Abstract

This article considers some guitar skills which might be considered “essential” for the contemporary music therapist. After some overall observations, 10 such essential areas are briefly outlined and described. Sample recommendations for clinician development are made in each area. They include a knowledge of open chords in various different positions for voice leading, barre chords, interesting strumming patterns with rhythmic emphasis, varied fingerpicking patterns, major and minor pentatonic scales for improvising, familiarity with guitars of various types (steel-string, classical, electric), blues/rock/jazz chord extensions and progressions, use of right (strum) hand rhythms, use of non-chord tones, and chord embellishments/left (chording) hand techniques. An emphasis is placed on the continuing guitar skill development of the clinician.
Introduction

The guitar continues to be a mainstay for music therapists in their work with clients demonstrating a wide variety of needs, abilities, and interests (Kennedy, 2001). The versatility, portability, and musical integrity of the guitar allows clinicians to adapt its uses to music of a wide variety of styles. Music therapists are becoming ever more adventurous in how they use guitar. New ways to use the guitar in clinical work, research, songwriting, and music therapy education/training are increasingly shared through the music therapy literature and at professional conferences and workshops. Unfortunately, university music therapy training programs do not usually allow for in-depth student guitar study due to course and programme credit limitations. Unless a student’s primary instrument is the guitar, they may only receive one or two semester’s worth of instruction. In addition, the nature of the guitar instruction may focus on only one style, such as classical or folk. It has been suggested that a more in-depth study of guitar could be beneficial in university music therapy programs (Kennedy, 2001). Many internship settings also provide some continued guitar skill development as part of their training. In addition, clinicians may work on expanding their guitar skills throughout their career. This may especially true when beginning work with a new client population motivated by more contemporary or different music than the clinician is used to playing on guitar.

Essential Skills

If continued and more developed study is pursued by the music therapist, are there "essential" contemporary skills to be learned for application in clinical settings? While the "essentiality" of a skill will be in part deter-
mined by the needs and interests of clients with whom the therapist works, there are some skills that every music therapist can develop as part of their guitar abilities and playing resources. Ten such skill areas will be briefly considered here. Selecting ten areas was a challenge, as this number could easily be doubled. In addition, an entire article (or book) could be devoted to each skill area. The observations below do not represent a complete and exhaustive exploration of these skill topics. Rather, they are intended to stimulate the thinking of clinicians and perhaps add some extra motivation and ideas towards continuing to develop guitar skills that enhance the ultimate music-based clinical experience for therapist and client. Sample resources are also listed for the reader at the conclusion of the article. It should be noted that the below examples are described from a “right-hander’s” point of view, with the left hand finger- ing the frets and the right hand sounding the strings. This perspective can easily be reversed for those who are left-hand dominant.

**OPEN CHORDS**

The first skill area is a knowledge of open chords in various different positions. This is essential for musical interest and to allow for voice leading. So often, clinicians use open chords (chords which use open strings) in first position, limiting their chording hand to the first four frets of the fingerboard. The chord positions learned during beginning study remain the positions used in every song after that. The root of each chord is often played as the bass note of both major and minor chords, including seventh and other extended chords (e.g. E major chord sounded from the sixth string, A major chord from the fifth string, C major chord from the fifth string, d minor chord from the fourth string, etc.). In essence, every chord is thus being played in root position. The bass movement from chord to chord is thus stilted and chord progressions can sound extremely disjointed. Most clinicians would never consider doing this...
(playing all chords in root position) at the piano. Open guitar chords can also be fingered and/or sounded as inversions so that the third or fifth can feature as the bass note. Bass notes can then be selected by how those notes function in the chord progression as chords lead from one to another. For example, the simple progression of C major - G major - a minor sounds rather like a stick figure if all root notes are sounded in the bass. Simply sounding the G chord from the fifth string instead of the sixth string produces the bass note B, or the third of the G chord. The bass note progression now sounds as C (root of C chord) to B (third of G chord) to A (root of a minor chord), thus connecting the chords through the bass notes. In a “fake book”, we might see this fingering of the G chord noted as "G/B". It is simply Other open chords can be fingered in new ways as well. For instance, when fingering an open D Major chord, an option is to wrap the thumb of the chording hand around the neck to fret the sixth string at the second fret (your guitar class teacher probably wouldn’t have liked that). This produces a first inversion D Major triad (F# in the bass). If this chord is played between G major and e minor (i.e. G Major - D/F# - e minor), the bass movement again connects the three chords. There are many other possibilities when moving from chord to chord if the bass notes are considered and fingered/sounded accordingly.

**BARRE CHORDS**

The second consideration is the ability to construct and play (not just finger, but sound) barre chords. If a therapist has had only one semester of guitar training, barre chords may seem like only a distant land of sonic possibilities. However, not knowing how to use barre chords severely limit’s the available chordal possibilities. The inability to finger frequently-used major and minor barre chords may actually restrict the therapist from using songs which are motivating to the client. They may avoid selecting songs or progressions which require these chords. Many
clinicians learn “easy” versions of what should be full barre chords. A common example is the B Flat Major chord played with four fingers and fingered from the fourth string third fret (in essence an A Major triad moved up a fret with an F note added on the first string). These fingerings often result in a less than satisfying bass sound. For instance, finger ing and sounding that B Flat chord from the fourth string as described above results in a second inversion triad (F in the bass). Unless this chord is being played as a second inversion triad for a reason (e.g. in a progression), it may sound awkward, out of place, and musically weak. The theory behind how barre chords work and how to successfully finger them is relatively simple and certainly worth exploration (see Krout, 1994). For example, power chords can serve as a bridge to full barre chords, providing convincing bass sound and success for therapist and client.

**STRUMMING PATTERNS**

Our third skill area is strumming patterns. So often we use what is familiar to us in our guitar playing. There seem to be certain, almost predictable strums that clinicians use. Clinicians usually begin by learning basic quarter and eighth note down-up strumming patterns that sound on even divisions of the beat/pulse. With continued study, a basic syncopated strum in 4 is often learned. This quarter - eighth - quarter - eighth - eighth pattern is usually strummed as down - down - up - up - down - up. While this pattern does give some forward motion and lift due to the syncopation, it becomes worn out when used in song after song. In triple time, clinicians often sue a simple quarter - eighth - eighth - eighth pattern, played with down down-up down-up strums. This can also become musically tiring to both the client and the therapist. There are many things we can do to make our strumming more interesting. One basic change is to varying strumming patterns between songs. If there are four songs in the same meter, use a different strum pattern for each song.
Longer songs can also be played with two or three different patterns. One strum pattern can be used for the beginning sections, another (perhaps more active/complicated) for the middle, and a third (again more intricate) for the final sections. Often, songs that are simpler in terms of number/quality of chords and progressions can benefit from more interesting strumming patterns. Likewise, when a strophic song has more than several verses, varying strum patterns can keep listener interest. There are many possible strum patterns for songs in simple meters as well as irregular meters. In addition to the actual beat and sub-beat nature of the strums, rhythmic emphasis can also be varied. We are used to accenting the strong beats of a measure in Western music. Off-beats (e.g. Reggae rhythms) can also be accented, as can subdivisions of a beat (e.g. funk rhythms). Possibilities are endless. The main point is to select strum patterns that capture the feeling of the song and maintains the listener’s (client and therapist) attention and interest.

The fourth skill area and consideration is using varied fingerpicking patterns. Often times clinicians use fingerpicking when guitar volume is not such an issue and the guitar can be used in an intimate way. However, therapists frequently use limited picking patterns utilizing only the thumb and index or middle finger of the picking hand. In addition, the patterns themselves are repetitious and decline in musical interest during and between songs. Those trained in classical guitar often know varied patterns, but may not be bale to transfer them from their learned repertoire to accompanying songs in varied styles. The key is to use patterns that enhance the musical feel of the song and allow for the accompaniment to facilitate the clinical reason(s) that the song is being used. Fingerstyle guitar instruction books (see resources at end of article) can provide a wealth of resources and possibilities for the clinician.
The fifth area we will look at briefly is using major and minor pentatonic scales for improvising. Music therapists often make use of pentatonic scales with pitched percussion instruments and piano. However, they are often not utilized on guitar due the therapist’s lack of familiarity in transferring them to that instrument. However, adapting pentatonic scales to guitar is not difficult, as the scales can be played with one (in the case of open positions such as G Major and e minor) or two fingers. With pentatonic scales, melodic improvisation by the client can be facilitated and musically supported by the therapist on guitar, piano, or another instrument. In addition, the therapist may themselves use pentatonic scales to improvise with the client playing guitar or another instrument/singing. Pentatonic are ideal for beginning blues work as well, with minor pentatonics used over a backdrop of I - IV - V7 progressions. Major pentatonics can also be used to achieve country and southern (U.S.) rock sounds. See Krout (1994) for some pentatonic ideas.

The sixth area in our guitar quest is familiarity with guitars of various types, including steel-string, classical, and electric. So often the music therapist uses only one kind of guitar. In addition, that guitar may not be musically appropriate for the style of music being played (e.g. a classical guitar being used with rock music). Clinicians may be limited by the availability of instruments in their clinical setting/facility, which may unavoidable. However, the music therapist should feel comfortable using classical, steel string, and electric guitar. Some experienced clinicians have never used a flat pick, while others are used to strumming a classical guitar with a flat pick. Many therapists have never played an electric guitar. The result is that they may shy away from using this resource, even when it is available and the client is motivated by it. There are certain guitar techniques such as string bending that are also used music
more with electric guitar that with steel string or classical models. I am not suggesting that all clinicians be equally skilled with all three basic types of guitar. However, if the music that motivates their clients is best played on a certain type of guitar (classical, steel string or electric), then it is the therapist’s responsibility to become familiar with that instrument. It may be intimidating at first (especially when approaching the electric guitar for the first time), but the musical and clinical rewards will be worth the effort!

Seventh is familiarity and flexibility with common blues/rock/jazz chords and progressions. We have already briefly considered open chords and barre chords. Blues/rock/jazz chords are also essential in interpreting popular music from the 1950’s onward. While clinicians would know to add a lowered 7th to a major chord to give it a “bluesy” feel, there are many more possibilities. These include chord extensions such as 9ths, 11ths, and 13ths. All three of these also imply a lowered 7th, but add tones that would normally function as non-chord tones (e.g. suspensions) in traditional Western music. These chord extensions can be realized over minor triads as well, and minor blues and jazz feels can provide new opportunities for improvisation. Major 7ths are also commonly heard in jazz, and can be added to any major chord, as well as be used above a minor chord for tension and interest. Chord progressions from jazz, blues, and rock also offer limitless possibilities for music structures. While a 12-bar blues will be familiar to clinicians, there are many variants of such progressions. In addition, there can be 8-bar and 16-bar blues forms as well (and others). Rock often features progressions not found in traditional harmony and style. For instance, progressions which use major chords built on the lowered third and lowered seventh scale
degrees in a major key have been used a number of times in “hit” songs. Other familiar rock progressions use elements of traditional harmony in new way, such as many Beatles songs. Think of the opening chords of Nirvana’s “Smells Like Teen Spirit”. What you hear is two sets of V - I chords (traditional resolution) a minor 3rd apart (following chords not in original Major key of F). The progression features an F chord resolving to a B Flat chord followed by an A Flat chord resolving to a D Flat chord. Jazz (with so many styles within the overall art form) also offers almost limitless progression options, possibly starting with the very familiar II7 - V7 - I sound.

**STRUMMING**

Our eighth area also involves strumming. While we have looked at strumming in general, the use of right (i.e. strum) hand rhythms allows the clinician to add a rhythmic and percussive feature to his/her playing. Specific techniques can include slapping the strings with the strumming hand during strumming patterns. One can also use the fingers of the strumming hand to hit and slap the guitar body, top (face), and other parts of the instrument in-between strums to add percussive emphasis. Even hitting the open strings (over the sound hole or treble end of the fingerboard) can add interest. The late guitarist Michael Hedges was one acoustic guitarist who used these techniques to great effect. If not using the left (chording) hand to finger the fretboard, both hands can be used to percussive effect on the strings or guitar body/face. Of course, care must be taken so as not to damage the instrument!

**NON-CHORD TONES**

Ninth in our list is the use of non-chord tones. In traditional Western music, we are often used to non-triad chord tones such as 2nds, 4ths, 6ths, etc. as used as passing tones, neighbour tones, and in other types of resolutions (to a triad). Popular music and jazz have featured non-triad tones...
as members of “stable”, non-resolving chords for many years (e.g. the closing chord of the Beatle’s “She Loves You” features a Major or added 6\textsuperscript{th}. Music therapy styles and approaches such as Nordoff and Robbins also make use of non-chord tones to add musical interest (Nordoff & Robbine, 1983). These concepts can, and have been adapted and transferred to guitar (Aigen, 2001). However, many music therapists simply have not been taught chords that include these tones. There are available guitar chord dictionaries which can serve as valuable resources in learning new chords, especially those that add musical interest to the mix. One can also learn new chords from “fake” books of various styles, especially popular music from the 1960’s onwards.

**CHORD AND MELODIC EMBELLISHMENTS**

Our tenth area is chord and melodic embellishments using left (chording) hand techniques. These techniques include hammer-ons, pull-offs, slides, bends, and blends (playing two or more strings simultaneously and bending one string while keeping another at fingered or open pitch). Hammer-ons, pull-offs, and slides can be used on any type of guitar (classical, steel-string, or electric). The bends and blends are easiest to do on an electric guitar. They can also be performed with relative ease on the treble E and B strings of a steel string guitar. However, bending and blending are difficult on a classical guitar due to the composition of the strings. Hammer-ons and pull-offs add melodic interest and variety, especially when a chord is played for several (or more) consecutive measures/bars. The slides, bends, and blends allow you to sound the pitches “in-between” the half-steps. This is especially useful in blues/rock/jazz songs and styles.
Conclusion

We have come to the end of our “top ten” list, but certainly not to the end of the possibilities for continued guitar development. Guitar learning, as so much about music, is a life-long journey for the music therapist. As we grow as musicians/guitarists, we grow as clinicians as well. I wish you pleasant riffs along that journey!

References and Resources


Robert Krout, Ed,D, MT-BC, RMTh
MusicTherapyProgrammeLeader MasseyUniversity–NewZealand
R.E.Krout@massey.ac.nz

Received and accepted 2/20/2003

Many music therapy schools require an undergraduate degree in music to qualify for the music therapy equivalency program. There are some that will accept students with a degree in education or psychology plus a minor in music or a strong background in music. Since every school implements its music therapy program differently, make no assumptions. Students spend just the beginning of each semester on campus for the purpose of taking proficiency exams. Criteria for admission According to Tracy Richardson, chair of the music therapy program, all music therapy students must audition to be considered. Students with a strong music background who can accompany themselves on guitar and piano are more likely to be accepted.