



The Swift Compassion Focused Therapy for Eating Scale (Swift CFT-E Scale)

People are different in many ways, and the following questions are used to try to understand the different ways that people think about themselves related to eating and weight-related behaviours. For each statement please indicate the degree to which you agree or disagree using the scale options provided. There are no right or wrong answers, just choose the option that best reflects how you feel now, or generally over the last week or two.

Over the last <u>two weeks</u>...	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Somewhat disagree</i>	<i>Neither agree nor disagree</i>	<i>Somewhat agree</i>	<i>Agree</i>	<i>Strongly agree</i>
1. I felt disconnected from other people	1	2	3	4	5	6	7
2. I made negative judgements about myself because of my body	1	2	3	4	5	6	7
3. I could bring compassion to the difficult emotions I experienced	1	2	3	4	5	6	7
4. I felt overwhelmed by my emotions	1	2	3	4	5	6	7
5. My sense of myself as a person has been linked to my body	1	2	3	4	5	6	7
6. I became distressed if I thought about my early memories	1	2	3	4	5	6	7
7. Being compassionate towards myself helped me to tackle difficult things	1	2	3	4	5	6	7
8. I felt I was less attractive than other people because of my weight	1	2	3	4	5	6	7
9. Thinking about my memories of growing up made me feel ashamed	1	2	3	4	5	6	7
10. Dieting, exercising, or weight-control behaviours have defined me	1	2	3	4	5	6	7



Over the last two weeks...

Strongly disagree

Disagree

Somewhat disagree

Neither agree nor disagree

Somewhat agree

Agree

Strongly agree

11. Dieting, exercising, or engaging in weight-control behaviours helped me feel in control of my life	1	2	3	4	5	6	7
12. Dieting, exercising, or weight-control behaviours have been key to my identity	1	2	3	4	5	6	7
13. I felt I would not know who I am without dieting, exercising, or weight-control behaviours	1	2	3	4	5	6	7
14. I was ashamed of my body	1	2	3	4	5	6	7
15. I could see self-compassion as strength	1	2	3	4	5	6	7
16. Distressing memories from my childhood or adolescence came into my mind as if they were happening again in the present	1	2	3	4	5	6	7
17. I have felt that if I let go of my exercising or eating behaviours (e.g., dieting, binge-eating, purging, etc.) my life would be empty	1	2	3	4	5	6	7
18. I could manage my difficulties with compassion	1	2	3	4	5	6	7
19. I have been compassionate about my need to eat	1	2	3	4	5	6	7

Guidance for Clinical Use

The Swift CFT-E Scale is designed to measure the psychological dimensions of eating disorder recovery within a Compassion Focused Therapy for Eating Disorders (CFT-E) framework. It has been designed to be used alongside standard eating disorder measures that capture behavioural symptoms (e.g., restricting, bingeing, purging, over-exercising, etc.).

The Swift CFT-E Scale conceptualises recovery as a multidimensional process. It yields scores for four dimensions: Emotion Dysregulation, Safety Strategies, Body Shame, and Self-Compassion. Each dimension or subscale is reported separately; no global score is calculated.

Scoring Instructions

Subscale scores can be calculated for each dimension by summing the subscale's Likert scores and dividing the total by the number of items in that subscale. Table 1 displays item composition and counts for each subscale.

Table 1

Swift CFT-E Scale Item Composition and Counts for Subscale Scoring

Subscale	Items	No. of Items
Emotional Dysregulation (ED)	1, 4, 6, 9, 16	5
Safety Behaviours (SB)	10, 11, 12, 13, 17	5
Body Shame (BS)	2, 5, 8, 14	4
Self-Compassion (SC)	3, 7, 15, 18, 19	5

Interpretation Instructions

The following section outlines how to interpret scores for each subscale. Tables 2 and 3 provide supporting normative information derived from a nationally representative UK sample, including mean-based reference points (Table 2) and percentile ranks (Table 3).

Emotion Dysregulation

The Emotion Dysregulation subscale reflects the degree to which an individual struggles to stay emotionally regulated, particularly when confronted with distressing autobiographical memories, shame, or relational disconnection.

Higher scores suggest greater activation of the threat system, limited access to self-soothing strategies, and increased difficulty managing emotions, staying present, and maintaining meaningful connection with self and others.

Lower scores may suggest greater tolerance for difficult emotions triggered by situations or painful memories, less activation of shame-based threat responses, and a greater capacity for interpersonal connection when distressed*.

*Note that a lower Emotion Dysregulation score in the context of high engagement in weight-control behaviours (e.g., restricting, over-exercising, purging) may reflect drive-based affect-regulation, where achievement, control, and feelings of pride temporarily suppress unwanted emotions. While a decrease in scores for Emotion Dysregulation is a key marker of recovery, individuals who rely on drive-based regulation may initially show an increase in this score as they reduce their engagement in weight-control behaviours. This increase is consistent with early recovery as it can reflect the



surfacing of previously avoided emotional distress before more effective emotion regulation skills are acquired.

Safety Strategies

This subscale assesses the extent to which a person's eating and exercising behaviours function as psychological safety mechanisms – actions that help an individual to feel more in control of their life and provide a sense of identity or self-definition.

Higher scores suggest a greater extent to which these behaviours have become intertwined with the person's sense of self and perceived capacity to cope. A person scoring highly on Safety Strategies may feel that their identity is fused with their weight-related behaviours, making the prospect of relinquishing these behaviours evoke fears of losing control, feeling lost, or feeling profound emptiness.

Lower scores suggest a sense of identity and meaning that draws on broader sources than eating and exercising behaviours, and less reliance on weight-related practices to maintain a sense of control for psychological safety. For individuals who have been experiencing an eating disorder, a decrease in this score may suggest growing self-belief and a sense of being empowered to cope without turning to control-based strategies.

Body Shame

This subscale reflects the extent to which an individual's self-worth is tied to their body size, shape, or weight, and their propensity to experience the threat-based, socially evaluative emotion of shame. It captures both negative self-evaluation and elevated competitive social mentality regarding physical appearance.

Higher scores suggest both higher levels of social comparison, and higher levels of self-criticism and shame in relation to body size, shape, or weight. A person scoring highly on Body Shame may have less access to affiliative soothing as ranking and competitiveness take precedence over self-care and co-operation. High scoring individuals who are actively engaging in eating disorder behaviours may experience feelings of shame and a pervasive sense of failure in relation to their efforts to recover.

Lower scores suggest a more accepting relationship with physical appearance, greater concern for social co-operation than comparison and competition, increased sense of social safeness, and, consequently, greater access to affiliative soothing.

Self-Compassion

This subscale reflects the degree to which a person values and can adopt an inner stance that is compassionate to face personal challenges, experience difficult emotions, and meet a basic need to nourish themselves. It captures a quality of motivation for action, such as making change, that is caring and compassionate rather than driven by difficult emotions.

Higher scores suggest greater capacity to respond to difficulties and threat-based emotions with understanding and compassion, greater recognition of self-compassion as a stabilising and strengthening resource, and increased acceptance of the need to eat.

Lower scores may suggest more prominent self-critical tendencies when experiencing difficult emotions or situations. A person with lower scores may be less familiar with self-compassion and view it as threatening or weak. Such scores suggest scope for developing a more compassionate way of relating to oneself.



Table 2

Swift CFT-E Scale Subscale Means, Standard Deviations, and Normative Distribution Anchors from a Nationally Representative UK Sample by Grouping

Group	Subscale	M	SD	M – 1.5 SD	M – 1 SD	M + 1 SD	M + 1.5 SD
Full Sample	Emotion Dysregulation	2.99	1.47	0.79	1.52	4.46	5.20
	Safety Strategies	2.87	1.50	0.62	1.37	4.37	5.12
	Body Shame	3.90	1.80	1.20	2.10	5.70	6.60
	Self-Compassion	4.41	1.17	2.66	3.24	5.58	6.17
Females	Emotion Dysregulation	3.14	1.50	0.89	1.64	4.64	5.39
	Safety Strategies	2.94	1.54	0.63	1.40	4.48	5.25
	Body Shame	4.16	1.84	1.40	2.32	6.00	6.92
	Self-Compassion	4.50	1.22	2.67	3.28	5.72	6.33
Males	Emotion Dysregulation	2.83	1.44	0.67	1.39	4.27	4.99
	Safety Strategies	2.80	1.45	0.62	1.35	4.25	4.97
	Body Shame	3.61	1.70	1.06	1.91	5.31	6.16
	Self-Compassion	4.33	1.11	2.67	3.22	5.44	6.00

Note. $N = 733$. Females $n = 379$, males $n = 351$, non-binary $n = 2$, and “other” $n = 1$. Percentiles for the non-binary and “other” groups are omitted due to the small subsample size.

Table 3

Swift CFT-E Scale Subscale Percentile Ranks from a Nationally Representative UK Normative Sample

%ile	Emotion Dysregulation			Safety Strategies			Body Shame			%ile	Self-Compassion		
	Full sample	Females	Males	Full sample	Females	Males	Full sample	Females	Males		Full sample	Females	Males
99th	6.53	6.80	6.50	6.80	6.80	6.80	7.00	7.00	7.00	1st	1.20	1.00	1.30
98th	6.20	6.20	6.39	6.20	6.20	6.19	7.00	7.00	6.75	2nd	1.74	1.40	1.81
97th	6.00	6.00	6.20	6.00	6.00	5.89	7.00	7.00	6.75	3rd	2.00	1.80	2.11
96th	5.80	5.80	5.80	5.80	5.80	5.80	6.75	7.00	6.50	4th	2.20	2.20	2.20
95th	5.80	5.80	5.60	5.60	5.60	5.56	6.75	7.00	6.50	5th	2.20	2.20	2.20
94th	5.60	5.80	5.40	5.40	5.60	5.40	6.75	6.75	6.25	6th	2.40	2.40	2.40
93rd	5.52	5.60	5.40	5.40	5.40	5.40	6.50	6.75	6.25	7th	2.48	2.60	2.40
92nd	5.40	5.60	5.20	5.20	5.40	5.20	6.50	6.75	6.25	8th	2.60	2.60	2.60
91st	5.20	5.40	5.00	5.20	5.20	5.20	6.50	6.75	6.00	9th	2.60	2.80	2.60
90th	5.20	5.20	5.00	5.00	5.20	5.00	6.25	6.75	6.00	10th	2.80	2.80	2.64
89th	5.00	5.20	4.86	5.00	5.00	4.80	6.25	6.50	5.75	11th	2.80	2.96	2.80
75th	4.00	4.40	3.80	4.00	4.00	3.80	5.50	5.75	5.00	25th	3.80	3.80	3.80
50th	2.80	3.00	2.60	2.60	2.80	2.60	4.00	4.25	3.50	50th	4.60	4.60	4.40
25th	1.80	1.80	1.80	1.60	1.60	1.60	2.25	2.50	2.00	75th	5.20	5.40	5.00
10th	1.00	1.20	1.00	1.00	1.00	1.00	1.50	1.50	1.25	90th	5.80	6.00	5.80
5th	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	95th	6.20	6.20	6.00

Note. $N = 733$. Females $n = 379$, males $n = 351$, non-binary $n = 2$, and “other” $n = 1$. Percentiles for the non-binary and “other” groups are omitted due to the small subsample size.