Composition Plus: A Process-Compositional Approach *in Music Therapy to Empower Creative Potential*

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Abstract

This paper presents a music therapy method *Composition Plus,* a process-compositional approach that is rooted in the music therapeutic improvisational practice. *Composition Plus* arose from an increasing need in today's field of music therapy for short-term treatment models that are approachable and accessible, to guide and empower individuals in their creative capacities. The purpose of this paper is to present the therapeutic and theoretical framework and to illustrate this with (musical) impressions from two cases. *Composition Plus* exists of a predetermined number of sessions with clearly predefined objectives, split in three subsequent phases. Three core features are underpinning these sessions: (1) a circular process of musical improvisation and composition, (2) a spectrum of improvisational interventions and (3) a shaping process that fosters a sense of interpersonal trust. *Composition Plus* empowers the patient's creative potential, fostering a sense of interpersonal trust through a joint process working towards an explicit artistic product.

Keywords: *Music Therapy, Creative potential, Process-compositional Approach, Improvisation*

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Introduction

We live in a constantly changing world. No matter how conscientiously we try to plan, every day we are confronted with situations that deviate from preconceived scripts. We bravely enter day by day an unscriptable social and cultural playground, an engagement that stimulates us to be creative, i.e., to tap into an 'improvisational plasticity' (Glaveanu, 2020a; Krueger and Salice, 2021). This plasticity, as a form of fluency, is necessary to be open and responsive for a multitude of possible encounters in our interpersonal world.

Patients without improvisational fluency (e.g., psychosis, autism and trauma) are often solid players, out of resonance, sheltered by protective mechanisms for the possibly risky challenges of human everyday life (Foubert, Sebreghts, Sutton, and De Backer, 2020; Sutton and De Backer, 2009). They tend to avoid unpredictable and potentially threatening conditions, and consequently are faced with an existential danger of being excluded and alienated. (Re)discovering the liberating craft of improvising and creating is an almost necessary resource, pivotal to experiencing oneself as an embedded being in the world (Glaveanu, 2020a).

This paper presents a music therapy method *Composition Plus* to guide and empower individuals in their creative capacities. Composition Plus is rooted in improvisational music therapeutic processes and arose from an increasing need in today's (music) therapeutic field for short-term treatment models that are approachable and accessible and lower the threshold for therapeutic treatment and assistance.

While this method is inspired by artifact-oriented methods such as songwriting/composition (McFerran, Baker, and Krout, 2011), *Composition Plus* is first and foremost grounded in the essence of improvisational music therapy: to listen truly to the (expression of the) patient and to sense the affective tone of the patient "already present in the music, before it sounds" (De Backer, 2004:177). Like a child being enchanted while playing, so becomes the patient evocated by co-creating a composition to explore genuine ways to (re-)engage with the world. Within the emergence of an intermediate space, the composition, as a shared "transmediate" artifact, is shaping the patient's actions as improvisational and creative qualities (Glaveanu, 2020a; Winnicott, 1960).

Composition Plus is a method that exists of a predetermined number of therapeutic sessions with clearly predefined objectives. The basic design is fostering an intermediate space of improvisation where patient and therapist engage in a singular process of aesthetic experience and meaning. Patient and therapist co-select musical themes (and/or musical elements such as melody, rhythm, timbre etc.) and compose an artifact to complete at the end, to consolidate the musical experience. In brief, *Composition Plus* empowers the patient's creative potential and relationship over longer periods of time, fostering a sense of interpersonal trust through a joint process working towards an explicit artistic product.

The paper is structured as follows: first, the therapeutic framework will be described in detail, interspersed with impressions of cases Gill and Sarah in order to illustrate the framework with examples from the clinical practice. Afterwards

three core features will be explained upon which the method is build. Finally, potential difficulties will be elaborated in the discussion, to conclude at the end with defining the potential therapeutic impact that could be explored in further research.

Therapeutic Framework

Organization

Sessions are organized individually and take place weekly, with a total of 12 sessions. The duration of every session is flexible (approximately 30 - 45 minutes), depending on the possible attention and vividness of the patient.

Musical Setup/Setting

Composition Plus adopts a varied spectrum of acoustic musical instruments available in the music therapy room, e.g., piano, conga, drum, acoustic guitar, bass and electric guitar, kettle drum, accordion, metallophone, xylophone, slit drum, temple blocks and the voice. The specific timbres of these instruments are considered to be an important part of the musical creative process as they are coloring the creation just like the colors of a painting. Patients can also make use of virtual software instruments (sampled instruments) available in digital workstations such as GarageBand and BandLab.

The musical improvisation emerging in the sessions is audio recorded. Audio recordings are used to relisten the musical improvisation and to select meaningful fragments together. Selected fragments are notated with pencil and paper or via musical notation software such as Sibelius or Finale. The therapist is saving all the recorded, selected and notated musical material in a music therapeutic logbook.

Trajectory

Composition Plus is structured in three phases: (i) overture, (ii) development, (iii) coda.

1. The Initial Phase: Overture (First to Fourth Session)

> "… The initial phase is often a very exciting phase. You get to know patients in a musical way while your own creativity is called upon. You get many ideas and you become enthusiastic yourself…"
> (Impression music therapist)

In the first session, the patient and therapist start to work together, making a musical anamnesis to understand the musical background, preferences, and creative aspirations of the patient and how this is related to expectations toward *Composition Plus*. Subsequently, the patient and therapist meet in a short musical improvisation to explore the musical setting, to introduce the available instruments and to get a first glimpse of their musical being in the presence of the other. It is not yet the intention to search actively for specific musical material to include in the composition.

During the next sessions (second to fourth), the therapist attunes via musical improvisations to the idiosyncratic style of the patient, waiting patiently for musical themes, e.g., rhythms or melodies, to appear. Improvisation is the method par excellence to generate musical ideas, always tied to a sense of beginning. Every next moment is a marking of an undefined space and musical present moments will carry the traces of this unmarked origin. In the process of moving along in the improvisational encounter, musical themes emerge, evoking both patient and therapist.

> "… Gill enters the room, runs to the piano and immediately starts to play a short excerpt of a Billie Eillish song, endlessly repeating it. The music therapist is taking place next to Gill on the piano, adding a countermelody. Gill reacts to this therapists' musical gesture, by ignoring it. He talks about his piano lessons, meanwhile playing around with the notes of his Billie Eillish motif. Till his play seems to disappear in a diminuendo; the notes are falling apart, fragmenting, until one note remains, indeterminate, a split second of precarious threat, just before the therapist is adding a harmonic chord guiding the musical moment to a new potential direction. Surprised by this sudden change, Gill adds chaotic and unstructured melodies. While there is no clear musical direction, the uninhibited and unbounded sounds are framed in a joint intention to search, explore and compose, initiating a continuous process of trial and error…"
> (Impression of a session with Gill during the overture phase)

The overall aim of the overture is to create playfulness in an intermediate space by witnessing inspiring or surprising 'now moments' with authentic wonder, and flagging them as potential emergent musical properties which opens a potential space of convergent and divergent creativity (Lewis and Lovatt, 2013; Stern, 2004). Flagging these moments is extremely important to facilitate their recall and use later on. In recognizing the creative potential of patients, new encounters can be explored, liberated from habitual patterns (Glaveanu, 2012). While it can be tempting for the therapist to seize this opportunity to let 'moments of meeting' (Boston Change Process Study Group, 2010) evolve and resonate, the intimacy is often not endured by patients – e.g., open spaces of creativity are abruptly broken and enacted in speaking or laughing.

> "…After a short silence, Sarah decides to play the piano, alone. A musical improvisation without a clear and intentional beginning. An improvisation that sounds as a concatenation of aleatoric associations. The therapist sits beside her, ready to join in, with the guitar in his hands. When the therapist joins the musical improvisation, Sarah immediately nips his sound in the bud. With a deep sigh, Sarah interrupts the therapist with her high-pitched voice "no, no, no, it has to sound more like this," she runs to the other side of the room, opens her computer, and starts to explore the sounds of sampled instruments. At high speed, some virtual instruments are selected and assigned to different tracks. Sarah is jumbling around a thousand ideas, accompanying herself with expressive gestures, and meanwhile murmuring: "no, no, no, more like this, yes … no, no, no ….."The therapist feels helpless, at the sideline.

> He puts his guitar down and observes with wonder the expressivity emerging in the gestures of Sarah. Gradually the therapist takes on the role of audience, surrendering himself to Sarah's pace, and meanwhile witnessing and flagging the dynamic (musical) gestures during her act of writing…"
> (Impression of a session with Sarah during the overture phase)

At the end of the overture, certain musical themes appear to the foreground, which, in negotiating with the patient, are marked to serve as guidelines for further elaboration of a composition in the next phase.

2. The Middle Phase: Development (Fifth to Tenth Session)
The middle phase will proceed with great care for the aesthetic relation between the patient and their composition. Attention is placed in the service of the creative work and takes precedence over any intersubjective purpose to engage. During the middle phase the musical material is shaped in a meaningful musical form through a circular process of moving between joint music-making (progressing towards musical improvisation) and composition (positioning, selecting and shaping), so that a completed artistic product arises. Moving between musical improvisation and composition is pivotal, inevitably tensioned, as both modes are driven by an opposing force. Musical improvisation is mainly done in an intuitive way, guided by the music itself, while composition is rather a controlled act (Preston, 2021).

The apparent categorization between improvisation and composition is not an absolute differentiation. Pressing emphasizes that "even in the most exhaustively notated score or precisely imagined aural conception, gaps and ambiguities remain" (Pressing, 1992:23). However, we have deliberately chosen to distinguish between improvisation and composition. This differentiation mainly emphasizes the therapeutic potential to shift between the two modes. For instance, the transition from improvisation to composition implies a shift of attention, and it allows the patient to control the level of engagement and immersion, which is often necessary to facilitate the continuity of the therapeutic process. As such, improvising and composing goes hand in hand. Veering between both stances they inextricably influence each other throughout the middle phase.

The process of musical improvisation entails being guided by surprising shifts that announce the transformation of habitual elements towards major musical themes (e.g., Iyer, 2004; Sparti, 2016). A multitude of ideas can be perceived as progress, which has a positive effect on the atmosphere and motivates the patient to continue their creative work.

> "… Suddenly a Bossanova motive emerges in the patient's play, it passes by, quietly, and 30 minutes later in the session this motive appears surprisingly again in the playing of the therapist, being transformed as a major theme.
> (Impression of a musical improvisation in a session with Gill during the development phase)

Improvisation assumes a porousness for moments of failure or mis-attunement (Peters, 2009). Especially for patients, sheltering themselves in a repetitive or fragmented isolated play (e.g., sensorial play, De Backer, 2008), this is not an easy task as there is the fear of the unknown and the unplanned, of failure and ridicule, and above all of nothingness – "that nothing will happen and the work will fail to begin" (Peters, 2009:44). Therefore, the embeddedness of improvisation in creative processes requires a well-trained therapeutic stance, open and porous, where the music therapist has the soupless (and the right timing) to articulate edges between the known and the unknown (Foubert, Gill, and De Backer, 2021).

> "… Sarah continues to write the music on her computer. The therapist, listening to Sarah's high-speed typing, sits at the opposite side of the table. After a while, Sarah turns her head to the therapist and asks: "I don't know how to write this sound … it has to be weeeeee … ." A forced vibrating nasal sound fills the room. Huddled in her chair, hesitantly, she looks from behind the computer to the therapist. "I don't know" answers the therapist "maybe it sounds a bit like an accordion." For the first time the therapist is invited by Sarah to contain her gestures in music and words. He takes the accordion, and together they explore different timbres and dynamics, until they find the right sound. Carefully, the therapist is initiating an 'unknown' musical vocabularium, carrying Sarah's musical imaginary ideas…"
> (Impression of a session with Sarah during the development phase)

Inevitably, a lack of improvisational fluency will affect the music therapist's own creative capacity. Therefore, the therapist is invited to improvise in between the sessions –which is referring to musical rêveries (De Backer, 2008) emerging in the therapist that originate from the patient's musical material. It is most inspiring when the therapist improvises directly after the session or better together with another music therapist, creating space to contour new directions. The patient on the other hand, is invited to reshape selected musical themes or to continue to shape new musical themes in between the sessions.

The process of composition (positioning, selecting and shaping) towards an artistic product, concerns a goal-directed quest for proportions and relations between musical ideas. A composition is designed within a time span, where every musical element has its place. Evidently, the therapist's familiarity with the principles of composition is essential–to attend to specific proportions and relations as the process entails techniques such as transcribing, analyzing, and recapitulating. These techniques are helpful to move towards a fixed mode of potentially finished structures.

Transcriptions transform raw musical themes or fragments to a visual format. This transformation supports the work of selecting, i.e., to select and discuss musical elements that emerge during musical improvisation. Selected musical themes and properties can be transcribed in a musical logbook. Additional information such as the date of the session and the precise location where the selected musical material can be found in the audio recording, will be included as well. By doing this, the music can be easily retrieved and selected themes will be grouped together in a music notation software environment (e.g., Finale, Sibelius, Muse-

score). While it is better to transcribe together during the session, it can disrupt the workflow at some moments. Therefore, the therapist can deliberately choose to postpone this work till after the session.

The collection of selected themes within a notation software environment creates a clear overview of the different themes which makes it easier to shape them together, to move forward in a targeted way. Based on the transcriptions, both patient and therapist can select preferred musical parameters of the themes (melody, harmony, rhythm, timbre and dynamics); analyze relations between themes such as repetition and variation; explore different sequences of themes and different instrumentalizations. Afterwards, these themes are inserted as building blocks in a digital workstation to master and complete the composition.

To contain the composition throughout the sessions, the therapist begins each session with a brief summarized recapitulation of the previous session, focusing on the current state by playing the provisional composition on the piano or listening to a sound recording. This recapitulation is a vivid experience that will stimulate the patient to remember their meaningful involvement in the creation. New developments emerging during the session will be also recapitulated musically at the end of the session. To further support a sense of interpersonal trust, the therapist briefly discusses with the patient further options and next steps at the end of each session. By doing this, the creative process doesn't degenerate into an aimless quest, but keeps a clear track and gains direction.

Composition implies a heightened concentration on certain musical ideas and actions, i.e., positioning as a centering of attention on a limited stimulus field (Frye, 2021). However, as mentioned before, to keep the creative experience going, it will be necessary to complement the process of composition with structured and goal-oriented improvisations through attuned improvisational interventions (Richard, Holder, and Cairney, 2021). Unfolding improvisations pivot body and mind to new habitual patterns of relationalities, leading to the exploration of sequentiality, awareness of subtle nuances, and experiences of unity (Saint-Germier and Canonne, 2020). The use of such improvisations will also be helpful to decrease an outside perspective ("Am I doing well?"), and might facilitate the merging of awareness and action (i.e., flow experiences, Csikszentmihalyi, 2014) to liberate oneself of rigid habitual tendencies (Glaveanu, 2020b).

> "…Sarah lingers around two notes on the accordion. She plays joyfully with the pull and push of the accordion. An open play, where Sarah is listening with wonder to the vibrating sounds and resonance, not yet embedded in the direction of a pulsation. The therapist goes to the piano, harmonically grounding the two notes played on the accordion. Meanwhile the therapist explores the emergence of an imaginary pulsation, introducing carefully accentuations in his piano playing, by which he is intuitively guided to the Gestalt of a waltz rhythm…"
> (Impression of a session with Sarah during the development phase)

3. The Ending Phase: Coda (Eleventh to Twelfth Session)
During the final phase of the creation, specific work is done towards a creative product. Even when the patient insists on giving up, it is imperative that the therapist will strive to complete the composition. This attitude is establishing a strong holding and fosters a sense of intrapersonal trust in resilient capacities of the patient to pass through difficult moments, strengthening faith in one's own creative potential. In finalizing the composition, the patient is assisted to have a complete experience with a beginning, middle, and end [i.e., Stern's (2010) vitalizing wave of experience]. Complete experiences build not only a sense of relational trust, but shape also a sense of meaningful appearance and contemplation.

When musical ideas are established, the composition can be refined. Specific bottlenecks within the composition, such as transitions or instrumentation, can be worked on. By running through the musical fragments, considered and sequentia, the patient gets the chance to develop or polish them in an efficient and productive way. Small adjustments can be made that are immediately tried out and experienced again. This refining can be done by having the patient or therapist repeat a musical fragment while the other simultaneously improvises on this fragment until one finds an evoking sound. The composition is mainly listened to and rehearsed in order to finalize it. Once the patient is satisfied, arrangements are made for the recordings.

A final recording of the composition will be provided, performed in a Digital Audio Workstation (DAW). To date, there are several accessible, user-friendly and high-quality DAWs that approximate the quality of live instruments/performance such as *BandLab, Garageband, Ableton and StudioOne*. The recording of the composition can be understood as an object of symbolization. It is, for instance, the very translation of the creative process in a concrete and tangible form and therefore contains specific characteristics of Anzieu's "sound envelope" (Anzieu and Segal, 2016) that prefigures the skin self, Winnicott's transitional object (Winnicott, 1991) that facilitates identification with particles of the self, or Meltzer's aesthetic object (Meltzer and Williams, 2018) that facilitates integration of some essence of self-ishness. These authors describe processes of symbolization through elementary mechanisms of prefiguring, identification and integration.

An extension of *Composition Plus* recommends that recordings will take place in a live setting, together with musicians/music therapists. During the recordings with the necessary musicians, it is best for the patient to be present in order to be in an agentic position to decide over minor corrections or changes. Furthermore, witnessing a live performance of one's own composition results in bodily-affective reactions of resonance with the genuine experience of creating (Kim and Gilman, 2019). Being equally spectator and creator can cause an unheimlich experience of mirrored interior qualities, producing a sort of unconscious (self-)love-at-first-sight (Meltzer and Williams, 2018). In the intrinsic incompleteness of the product, one's own creative potential is addressed, in its indefinite essence, awakening a sense of true creative self (Winnicott, 1991).

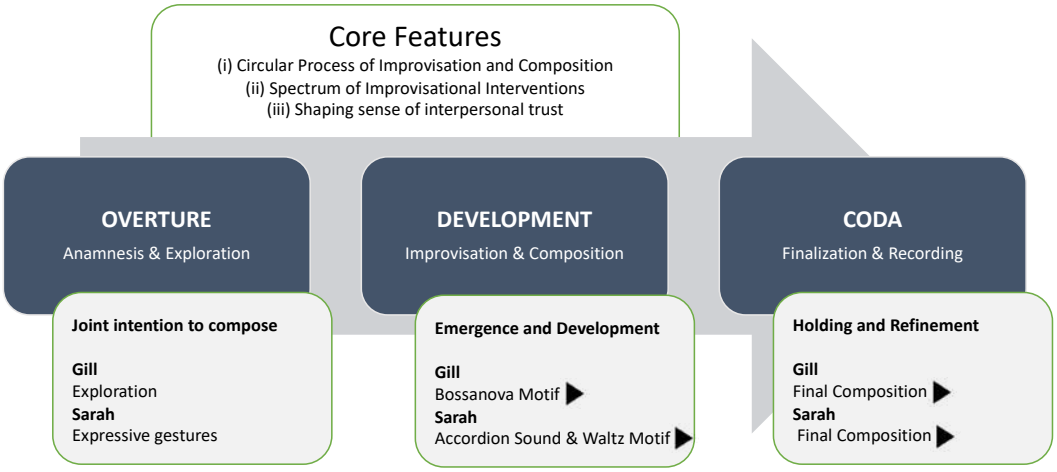

Figure 1. This figure summarizes the core features of the method *Composition Plus*, and shows the general procedure organized in three consecutive phases (overture, development and coda). The elaboration of the procedure is illustrated by musical impressions of two clinical cases, i.e., case Gill and case Sarah.

Core Features of Composition Plus

Circular Process of Musical Improvisation and Composition

The patient and therapist start to work together and move towards the shared goal of creating a composition through a circular process of moving between joint music-making (progressing towards musical improvisation) and composition. This means, respectively, establishing meaningful musical material so that, at the end, a completed artistic product arises. This approach affords a range of tempos in ways of being with another by gradually shifting between accelerando (improvisation) and ritardando (composition) in the course of the creative process, closely related to the shifting between intuitive processes during musical improvisation (e.g., simultaneity, fleetingness, speed) and reflective processes during composition (sequential, considered, slow).

In moving along together, the therapist directs the patient towards different potential versions that are subject to a selection process guided by current motivational states. Early stages of embarking upon a new composition can be intensely troubling and leaving it too unguided and open-ended often leads to stagnation or regression (Foubert et al., 2021; Johansson, 2022). Therefore, it is important that the therapist has the technical capacities to be directive when needed. Well-timed attending or marking directions fosters creative potential, and therefore enhances improvisational fluency (Foubert et al., 2021).

Spectrum of Improvisational Interventions

The genuine play of patients is often raw and unconventional, similar to what is described as outsider music (Chusid, 2000). This defines solitary work created from pure impulses by artists who are not able to assimilate with the mainstream sociocultural context (Dubuffet, 1986). Proceeding from within the musical improvisation, the therapist senses the vitality of such impulses and motivates the pa-

tient in specific directions through calibrating improvisational interventions to the present receptiveness of the patient. This process of getting back "into the groove" of interacting with others (Krueger and Maiese, 2018) entails a possible transformation of pure impulses into a fluid process of improvisational quality – trial and error, rupture and repair, variations and changes – until a concrete musical theme unfolds itself (Iyer, 2016; Sparti, 2016).

It demands a work of "knowing the unknown" (or "knowing how"), to musically contain impulses such as a patients' distinct musical rhythm, melody or sonority. A meaningful "Gestalt" or a purposiveness can take place within seconds in the unpredictability and messiness as part of this intentional unfolding process (Stern, 2004). Nevertheless, being evoked towards an intermediate space of improvisation without a history of incorporated forms might not contain in itself the potentiality of growth. Additional interventions of composing are necessary – i.e., moving between positioning, selecting and shaping – in a decelerating tempo, in which the patient can musically digest and experience an unfolding creative field (Richard et al., 2021). In addition, often patients need to block or break the improvisational flows because variations or movement of play brought in by the therapist are experienced as rather threatening. Complementary composition-based strategies allow patients to control the level of engagement and immersion in improvisation. The process of *Composition Plus*, therefore, builds on circular moving encounters between improvisation and composition where both, patient and therapist, co-create a repertoire of shared habitual patterns on how to re-/direct the creative process.

Shaping Sense of Interpersonal Trust

The concept of circularity between improvisation and composition is ever-present throughout the different phases of the method. The patient is assisted in the holding quality of the therapeutic relationship to continue ("keep going") from the beginning to the end. Irrespective of what happens, the therapist will hold the composition, throughout the sessions, guiding the process of shaping and reshaping, underpinning a sense of interpersonal trust (Foubert et al., 2021). Inevitably, experiential fragments stick to this composition, enveloping a coherent appearance or gestalt, composed in an explicit artistic product. In between sessions, the patient is invited to reshape selected musical themes or to continue to shape new musical themes. The therapist on the other hand is invited to elaborate the musical material of the sessions, which originates in musical rêverie and intervision (De Backer, 2008). By doing this, both therapist and patient endures the sustained experience of uncertainty and unpredictability, inherent to the creative process and necessary for spontaneous leaps or shifts to emerge, playing with the raw musical material of the session to infer a musical direction. The moments in between sessions can be considered as moments of musical digesting, creating space to contour new directions, to invest in the future sessions and to further support a sense of interpersonal trust (Foubert et al., 2021). This makes it possible for the patient to aim their intention, to continue their creative process and to anticipate their future motivational states.

Discussion

This paper presents a novel method *Composition Plus* to foster patients, as peer musicians/composers, in their creative developmental processes. The focus is on creating, experiencing and shaping, as a kind of empowerment, and is based on a distillation of embodied, embedded, enacted and extended competences (defined in this paper as core features) that in recent years have been increasingly identified as important for continual resilient development (Malinin, 2019; Schiavio and Kimmel, 2021). *Composition Plus* is based on the method of musical improvisation that strikes immediately at the primacy of bodily-affective experiences and it exists of a predetermined number of sessions with clearly predefined objectives, split in three subsequent phases: an initial, middle and ending phase, respectively themed overture, development and coda. Three core features are underpinning these sessions: (1) The circular process of musical improvisation and composition, (2) the spectrum of improvisational interventions and (3) the process of shaping sense of interpersonal trust.

A Messy Process

Musical improvisation and composition are described in the procedure, for reasons of clarity, as two distinguishable modes. However, this is not an accurate representation of the messy reality of a therapeutic session (Preston, 2021). For example, the process of musical improvisation has also a structuring character and the process of composition is also influenced by new materials or ideas that appear in those moments. Both modes are intertwined and overlap in those different features, yet, the primary purpose – improvising or composing – differs. Moreover, the creative process is merely moving on because of the circular flow between those temporal poles, i.e., between fast (improvisation) and slow (composition) musical modes.

A Work of Calibration

Freedom of the creating-movement must remain the primary goal at all times. However, therapists sometimes experience being slowed down, or having to slow down for the patient, who does not seek complex aesthetics but finds pleasure in monotonous and repetitive patterns of play (e.g., sensorial play, De Backer, 2008). In this process it is important for the therapist to listen carefully and to understand the countertransference feelings of boredom (often experienced by therapists working with severely impaired patients) since it may be a sense of urgency from which the therapist feels compelled to break the dumbness play of the patient (Schiavio and Kimmel, 2021), but it may also be the therapist who is not attuned to the developmental needs of the patient (extreme patience and slow or repetitive movement) and whose own desires resonate too loudly or refer too much to an imaginary construct about successful therapy, allowing themselves to be guided too much by ambition. Moreover, we often notice some reluctance among participating therapists, due to the fear that the composition is expressing the quality of the creative process from the sessions, and therefore susceptible to evaluation by third parties. Because of their own imaginary fantasies, therapists see the implication of their own therapeutic qualities reflected (also to the outside world).

A "Lead-sheet" Transcription

The transcription of musical improvisations is very time-consuming and compromises the flow of an intersubjective movement. In particular when the therapist withdraws from the contact in order to focus on precise notation, the dialogue with the patient might fall into an almost deadly counter-creative silence, chilling the creative atmosphere. The focus on precise notation gives emergent musical ideas during the sessions an exact character. By doing this, the impression is given that creating is an absolute (f)act, and it could bring – the often vulnerable- improvisatory background processes to a halt.

Interestingly, therapists indicate that they struggle with the freedom of only sketchily noting the musical play of the patient, as this would compel the therapist to distal composing elements, less authentic or less related to the patient. One of the participating therapists, for instance, reflected that he did not dare to allow himself any variating liberty, fearing negligence or lack of care for the patient. We argue, however, that the quick sketches, used in and between the sessions, is just as authentic because it inhabits the essential process of moving on in time together, which is inherently connected to continuous filling in 'the blanks' with small improvisations.

The use of sketched notes or transcriptions needs to be clearly explained to the patient as being part of the experience or the process of creating together. If, however, for all sorts of reasons, the patient responds sensitive to the exactness of his/her creation, this needs to be taken into account during sessions, and affords the possibility to understand what the patient considers for instance the most suitable timbre or dynamic. Rather than this sensitivity would bring about a compelling exactness in the therapist, and by consequence would decrease free associations and variations, the therapist stays true to the recommended therapeutic stance, resulting in a space for the patient to experience for instance his urge for rigidity so that it can become a confrontation and a meaningful theme to work with.

Patients often do not have the possibility to hold the creative process in time, therefore, the transcription of the composition can also be considered as a meaningful way to hold the relational process of creating. The composition will be a shadow of what was sounding in the relationship between the patient and the therapist.

Conclusion

The method of *Composition Plus* originates in slow, fragile, often very challenging therapeutic processes with patients that are inhibited in their daily improvisational fluency. The method is developed from clinical experience – i.e., extensively reported clinical cases – and committed to accessibility. Specific improvisational interventions are calibrated to patients' needs, aiming to stimulate their curiosity to rediscover the liberating craft of improvising and creating. Such creative processes are pivotal to experiencing oneself as a unique and authentic individual, embedded in the sociocultural world, maturing a sense of interpersonal trust.

Summarized, *Composition Plus* intends to foster an ongoing development by empowering patients' explorative ability and bravery to engage in the playground of human everyday life. Further research is needed to validate these therapeutic processes of change and to build towards an evidence-based model of treatment.

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