

FACING ADDICTION WITH HOPE AND
UNDERSTANDING

The Playlist That Pulls: Music, Memory, and the Hidden Cues Shaping Recovery — What Families Need to Understand

FAHU Research Desk

July 2026

facingaddictionwithhope.com

All content grounded in peer-reviewed research and clinical evidence.

The Playlist That Pulls: Music, Memory, and the Hidden Cues Shaping Recovery

— What Families Need to Understand

There is a song that plays on the radio, and without warning, a person in recovery feels the pull. Not to the song itself, not even exactly to the memory attached — but to the feeling that once came with it, the chemical warmth that the song was always playing during. The craving rises before the mind has time to name what is happening. For families watching this moment from the outside, it can seem inexplicable, even frightening. Why would music — something beautiful, something shared — become a source of danger?

New research offers a framework for understanding exactly this phenomenon, and in doing so, offers families something rare: a vocabulary for what they are witnessing, and a map for the road ahead.

****Music Was Never Just Background****

To understand why music occupies such a complicated place in addiction recovery, we first have to take seriously how central music is to human identity and functioning. Music is not decoration. It is infrastructure. As researcher Bensimon writes, "Music plays a central role in identity, emotion regulation, and everyday functioning" (Bensimon 2026). This is not poetic overstatement — it is a clinical observation. Music shapes mood, marks time, anchors memory, and reflects back to us who we believe ourselves to be.

For adolescents and young adults especially, musical identity and personal identity are deeply interwoven. The songs we listen to at critical junctures of our lives — first heartbreaks, late nights with friends, moments of euphoria or despair — become encoded in us as something more than preference. They become associative keys.

This is precisely the mechanism that creates vulnerability in substance use disorder. When someone uses substances repeatedly in the presence of specific music — and for many people, music is nearly always present during use — the brain begins to forge what Bensimon describes as a "conditioned" link (2026). The music and the intoxication are paired, repeatedly, until the brain begins to anticipate one when it encounters the other. A song doesn't just remind you of a time you used. It activates the neurological patterns associated with that use. It becomes, in clinical language, a cue.

****From Synergy to Destabilization****

Bensimon's Musical Reassociation Model (MRM) is built around the recognition that this relationship between music and substance use is not static — it evolves, and it evolves in predictable ways across the arc of addiction and recovery. The model describes five distinct phases in how this relationship shifts, beginning with what Bensimon calls the "synergy phase," in which there is "mutual enhancement between music and substance use" (2026). In this early phase, music and substance use feel like they belong together, each amplifying the other's effects. Music sounds richer under the influence; substances feel more intense with the right soundtrack. This synergy feels rewarding — and that reward is precisely the mechanism by which the conditioning deepens.

For families, this early phase is often invisible. A loved one is listening to music they've always loved, or exploring new music with friends. Nothing signals danger. But the pairing is occurring, and the associative links are being laid down in the brain. What feels like a shared cultural moment — a concert, a playlist, a song on repeat — is also, for the person developing a substance use disorder, a kind of encoding.

The MRM framework describes how this relationship evolves through subsequent phases that the abstract only partially reveals, but the clinical logic is clear: at some point, music that once enhanced the

experience of using becomes, in recovery, a source of "craving, urges to use, or emotional destabilization" (Bensimon 2026). The sound itself becomes a trigger — not because the person is weak or lacks willpower, but because the brain has been taught, through repetition, to expect what the music has always preceded.

****Why Families Are Often the Last to Understand****

One of the most important things the MRM framework clarifies is that music-related cues in recovery have been recognized in existing literature as genuinely risky, yet clinical guidance has historically offered "limited stage-sensitive guidance for clinical decision-making" (Bensimon 2026). If clinicians have struggled to address this systematically, it is perhaps unsurprising that families — working without clinical training, often in states of fear and exhaustion — have had no language for it at all.

This gap has real consequences. A family member might plan a celebration for their loved one's return from treatment, complete with a party playlist full of songs they've all loved for years. They mean it as a gift, as a statement of normalcy and welcome. They may not know that several of those songs have been so deeply paired with the person's heaviest using that hearing them triggers a neurological alarm system. The loved one in recovery says they'd rather skip the party, or grows quiet and distant during the music, and the family reads it as ingratitude, or sulking, or continued emotional withdrawal — when in fact it is a nervous system responding to a very real threat.

Understanding that music can function as a cue for craving is not about walking on eggshells forever. It is about developing, as Bensimon's model suggests is possible, a new relationship — one in which music is gradually "reclaimed" as a source of positive identity and agency rather than a trigger for use (2026). But that reclamation takes time, and it

requires awareness from everyone in the recovering person's ecosystem, including their family.

****Musical Identity and the Self That Was Lost****

There is another dimension to this that families need to hold alongside the clinical one, and it is more tender than neurological. Music is identity. When a person enters recovery, they are not simply abstaining from a substance — they are undertaking a fundamental reorganization of who they are. The MRM framework's attention to musical agency reflects this: the goal is not merely to avoid triggering music, but to help the person in recovery "reclaim musical agency" (Bensimon 2026) — to find, or re-find, a self that can relate to music freely, meaningfully, without the substance as intermediary.

For families, this is important because it reframes recovery not as subtraction — losing the person they once were — but as a kind of return. The question is not only "what songs are dangerous?" but "what music did they love before the using began? What sounds are part of who they are at their core?" These questions are not indulgent. They are clinically and humanly significant. Helping a recovering person find music that belongs to them — not to their using life, but to their whole, deeper self — can be part of helping them build a foundation for sustained recovery.

****What This Means for Family Support****

The MRM is a clinical tool, designed primarily for therapists and counselors navigating individual treatment. But its insights carry directly into family life. A few practical implications flow naturally from Bensimon's framework:

First, take music seriously as a factor in recovery environments. A home, a car, a family gathering is also a sonic environment. Asking a loved one

in recovery what music is comfortable, and what is difficult, is not a small question. It may be one of the most useful questions a family can ask.

Second, resist the urge to interpret music-related discomfort as emotional regression or drama. When a recovering person needs to leave the room during a particular song, or asks to change the radio station, they are exercising exactly the kind of self-awareness and self-protection that recovery requires. The appropriate response is not confusion or offense — it is respect.

Third, understand that the goal is not permanent avoidance. The MRM describes a process of reassociation — of gradually, thoughtfully rebuilding a healthy relationship with music. This is a process that happens over time, ideally with clinical support, and it moves through stages. Early recovery may require more careful navigation of music than later recovery. Families who understand this can calibrate their expectations and their support accordingly.

Finally, consider that music might also be a bridge. Not every song is a trigger. Not every shared musical memory is contaminated by substance use. There may be music that predates the disorder, music that belongs to the family's shared history, that can be offered as a quiet form of connection — a way of saying: **we remember who you are. We are here.**

****Conclusion: Listening Differently****

The Musical Reassociation Model invites us to listen differently — to hear in music not just sound, but meaning, memory, and neurological history. For families supporting a loved one in recovery, this kind of listening is an act of love. It asks us to take seriously what science is now confirming: that the environments we create, including the sonic ones, are part of the conditions that either support or undermine healing.

Recovery does not happen in a vacuum. It happens in relationships, in homes, in the small daily moments when a song comes on and someone

has to decide whether to stay in the room. Families who understand what is at stake in those moments — who can respond with curiosity instead of confusion, with patience instead of frustration — become part of the healing, not simply witnesses to it.

The research is still unfolding. The five stages of the MRM, the clinical protocols for guiding reassociation, the ways music therapy might be integrated into family-centered care — much of this work is ongoing, and clinicians are only now developing the stage-sensitive tools that Bensimon notes have been largely absent from the field (2026). But the core insight is already available to every family: music matters. What surrounds a person in recovery matters. And the question "what can we do?" begins, often, with something as simple as: *what do you need the room to sound like?*

Works Cited

Bensimon. "The Musical Reassociation Model (MRM): A Stage-Based Framework for Managing Music-Related Cues and Reclaiming Musical Agency in Substance Use Disorder Recovery." Substance Abuse and Rehabilitation, 2026. <https://pubmed.ncbi.nlm.nih.gov/42445312/>.

Facing Addiction with Hope and Understanding — facingaddictionwithhope.com

All sources verified at time of publication.