Could psilocybin be the key to treating anorexia?

An active ingredient in magic mushrooms, psilocybin has shown early promise for treating eating disorders

It was 2022, and Christina was running out of options. The Londoner, then age 34, was desperate to fix her anorexia nervosa, even as the disease consumed her. After six years of battling the disease, she'd tried various forms of behavioral therapy and months of in-patient care, but nothing stuck. At its worst, the disease was preventing her from sleeping and zapping so much energy that she was unable to climb her stairs or brush her teeth. She needed a radical fix.

"You become your anorexia," says Christina (a pseudonym to protect her privacy). "You have no life around it. You don't laugh. You don't smile. You don't find joy in anything," she recalls. Her relationships suffered, and she almost lost her job and house.

Eventually, a frantic Google search for "cures for anorexia" alerted her to a clinical trial for the psychedelic psilocybin—an active ingredient in magic mushrooms—as a treatment for the disease. She signed up.

"I genuinely believe, had I not done that trial, I would either be stuck in a hospital loop, or I wouldn't be here today," she says. "It saved my life."

Life with an eating disorder can turn the mind and body into a prison. Intrusive, never-ending thought spirals drive compulsive behaviors such as binging, overexercising, purging and restrictive eating. Conventional psychiatric treatments, such as cognitive-behavioral therapy or antidepressants, work in only about half of patients. People with anorexia are more than 18 times more likely to die by suicide than the general population—the highest mortality rate of any psychiatric disorder.

For decades, researchers have searched for more effective therapies, but progress has been slow. Now scientists are turning to more unorthodox approaches, including psilocybin therapy.

Research-wise, it's early days. Still, 2026 could be a tipping point for psychedelics. The Trump administration has pushed U.S. drug regulators to embrace the field and fund studies into using these drugs to treat mental health conditions. In psilocybin's case, the U.S. Food and Drug Administration could approve the psychedelic to treat depression or eating disorders within five years, predicts Robin Carhart-Harris, Ralph Metzner Distinguished Professor of Neurology and Psychiatry at the University of California, San Francisco.

"Psilocybin therapy has the potential to stop a lot of unnecessary suffering," says Jennifer Danby, a psychotherapist who specializes in eating disorders.

INSIDE A PSILOCYBIN THERAPY SESSION

Psilocybin has shown potential to treat post-traumatic stress disorder, depression and other psychiatric illnesses. Carhart-Harris says that there was an "intuition" that the psychedelic could break down mental barriers in anorexia, too.

This inkling, combined with the broader lack of effective treatments, inspired a small pilot trial involving 21 women. The participants had lived with anorexia nervosa for an average of 11 years. In that study, published last month, Danby and her colleagues found that psilocybin, combined with talk therapy, reduced anorexia symptoms and increased participants' motivation to change.

The data follow another small study, published in 2023 in *Nature Medicine*, that found that four out of 10 patients with the condition experienced significant drops in their eating disorder scores after a single dose of psilocybin. If confirmed in larger trials, these results suggest that psilocybin therapy could kick-start anorexia recovery and provide relief.

In 2022 Christina joined the trial. Over six weeks, the group received three doses of oral psilocybin—first one milligram and then two 25-mg doses, each two weeks apart—alongside intensive talk therapy before and after dosing. There were few adverse events, and only one person withdrew from the study; however, another participant attempted suicide twice, events that the research team says were unrelated to the trial.

This psilocybin therapy differed from typical eating disorder treatments in a couple of notable ways: there was no nutritional intervention or focus on gaining weight, and the researchers didn't see a meaningful change in participants' body mass index. Instead they focused on self-compassion and involving family members for support.

The researchers followed up with the participants two weeks, three months, six months and then one year after the trial. They found that, on average, the severity of the participants' symptoms were reduced. After three months, half of the participants had scores on a measure of eating disorder symptoms comparable to those of someone without a diagnosis. And participants reported increased motivation to recover that lasted up to a year after the trial ended.

"These are people who've tried everything, and nothing's worked," says Carhart-Harris, who co-authored the study. Getting half of them in remission at three months was "impressive."

"The results of this study are profound," says Claire Finkelstein, a clinical psychologist at Swinburne University of Technology in Australia, who was not involved in the trial. "But the data, while promising, has shown us that it isn't working for everyone. We need more research to learn who it helps, why and how to improve treatment for those who aren't responding."

For 41-year-old Katharine, a participant in the trial who had been living with severe anorexia for 15 years and requested that only her first name be used in this story, psilocybin therapy wasn't a "magic wand." But over time, she says, the trial "cracked me open in a way."

"I still struggle sometimes, but since the trial, I wouldn't define myself as someone who is anorexic anymore," she says.

To David Hellerstein, a professor of clinical psychiatry at the Columbia University Irving Medical Center, who was not involved in the study, the findings are "modestly encouraging," but there are caveats. There was no control group, so it's hard to know if psilocybin made the difference.

Still, so few effective treatments for anorexia exist that any positive signal is meaningful, the trial researchers say. "People have likened anorexia to a slow suicide," Carhart-Harris says. "To have that flip to feeling like 'I want to live and be healthy' is massive."

Some people with eating disorders aren't waiting for drug approvals or new regulation; they're already self-medicating with psychedelics through underground channels. Some of these have seen positive results, while others have experienced psychological turmoil.

"People's expectations and hopes have far outstripped the evidence," warns Hellerstein, adding that more rigorous studies are critical.

For now, "there is hope" for people with eating disorders, says study co-author Hannah Douglass, a researcher at Imperial College London, who emphasizes that evidence-based care exists. "You can absolutely recover without psychedelics."

SHAKING THE "SNOW GLOBE"

As it stands, recovery can be brutal. Eating disorders are particularly challenging to treat, in part because they are a "survival strategy," Danby says—a coping mechanism for overwhelming situations. "The symptoms of anorexia are a language of pain," explains Danby's colleague Meg Vardy, a researcher and chairperson of the New Zealand–based eating disorder charity JourneyED Eating Disorder Support Aotearoa (the Māori name for New Zealand). The condition is rarely just about food or weight, but "something going on underneath."

Anorexia can provide comfort, control, a sense of order and something to fixate on, says trial participant Katharine. "It is very difficult to let go of because it is filling a hole."

A starving or underweight brain also tends to become more rigid, "black and white" in its thinking, sensitive to fear and closed to change. Eating disorders are somewhat like obsessive-compulsive disorder or substance use disorder and involve brain circuits that are very resistant to intervention, Hellerstein says.

Both animal and human studies suggest psychedelics could change brain function and increase cognitive flexibility, as well as emotional connectedness—features that tend to be impaired in people with eating disorders.

Carhart-Harris likens psilocybin therapy to “shaking a snow globe.” The idea is to shake up and weaken potentially problematic thought patterns and introduce opportunities to do things differently, he says. In animal studies, psychedelics appear to induce a window of neuroplasticity, making the brain more malleable. “It can be an opportunity to regain agency [and] self-determination and not be a slave to habits that are strongly ingrained,” he says.

That plasticity can go either way, however—positive change, a relapse risk or a period of destabilization that’s especially dangerous for anorexia, Finkelstein cautions. Combining the drug with talk therapy may be critical to its success: this isn't a “magic bullet,” Vardy says.

BYPASSING THE “THINKING BRAIN”

Katharine, who spent 15 years in and out of hospitals because of her anorexia, says her psilocybin therapy sessions were “completely extraordinary.”

During one dosing, she had a vision of skating on a lake: “My mind was on the sidelines, saying to my body, ‘You can just be free now. I’m not going to hold you back. Just go; fly,’” she says. “And there was this feeling of complete release. My body was free.”

“Anorexia keeps you small in many ways,” she says. “I reconnected with how it felt to be a human and alive and sad and happy and nourished. [In the trial], I realized that I am the source of my healing, my power and my own strength.”

Psilocybin therapy is not without risks, and experts caution that it shouldn’t happen without specialized support. The process can be transcendent—and terrifying.

Trial participant Christina was “very nervous” going in, she recalls. She expected visions of “fluffy clouds, unicorns and rainbows.” Instead the sessions felt horrific.

“All I could see was blood everywhere,” she says. “The therapists’ faces morphed, and I felt like I was surrounded by monsters. I thought, ‘Oh, my god, what have I done?’”

The drug’s action is “psychologically agitating,” Carhart-Harris says, and it can surface unpleasant content, thoughts or memories. It requires courage, he says, but can be incredibly transformative. “You can let go of these demons.”

Psychedelics also work in a somatic way, meaning they bypass the “thinking brain” to allow physical sensations to help guide emotional processing, Danby explains. That can be useful for eating disorders because people often disconnect from feelings such as hunger, thirst, fatigue and cold.

Despite her uncomfortable experiences on the drug, Christina says, the trial was life-changing. She started listening to her bodily cues again, taking risks and reengaging with life.

“In terms of the quality of my life, it’s unrecognizable,” Christina says. “I can feel again. I attribute 95 percent of where I am today to the trial.”

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