

National Theatre home

Barber Shop Chronicles

Exploring the Play at Home



If you're watching *Barber Shop Chronicles* at home and would like to find out more about the production, there are a number of different resources that you can explore.

About the Production

This production of Barber Shop Chronicles was first performed at the National Theatre in 2017. The production was directed by Bijan Sheibani.

You can find full details of the cast and production team below:

Cast

Samuel: **Fisayo Akinade**

Wallace / Timothy / Mohammed / Tinashe: **Hammed Animashaun**

Kwabena / Brian / Fabrice / Olawale: **Peter Bankolé**

Musa / Andile / Mensah: **Maynard Eziashi**

Tanaka / Fiifi: **Simon Manyonda**

Tokunbo / Paul / Simphiwe: **Patrice Naiambana**

Emmanuel: **Cyril Nri**

Ethan: **Kwami Odoom**

Elnathan / Benjamin / Dwain: **Sule Rimi**

Kwame / Simon / Wole: **Abdul Salis**

Abram / Ohene / Sizwe: **David Webber**

Winston / Shoni: **Anthony Welsh**

Production team

Director: **Bijan Sheibani**

Designer: **Rae Smith**

Lighting Designer: **Jack Knowles**

Movement Director: **Aline David**

Sound Designer: **Gareth Fry**

Music Director: **Michael Henry**

Fight Director: **Kev McCurdy**

Staff Director: **Stella Odunlami**

Barber Consultant: **Peter Atakpo**

Company Voice Work: **Charmian Hoare**

Dialect Coach: **Hazel Holder**

You might like to use the internet to research some of these artists to find out more about their careers.

If you would like to find out about careers in the theatre, there's lots of useful information on the [Discover Creative Careers website](#).

Exploring the Production in More Depth

If you'd like to find out more about the play, you can watch this collection of short films, which explore the play's key themes. You can watch Inua Ellam's TEDxBrixton talk on the perception of black masculinity [here](#)

You can listen to interviews with Inua Ellams [here](#) and [here](#)

You can watch a film with Musical Director Michael Henry and the cast working on the vocal techniques used in the production [here](#) and a series of rehearsal room films [here](#)

You may also like to read these articles:

STRONG BLACK MALE

Baffour Ababio looks at why men in black communities avoid speaking out about mental health

Fear predominates in conversations about mental health issues. It is used in connection to people's perception and knowledge about the range of treatment options available. It is linked to the spectre of being sectioned under the Mental Health Act, of the police being involved, of the effects of antipsychotic medication, of stories of individuals with mental health problems inexplicably dying in police cells.

Amongst London's ethnic minority groups, this fear mutates when it intersects with ideas about mental illness from their various countries of origin. In Ghana's capital, Accra, for example, the perception of mental health problems conflates sometimes with the mysterious happenings behind the walls of the Accra psychiatric hospital; a perception reinforced by the sight of mentally ill people wandering the streets begging, wearing rags, sometimes naked.

Most languages use derogatory terms to talk about their mentally ill. In Lagos, Nigeria the Yoruba term *were* (meaning insane) is linked to the Yaba hospital, while the Shona word *Benzi* (meaning stupidity) is used to talk about the SASCAM hospital in Harare, Zimbabwe, adding further stigma to these much-feared – and usually urban – psychiatric hospitals. The attitudes towards mental illness in these developing countries vary between the urban and rural areas. In the rural areas communities seem more settled with the dynamic existence of familiar, caring relationships with the mentally ill person.

Recently, I have been struck by memories of the stereotypes I held growing up in Accra and of using

the Ga term *Sekyelor* (meaning mad person). I recall visits to Banjul in The Gambia in the 1980s where in Wolof, they say *denga mankeh* – similar to 'one missing a screw'.

When I arrived in the UK I experienced disorientation followed by a period of profound sadness, and this was partly instrumental in my decision to train to become a psychotherapist. But I also made the choice because of the prevailing fear, stigma and shame within the black community ('black' in this article is used in reference to black British, African Caribbean and African), which places a lid on psychological problems, stemming their expression and thwarting access to timely treatment. There seems to be a notion that once an individual is touched by mental illness, they can never return to the way things were; that they are marred for life.

When I started training, there were very few professional spaces to engage black people in talking therapy, and the mental health treatments offered were geared largely towards medication and hospitalisation, often seen as necessary treatment in the context of the stereotype of the 'black, dangerous male'. As one of the few black, male psychotherapists in the UK, I felt I could play an important role in helping other men talk about their problems.

Until the 1980s it was difficult for members of the black and ethnic minority groups in the UK to access psychotherapy or counselling. Places like Nafsiyat Intercultural Therapy Centre set up stalls during that period, to work with them. Black and ethnic

minority groups were excluded from traditional psychotherapy because of the idea that they were not 'psychologically minded'. My training came about through a collaboration between Nafsiyat and UCL and it challenged me to confront the racism implicit in much medical and psychotherapeutic theory. Intercultural psychotherapy acknowledges the reality of mental illness but argues that the course, recovery, outcome and symptoms are shaped by the cultural and social context.

There is an urgent need for early intervention in issues of mental health, particularly as the black community in the UK operates under the pressure of striving to be seen as capable of survival and of becoming financially successful. The link between this pressured environment impacting underlying vulnerabilities and widening psychological fissures is a strong one. The stress of racism, migration, vestiges of the colonial experience, the fragmentation of communities and the processes black men experience in the mental health system, stoke the fear of addressing the early signs of mental health problems, contributing to increased rates of mental illness.

Racism has its overt expressions but is also experienced as micro-aggressions. A black male client who consulted me for psychotherapy talked about his internalisation of the stereotype of the 'dangerous black male'. He described running the gauntlet to work daily: observing the empty seat next to him not being readily taken, the frustrations of disempowerment at work, walking home late and hurrying to overtake the white woman in front – to reassure her. He would arrive home and snap at his wife and children, unwinding with a drink. He realised his anger was displaced. He went to the dentist; a white, female dentist put a temporary fix on his molar and cautioned him not to chew any bones. He left the dental surgery angry but confused – was he being too sensitive? Why did she refer to 'bones' and not 'any hard foods'?

The concept of the strong, black man – interpreted to mean an aversion to talking about emotional problems – results in the accumulation of stress. And the stereotype of the strong, black male inevitably seep into spaces where male interaction often occurs, such as sport (participating or watching), the barber shop and the gym. This could mask or inhibit vulnerability and further discourage men from opening up, due to the fear that it might be deemed an indication of homosexuality or bisexuality. This silence also indicates the community's position not to air its 'dirty linen' in public.

Barber Shop Chronicles describes the setting within which the barbering occurs. The client sitting in the chair,

a cloth wrapped around him, introduces a degree of intimacy and vulnerability in the interaction. It resonates with my work as a psychotherapist and made me consider the possibilities of collaborations between barbers and therapists.

I remember visiting my barber the day before my wedding on the pretext of getting a good haircut for the big day. I now see my barber as the 'best man' no one knew about, and our talk that day prepared me for my rite of passage. For my clients, too, the barber shop can provide a place of refuge.

'John', who saw me for psychotherapy, had left his country of origin in Africa – a country where he was exposed to the brutalities of civil war. He arrived in the UK and found a job in transport, met a black British woman, got married and had children. His in-laws did not approve of him and thought his spoken English was not up to par. Eventually John embarked on an affair and took to drink, becoming alcohol-dependent.

During this time, John developed a rapport with his barber and would travel to north London to see him. He enjoyed sitting in the chair – akin to the counselling chair, perhaps – as his barber stood behind him, cut his hair and conversed with him. Despite this interaction, John's drinking spiralled out of control, into domestic violence, arrest and a breakdown. His marriage ended and so did his relationship with his children.

With proper support, the trust and routine of this weekly session with the barber could have enabled John to seek help sooner from his GP, who could have facilitated a referral to an appropriate psychological, medical and cultural intervention to complement the barber's time with him.

When I saw John for psychotherapy, it was clear that the cause of his breakdown was multifactorial and intersectional. Amongst other things, he had unaddressed issues from his encounter with the civil war in his country of origin. His sense and experience of community had already been fragmented before he arrived in the UK and he attempted to recreate a family around him. His marriage was in part undermined by the internalised colonial issues of fluency in English and the stress of getting a middle-class job to placate his in-laws. John also struggled to strike the balance of being vulnerable with his wife whilst remaining the 'strong man' he felt he had to be.

In my work with John, he disclosed his fear of breakdown and of being diagnosed with schizophrenia. This fear is real insofar as it is based on actual reported cases within the black population, where patients

are two to three times more likely to be involuntarily hospitalised under the Mental Health Act.

In relation to their numbers within the general population, black people are over-represented in psychiatric hospitals; particularly in locked wards, probation services and prisons. Black men are over-represented in the diagnosis of serious mental illnesses such as schizophrenia, resulting in labelling and reinforcing mistrust and suspicion of mental health professionals. These experiences enable negative perceptions of mental illness to be directed towards places of help, like The Paterson Centre for mental health in west London.

It is a fear which deters people from seeking help. To change this, we need to find ways to raise awareness of local mental health resources, particularly culturally appropriate services in black communities – and this could mean collaborating with barbers. What if we could work to embed a working knowledge of signs, symptoms and treatment of mental illness within these communities? It's not entirely about focusing on deficits, it is also about acknowledging existing strengths within these communities, its people, its resilience, its contributions, its coping mechanisms and facilitating and celebrating them.

Baffour Ababio, May 2017

Baffour Ababio is a Psychoanalytic Intercultural Psychotherapist and clinical supervisor in private practice and at NAFSIYAT Intercultural Therapy Centre, where he has also worked as Head of Clinical Services. Alongside his clinical role, he has also developed a career in managing mental health services, integrating a community-based response to support recovery from a broad range of mental health problems. He completed his training at University College London and The Guild of Psychotherapists. He is a member of the United Kingdom Council for Psychotherapy (UKCP) and The British Association for Psychoanalytic and Psychodynamic Supervision (BAPPS).

DISCOVERING AFRICA IN LONDON

by Professor Hakim Adi

'I discovered Africa in London,' wrote Paul Robeson, the famous African American actor and singer who devoted his life to the struggle for African liberation and human rights for all, recalling his experiences in London in the 1920s and 1930s. A visitor to London today might expect to have very similar experiences in Peckham, or throughout many parts of London where Africans and those of African and Caribbean heritage often comprise at least 25% of the entire population. Peckham today is often known as 'Little Lagos', or 'Little Nigeria', the place to buy Nigerian culinary delicacies and as famous for its association with Hollywood star John Boyega as the tragic death of Damilola Taylor.

In much of south London today the population of those from the African continent is the dominant black demographic, outpacing the Caribbean population in the boroughs of Lambeth, Southwark, Lewisham and Greenwich. Indeed, throughout the capital it is a similar picture with growing populations of those from Nigeria, Ghana, Somalia and many other African countries that have outstripped the previously dominant Caribbean population. It is a phenomenon that is causing many to question the dominant narrative which associates all black Londoners with the docking of the *Empire Windrush* at Tilbury in 1948, an event commonly credited as having kicked-off mass post-war immigration from the Caribbean and other parts of the empire, to the UK.

Before *Empire Windrush*, the African and Caribbean population of London was certainly not as large as it is today but that does not mean it was any less

significant, nor is its size any justification for hiding a history which predates the Roman occupation of Britain. There were Africans living and working in London in Shakespeare's time and throughout the following centuries, indeed Shakespeare is supposed to have fallen for an African woman, Lucy Morgan, and celebrated her beauty in his sonnets.

In the 18th century, Africans, led by Olaudah Equiano and Ottobah Cugoana, even formed their own organisation, the Sons of Africa, to contribute to the mass popular campaign to end Britain's trafficking of millions of African men, women and children across the Atlantic. At the end of the 19th century, London was the venue for the first Pan-African conference, organised by African and Caribbean residents to demand human rights for black people throughout the world. It featured music by the famous black British classical composer Samuel Coleridge-Taylor who was born in Croydon.

London's populations of African and Caribbean heritage contributed to both world wars, even when racism and the colour bar in the services made it difficult for them. Others, like the Jamaican carpenter Isaac Hall, refused to fight. In 1916, as a conscientious objector Hall was sent to Pentonville Prison and tortured but refused to renounce his principles.

Wartime service by African and Caribbean volunteers led to many returning to Britain to settle in the period after 1945. Britain's colonial rule produced poverty and no opportunity for higher education, so many others made the journey to Britain to better their lives and those of their families. The most well-known

voyage was that made by the *Empire Windrush* in 1948 but many other ships made the journey from the Caribbean before and after that date. They were further encouraged when the newly created NHS began to recruit in the Caribbean in 1949, followed by London Transport in 1956. Britain's post-war demand for labour led to tens of thousands of people settling in London from the 1950s onwards. The barber shop/hairdresser became and remains one of the most visible signs of this settlement which was established in different parts of London – Brixton, Croydon, Peckham, as well as Harlesden, Hackney, Notting Hill and Paddington.

The continental African population of London arrived in the capital for a variety of reasons. Nigerians and Ghanaians were sojourning in the capital in the 1950s and 1960s, drawn by the need to gain qualifications or working in such sectors as the National Health Service. Some had arrived much earlier and were amongst those who helped Paul Robeson 'discover' Africa in the 1920s and 1930s. In that era, Robeson became the patron of the West African Students' Union (WASU) which had been founded in 1925 to campaign for the rights of Africans in Britain's colonies, Nigeria, the Gold Coast, Sierra Leone and Gambia, and to campaign against the infamous colour bar in Britain. At that time racism was legal in Britain and Africans might be barred from hotels and public houses and denied employment. Even African women training as nurses sometimes found it difficult to secure positions in London's hospitals. The WASU therefore established its own hostel in Camden Town, which also provided the capital's first African restaurant, amongst other things adopting and adapting ground rice for Nigerian culinary purposes. The WASU also provided one of the first modern African barbers.

In those days, Peckham was known as the place of residence of Dr Harold Moody, a Jamaican physician, and the headquarters of the League of Coloured Peoples (LCP), of which he was president. Whereas the WASU united West Africans, the LCP's membership included those from the Caribbean as well. Moody campaigned on behalf of nurses and other victims of the colour bar just as the WASU did. Such was the situation facing London's African and Caribbean population at that time, a population that contained students and professionals but many others who existed as seafarers, or earned a living as best they could.

Africans settling in London during this period pulled and pushed by the same factors as those from the Caribbean. The numbers were not as large but thousands came to study with the aim of soon returning home but then remained. Others came to seek employment, before the 1962 Immigration Act all colonial subjects were entitled to British citizenship and residence. Even after that

many Africans came as refugees and asylum seekers following civil wars in Nigeria in the 1960s and Somalia later, as well as other conflicts in DR Congo, Zimbabwe and Eritrea in the last decades of the 20th century. Still others were directly recruited, especially by the NHS which initiated a programme for this purpose in the mid-1990s. By the start of this millennium the largest African communities originated from Nigeria, Ghana, Somalia and Zimbabwe, located particularly in south London but also in boroughs such as Newham, Hackney, Brent and more recently Barking and Dagenham.

Although there are distinct African and Caribbean communities there is also a common 'black' experience based on living in London and increasingly from being born and growing up in London to parents who may also be Londoners. The barber shop/hairdresser is another of those common experiences, along with remittances, holidays 'back home' and increasing familiarity with what might be described as Pan-African cuisine and, of course music, from Highlife and Calypso in the 1950s to Reggae and the more recent Afrobeat. It is now increasingly common to find young Nigerians taking Congolese partners, Sierra Leoneans with Jamaicans and every other Pan-African combination. The fluidity of Afropolitanism, we are told, is in vogue. Yet, as at the start of the 20th century and long before, it is often the common problems facing all those of African descent – poverty, racism, eurocentrism, neo-colonialism – and their solution, that create the conditions for the most passionate discussions, whether in the barber's or elsewhere.

Professor Hakim Adi, May 2017

Professor Hakim Adi (PhD SOAS) is Professor of the History of Africa and the African Diaspora at the University of Chichester. He has appeared in many documentary films, on TV and radio and has written widely on the history of Africa and the African diaspora. He is currently writing a history of Pan-Africanism, to be followed by a book on the history of African and Caribbean people in Britain. hakimadi.org

BARBER SHOP CARONNICLES VISITS

Accra, Ghana

- Time zone: GMT (no daylight saving)
- Language: English is Ghana's official language. The most widely spoken local languages are Ga, Dagomba, Akan, Ewe and Twi
- Ghana's exports: gold, cocoa beans and timber products
- Food: chichinga, red red (a type of bean curry) and banku (made from fermented corn)

Accra is the capital city of Ghana, with an estimated population of 2.27 million.

The Republic of Ghana takes its name from the medieval Ghana Empire of West Africa. Ghana was the title of the kings who ruled the vast kingdom. The region is known as The Gold Coast due to the abundance of the precious metal.

During the 17th century, the ports in Accra passed through the hands of the British, Dutch, French and Portuguese. They were considered valuable tactical strongholds that would aid expeditions to extract natural resources and, more devastatingly, the triangular slave trade. Britain bought Christiansborg (now Osu Castle in Accra) from Denmark in 1851, before capturing Accra in 1874. In 1877, Accra became the capital of the 'British Gold Coast'.

Modern-day Accra centres on the communities surrounding the three colonial forts: James Town and the British James Fort; Osu and the Danish Christianborg Fort; and Ussher town and the Dutch Ussher Fort.

Did you know?

In 1957, under the leadership of Kwame Nkrumah, Ghana became first African nation under British colonial rule to achieve independence. Nkrumah is widely celebrated for his achievements, as the hope of a generation and leader of the pan-Africanism movement, galvanising other African leaders struggling for self-governance. The independence ceremony held in Accra was even attended by Martin Luther King Jnr and many other leaders of the era.

Lagos, Nigeria

- Time zone: GMT +1 hour (no daylight saving)
- Language: English is Nigeria's official language. Yoruba, Igbo and Hausa are the dominant native languages. Pidgin is commonly used in ethnically mixed areas
- Nigeria's exports: mineral fuel (including crude oil which is largely exported to India), cocoa and wood.
- Food: jollof rice, akara (deep-fried bean cake), igbin (land snails), banga (palm fruit based soup)

Lagos is the former capital city of Nigeria (from 1914 to 1991) and has since been replaced by Abuja. Lagos is the largest city in Nigeria, estimated at 21 million people.

Originally a port town on Lagos lagoon, its name comes from the Portuguese for 'lakes'. During a period of urban expansion the city spread to the west of the lagoon, leading to the classification of Lagos into two main areas – the Island and the Mainland.

Lagos officially became a British colony in 1861, but the lines that mark the nation of Nigeria as the country we now recognise were not officially drawn until 1914. Between the 1850s and early 1900s many freed slaves made the long journey from Brazil to Lagos where they quickly integrated into Nigerian society. Their Portuguese links had a major impact on a lot of architecture in the town and can be seen today. Perhaps more tellingly their presence undoubtedly has shaped Pidgin with many words being an amalgamation of Portuguese and English.

Did you know?

The Eyo Festival is a Yoruba festival, unique to the city of Lagos. Performers dressed in robes and costumes covering the face and body, take to the streets in procession. Dressed in white, participants pay homage to those who have passed. This and other masquerades are thought to have influenced many modern-day carnivals.

Kampala, Uganda

- Time zone: GMT +3 hours (no daylight saving)
- Language: English is the official language, with Swahili the country's second language
- Uganda's exports: coffee, tea, cotton, copper, oil and fish
- Food: rolex (made from chapatti, eggs, onions and pepper), eshabwe (similar to a ghee sauce), luwombo (a meat dish cooked in a banana leaf)

Kampala is the capital city of Uganda and the 13th fastest growing city in the world, with an estimated population of over 2 million.

Before the arrival of the British, Kampala was part of a hunting ground for the Kingdom of Buganda, and home to several species of antelope, including the impala. The British named the area 'Hills of the Impala', which eventually merged with local languages to become Kampala.

In 1905, Uganda was came under control of the British Colonial Office. Kampala became the country's capital city in 1962, when Uganda gained independence. Before this, Entebbe was the capital city.

Kampala was originally built across seven hills. Due to the increasing population, the city now sits on ten hills – and continues to grow.

Did you know?

Uganda has one of the world's most generous refugee policies which grants migrants land to build their own homes, rights to travel and work that are almost unheard of elsewhere.

Harare, Zimbabwe

- Time zone: GMT +2 hours (no daylight saving)
- Language: Zimbabwe has 16 official languages. English, Shona and Ndebele are the most widely spoken
- Zimbabwe's exports: gems, precious metals, tobacco, ores and sugar
- Food: dovi (peanut butter stew with vegetables and meat), Mapopo candy (made from papaya), nhedzi (a soup of wild mushrooms)

Harare is the capital city of Zimbabwe, with an estimated population of nearly 2 million.

In 1890 British settlers founded the city, which they originally called Fort Salisbury after the then Prime Minister, the third Marquess of Salisbury. It wasn't until 1982 – after independence and recognition of the Republic of Zimbabwe in 1980 – that the name of the city became Harare.

The city is the financial and commercial centre for Zimbabwe, with exports including tobacco, maize, cotton, citrus fruits, and manufactured goods including textiles and steel. Gold mining is also a feature of the area, and some link the region with the Kingdom of Ophir, where King Solomon is said to have received an abundance of precious ivory and stones. There is also rich history of pottery and ceramic making in the region.

Did you know?

Chimurenga (roughly translated as revolutionary struggle) is a Shona word that has multiple uses but was originally linked to the first war of independence in 1896, known as the Second Matebele War. It also refers to a genre of music that became popular in the 60s, during the pan-Africanism movement, and is still popular today.

Johannesburg, S. Africa

- Time zone: +2 hours of GMT (no daylight saving)
- Language: South Africa has 11 official languages: Afrikaans, English, isiNdebele, isiXhosa, isiZulu, Sesotho sa Leboa, Sesotho, Setswana, SiSwati, Tshivenda, Xitsonga. While English is normally used for business, only 9.6% of South Africans speak it at home. The most popular language in the home is isiZulu, spoken by 22.7%
- South Africa's exports: corn, diamonds, fruit, metals, sugar and wool
- Food: droewors (air-dried sausage), malva pudding (a sponge pudding), boerewors (a coiled sausage)

Johannesburg is the largest city in South Africa, at over 4,434,827 people (in 2011). It is the capital of Gauteng province, the wealthiest province in South Africa.

Even though settlements had existed around Johannesburg for centuries, gold found on a farm in 1884 triggered a gold rush, and the founding of Johannesburg in 1886. Within a decade, the population had shot up to over 100,000 people. As the mining industry expanded the segregationist government built shanty settlements on the outskirts of the city to house the black population who made up the majority of the workforce.

In the 1970s, Soweto was a separate township from Johannesburg where residents were only afforded temporary residential status, but was absorbed into the city in the 1990s. Soweto has seen much unrest including a famous uprising in 1976, in which students challenged the imposition of Afrikaans in the education system and dismissal of their own indigenous languages.

Did you know?

Johannesburg is the world's largest city not built on a coastline. It is also considered the cradle of humanity: over 40% of the planet's human ancestor fossils have been found in the area.

Reviewing the Production

You might like to write a theatre review when you have watched the production. All students studying drama and theatre for GCSE and A-level will have to do this for productions that they see as part of their course.

If you choose to write a review, you might like to consider some of the following:

- The form and style of the production
- The artistic choices which have been made, remembering to include sound, lighting, set and costume design choices
- Your own critical appreciation of design elements and performance skills
- What you think the creative and production team's intentions were in staging the production
- Significant moments in the production where you notice a particular performance skill being used or think a particular directorial decision has been made
- Your own response to the overall effectiveness of the piece as an audience member
- You could sketch the set and/or some costumes from the production as you watch

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