more serious categories, asking people to group themselves according to social class, income level, race/ethnicity and political orientation. More discussion ensued as people checked out the various ways in which others understood and communicated their place in the larger schema of things. Membership in the groups shifted with each category, giving all of us a good visual sense of the underlying differences between people who are all members of the same board of directors. One memorable image was of a black man standing in a category by himself and describing to rest of us how he understood his racial location. Another was of all participants forming a single group around the category "politically left of centre." What emerged, then, was a sense of difference and the beginning of points of convergence. Both were significant in the organization's struggle to grasp what it was and who it represented.* (Kathryn)

In writing about "working together across difference," Narayan (1988) notes that insiders to a particular oppression (in this case, consumers with disabilities) can be easily hurt or offended by outsiders (professionals or service providers). She suggests that outsiders need to be cautious in their relationship with insiders and not assume that they understand their world. Outsiders need to demonstrate "methodological humility," meaning that;

> *... the 'outsider' must always sincerely conduct herself under the assumption that, as an outsider, she may be missing something, and that what appears to her to be a 'mistake' on the part of the insider may make more sense if she had a fuller understanding of the context (Narayan, p.18).*

Non-disabled professionals cannot fully understand the social world of disability. They cannot fully appreciate the costs to people with disabilities of engaging with people who may be insincere, benevolent or over protective. These types of experiences, of course, minimize the risks which people with disabilities are likely to take, thus increasing "partnership shock."

Learning from Successful Partnerships

In this section, we identify several ways to reduce "partnership shock." Although many apply equally to consumers, these lessons have particular saliency for professionals and service providers.

1. Hard Questions are Asked *Before* Starting a Partnership

For the last few years, we have used several questions to assist consumer groups in deciding about potential partnerships (Lord, 1994). Other writers have also proposed key partnership questions (Women's Network Inc., 1996). The questions help raise consciousness about power relations and processes that influence the outcomes of partnerships. Questions which people have found helpful are:

- Who will benefit?
- Who will be harmed?
- Is there a common purpose and value?
- What beliefs about people and change are inherent in the project?
- How will differences be addressed?
- Who will control the process?
- How will partners work together so that each partners experience is honoured?
- How will participation be maximized?
- How will valued resources be shared? (Lord, 1994)

Before considering a partnership, it is obvious there is hard work to be done. The tendency on the consumer side is to be unprepared, either because appropriate information has not been provided or because there was uncertainty about how to prepare. Generally, consumers have fewer personal, physical, and financial resources to do research and access information. Our experience with professional groups, on the other hand, is that there are two kinds of responses to potential partnerships. Some professionals over prepare, so that their agenda is dominant, while other groups do not take the time to do any preparation. The tendency in both cases is to treat the partnership with citizens with disabilities the same as any other professional encounter. Yet, as we have noted, the culture of professionalism is different from the culture of disability, and thus requires a different response!

2. Service Providers Reach Out and Address Barriers

In successful partnerships, professionals do not wait for consumers to demand inclusion. Where the consumer sector is weak, professionals facilitate representation by creating the conditions which stimulate autonomous consumer activity and leadership. Service providers learn to anticipate barriers to the participation of consumer partners. In dialogue with consumers, professionals work consciously and systematically to identify barriers and remove them. The nature of these barriers will vary with the situation, but include attitudes, communication style, and almost always, money/valued resources (Church, 1993).

Language is another challenging barrier. As experienced in several disability movements, within any partnership there may need to be extensive dialogue and debate about appropriate language. In successful partnerships, service providers listen to consumer-generated issues and grant them legitimacy even if they are framed in words that don't signify "issue" to the professional. These providers have learned to describe issues in words that communicate to people who are located differently than they are.

In their qualitative study of four neighbourhood centres, Derkson and Nelson (1995) noted that community residents valued professionals' interpersonal qualities, including listening, and offering tangible support and respect. In contrast, residents felt intimidated by professionals' dress, language, and formal practices. They were also resentful that agencies had too much say in decision making. It is our experience that these types of criticisms are also common among consumers with disabilities who engage in partnerships with professionals. In terms of outreach, the lesson identified by Mouch (1996) is that establishing partnerships requires new ways of thinking and behaving: a willingness to listen and learn before offering information and suggestions. Mouch goes further when she suggests that consumer empowerment training be part of the re-education of professionals.

3. Personal and Public Selves are Less Dichotomized

"Partnership shock" is maintained when consumers and professionals totally dichotomize their public and personal selves. Professionals are trained to have clear boundaries, some of which make sense, and some of which are there to maintain professional control (Edelman, 1979). When they partner with professionals, consumers with disabilities often cross these boundaries. Their expertise tends to be derived from personal experience. In bringing it to committees, boards and joint projects, consumers may unsettle the balance of private and public that most professionals maintain in their work. In relation to mental health reform, they challenge us "to reinsert our private voices into the controversies and debates that characterize the mental health system" (Church, 1993: p.10).

Consumers typically speak for and from themselves. Most professionals speak only from their roles. Most of us find it difficult to communicate our personal selves with consumers - even though it helps build more authentic relationships. Many professionals who work with disadvantaged groups need to "unlearn" controlling habits which are part of the culture of professionalism. We then need to learn new ways to talk and write, relate to people, run meetings and organize events. We must undertake to create a different kind of professional identity and knowledge. It is an unsettling process, one that goes more smoothly with structural support, including well-facilitated meetings and/or actual training sessions with consumers.

As professionals become more comfortable with themselves in partnership, we note that they also become more willing to reflect on their experience. The pain and conflict we sometimes encounter should make us curious, suggests Church (1993). They are "rich with information about power and the attempt to shift power. It is here that we encounter our deepest investments in the status quo and the strongest possibilities for divesting ourselves of them" (1993: p.11).

4. Partnerships Get Beyond Institutional Purposes

A genuine partnership between a disability group and a service provider does not simply replicate the agenda of the rehabilitation institution.

> *In a recent failed partnership, I observed staff of a large rehabilitation setting approach a disability consumer group and ask them to help the institution develop a peer support program. The consumers met with the institution staff, agreed with the importance of peer support, and suggested that the institution could shift resources for the peer support program to the consumer group as part of a partnership. When the rehabilitation staff said that such demands could not be part of any partnership negotiation, the consumer group withdrew their support for the institution's proposal. The rehabilitation staff were disappointed that the consumers had not supported their idea and the consumers were disappointed that the institution had tried to control peer support, a process which the consumers saw as part of their self-help process.* (John)

It is problematic when professionals ask for consumer participation on a project which only has an institutional purpose. Although it did not happen in this vignette, this can co-op the consumers into the institutional agenda. Successful partnerships create a broader, community based purpose which has benefits for both partners. Shifting away from institutional control and purpose enables consumers and professionals to move toward genuine collaboration. The "voice of authority" discussed earlier may still be present, but it has a better chance of being silenced.

Because partnerships can be confusing, we find it useful to consider their purpose from the point of view of the disability group or organization. The first purpose of partnership for people with disabilities is to enhance control and influence. The independent living movement has long been concerned with this issue (Lord, 1994; Hutchison, et al, 1996). Enhanced control is consistent with research on empowerment and with current definitions of health which consider control over life and circumstances to be central to well-being (Epp, 1988; Lord and McKillop Farlow, 1990). Service providers in successful partnerships actively promote increased empowerment of consumers (Lord and Hutchison, 1993).

The second purpose of partnerships for people with disabilities is to expand social networks and community. Here again, research in the last ten years has shown that social networks which enhance social support is one of the most significant determinants of health and wellness (Gottlieb, 1985; House, Landis, and Umberson 1988; Lord and McKillop Farlow, 1990). Many successful partnerships address the loneliness and need for relationships and community participation that are faced by many people with disabilities.

The third purpose of partnerships for people with disabilities is to expand valued resources (Nelson and Walsh-Bowers, 1994). Traditionally, resources for people with disabilities have been designated to systems and services which have kept people dependent and separate from community life (Condeluci, 1991). Successful partnerships do not ignore that citizens with disabilities require valued resources which they control and which contribute to their quality of life. As MacGillivary, Nelson, and Prilleltensky (1998) have said, "...solidarity with disadvantaged people must take into account our partners ability to access valued resources."

To summarize, the purpose of partnership is becoming crystallized in three areas: enhanced control and influence, broadened social networks and community, and increased valued resources (Lord, 1994). When none of these purposes are realized, it is likely that institutional purposes are dominating the partnership.

5. Partnerships Pay Attention to Numbers and Time

One of the most frequently asked questions by service providers about partnerships is; "how many people with disabilities should we involve?" One of the most frequently asked questions from consumers is "how long should this partnership last?" When these questions are answered appropriately before entering a partnership, they form part of a strong base for building a successful alliance.

Numbers do matter. When people with disabilities are invited to consider a partnership, they need a context for ensuring that their voices will be heard. Too much of what passes as partnership is "tokenism." One or two consumers at the table is the most typical scenario. If we recognize that "working together across differences" is a critical dimension of building a successful partnership, then partnership agreements must guarantee that relatively equal numbers of stakeholders participate.

Others would argue that the less powerful partner should have a majority of the participants. Some good examples of this in practice emanate from Independent Living Resource Centres across Canada, where partnerships with rehabilitation and community sectors usually include a majority of consumers with disabilities (Hutchison, et al., 1997; Valentine, 1994). There are also examples from psychiatric survivor businesses in Ontario. On the ten person board responsible for A-Way Express Couriers in Toronto, for example, 50% of the members are survivor employees. The remaining 50% are "outside" members with expertise in business or non-profit management; they may or may not be survivors. The management team is comprised of survivor employees and each month the company holds full staff meetings. Arrangements such as this ensure that, while admitting outsider partners for selected purposes, A-Way remains survivor controlled. They recognize and level the uneven playing field (Church, 1997).

Few partnerships last forever. In our experience, the most successful partnerships between service providers and disability groups are project specific, time-limited alliances. They enhance the potential for moving beyond "partnership shock" because joint activity is the focal point, rather than existing institutional structures. This does not mean that partnerships cannot have long term aspects. In some of our partnerships, for example, we have built enough trust and collaboration with a disability group to work with them on a series of projects over several years. In such cases, it is important that each project has its own life span and objectives, which need to be negotiated for each new initiative.

6. Partnerships Maintain "Self" and Consumer Representation

Consumers who are at the table in a partnership generally "represent" a larger group or organization. Often there is little attention paid to the nature and quality of representation, for either consumers or professionals. For the consumer, the self-help group or consumer directed organization is a context where the "self" can be authentic. These "sites of resistance" (bell hooks, 1984) for people with disabilities are crucial as places to reflect on their ongoing partnership work. Peers can ask questions and provide support for the representatives to maintain their voice in partnership meetings. These consumer organizations serve as accountability mechanisms for consumer representatives and help consumers avoid "partnership shock."

We turn again to the practices of psychiatric survivors doing community economic development. Survivor-controlled businesses are places where people who share similar experiences congregate and relate to each other as peers and co-workers. They provide space and time for survivors to meet together, to speak in their own language/s, for their own purposes, without professional intervention, without attempting to "integrate." The connection that is quite explicitly facilitated by the leaders of these businesses is with a social/political movement (Church, 1997). Other disability movements have developed similar strategies. Peer support within Independent Living Resource Centres, for example, provides rich opportunities for consumers to express themselves and learn from others with disabilities ((Hutchison, et al., 1997; Valentine, 1994).

Professionals can be defensive when confronted with "sites of resistance." But professionals too create these spaces, both informally and formally. The difference is that professionals get paid for it! Since "partnership shock" has more detrimental effects on the least powerful partner, finding ways to maintain the self within a supportive approach to representation becomes all the more important for the partners with disabilities. At the same time, there is an important learning here for providers. The work of creating partnerships cannot be done solely within formal settings, roles and relationships. Professionals must work consciously to create informal spaces with consumers where it is safe for both partners to speak out with each other and talk back to each other, spaces where we can develop higher levels of trust and personal commitment than we currently enjoy.

7. Partners Live With Uncertainty: The Challenge of "Facilitating"

Genuine partnerships are exciting and uncertain. Once a partnership has moved beyond institutional purposes, there is often an uncertainty about both the process and outcomes. For this reason, successful partnerships are well facilitated. As part of negotiations prior to starting, decisions about the "who and what" of facilitating need to be explored. This relates to the earlier question about "who will control the process?" Good facilitation will partially ensure that everyone participates and has a voice. A partnership consisting only of two partners can be challenging. When there are three or more partners, sometimes the facilitating issue can be handled more effectively. As researchers, we often represent a research team in partnership with service providers and consumers. We may play the facilitating role, because the focus of our engagement with the partners is research. This "third party" role in partnerships can be quite effective.

Facilitating or chairing successful partnerships requires skill and knowledge about "working together across differences." The effective facilitator is strategic and aware of differences, and helps the group identify and work with them. Supporting a group to develop principles for how they can work together takes time, but is one effective way to find a process that will work for everyone (Lord, 1998). Most importantly, facilitators understand stewardship, the concept and practice that focuses on creating self-reliance and partnership (Block, 1993). There are a growing number of resources for the practical aspects of this type of value based, partnership facilitating (Beynon, Abbot, Leffley, & Mai, 1998; Block, 1993; Church, 1993; Pivak, 1995). Getting to 'yes' takes time and commitment to effective process.

8. More Powerful Partners Consciously Shift Power

In order to address some of the significant issues facing citizens with disabilities in our culture, successful partnerships shift power to the less powerful partners. Shifting power can occur in terms of who has decision making ability and in terms of resources made available to complete the project. Both of these happen through a carefully developed process of "finding common ground" (getting to 'yes'). In research projects and other community oriented initiatives, it can happen by hiring people with disabilities. It also occurs when consumers take on formal leadership roles, such as committee chairperson. Leaders with disabilities are learning that this has to be approached very carefully to ensure that it does not increase "partnership shock," by enticing the person with a disability to primarily support the interests of the service provider.

For professionals, "consciously shifting power" means reducing their need for professional certainty, without getting defensive. As a large body of literature on the professions shows, the "expertise" we gain from our training and experience, makes this openness difficult (Edelman, 1979; Galper, 1975). Furthermore, accountability for many professionals is oriented toward the institution, not the consumer.

We believe the increasing number of partnerships between professionals and disability groups creates an opportunity for us to be creatively "less certain" about our knowledge and expertise. Extensive experience with partnerships has enabled both of us to take on new roles in relation to our knowledge and in relation to disability groups. In the transition, we have both struggled with maintaining our own "voice." We have learned that as professionals, our voices need not be silenced, but that there may need to be a period whereby our voices are quiet as we listen to the voices of people with disabilities.

Toward a Conclusion: Paradox, Paradigms, and Partnerships

This era in which we live has many contradictory messages for rehabilitation professionals; demands for "efficiency" and "cost effectiveness" are regularly presented alongside calls for "partnerships" and "community involvement." Our experience is that professionals who can live with uncertainty and paradox are better positioned to engage in meaningful partnerships (Handy, 1994). Most partnerships exist in a dynamic tension between retrenchment of existing power relations and evolution of new opportunities. Managing paradox requires leaders who understand the importance of both working across differences and finding common ground; leaders who understand both local partnership issues and the larger picture of how partnerships work in general; and leaders who willingly participate and yet constantly monitor partnership activity. Successful partnerships have commitments to both sets of seeming polarities.

We have noted that new paradigms in the disability field suggest stronger links for citizens with disabilities with community partners. We agree that disability groups need to move beyond having partnerships only with the rehabilitation sector. In the spirit of the emerging paradigms, forging partnerships with employers, churches, town councils, housing co-operatives and other community associations will enhance the citizenship and social networks of people with disabilities. In these new partnerships, rehabilitation professionals and other service providers may be called to stand with consumers or to play new roles in the community. Professionals who already have had successful partnerships with consumers will be better equipped to play these new roles. As a cautionary note, however, we are deeply concerned that partnerships between the community sector and the corporate sector bring the same power imbalance that we have seen between consumers and providers. The lack of critical discourse about these new alliances is disconcerting, especially given the enormous power of the corporate sector at this time (Shragge, 1997; 1998).

This paper has provided us with a context for reflecting on the tendency to enter into partnerships uncritically. We have described "partnership shock" as a process that limits the capacity of all players to fully engage with each other, one that is reinforced through institutional structures and current professional discourse and practice. Genuine partnerships have the potential to positively reduce professional certainty and enhance the lived experience and knowledge of consumers with disabilities. But they require professionals and consumers who are willing to move beyond "partnership shock." We offer our reflections as a starting point for further dialogue and action.

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