

Dear Dr. Zahedi,

We would like to thank you and the reviewers, Katie Hobbs and Mariela Mihaylova, for the positive feedback. We address the remaining suggestions below.

Response to Reviewer Mariela Mihaylova

Comment 1. I would also suggest the authors continue simplifying the language in this paper as much as possible. There are a lot of abstract, overlapping, subjective concepts here where it's easy to get lost in the terms, so paying extra attention to clarity and succinctness will be key.

Response: We have reviewed the manuscript and made several adjustments to improve clarity, such as elaborating on comparison focus, or making sentences more concise. Two examples:

Page 4, line 20: "~~Manipulating comparison~~ *the focus on similarities or differences* in temporal comparisons has shown *subsequent* assimilation and contrast effects on ~~subsequent~~ self-appraisals (Hanko et al., 2009)., ~~while~~ Perceived temporal distance has also been found to produce assimilation and contrast effects with recalled past selves (Broemer et al., 2008)."

Page 9, line 4: "Indeed, various studies have found that the emotionality of autobiographical memories is ~~negatively~~ linked to a ~~sense~~ *lack* of closure (i.e., that the event is *not* closed as ~~opposed to open, unsettled,~~ or not yet behind oneself; Beike & Wirth-Beaumont, 2005) and psychological distancing (Meyer et al., 2022) – the ~~feeling of closure and psychological distance~~ perception of *temporal and personal separation* between the past and the present situation and self (Sutin & Robins, 2007)."

Comment 2. in the abstract, why is the opposite of each concept mentioned in parenthesis? "Focusing on differences (similarities) when comparing with a past extroverted self...." This is confusing. Do you mean to say "versus similarities"

Response: We have amended the phrases in the parentheses to include "versus" to make it clearer for the reader.

Comment 3. List the between/within factors when you discuss the design on page 15.

Response: We have listed the factors as suggested (pg. 16, line 25: "This research protocol is a 2(comparison focus: differences, similarities) x 3(time: baseline, post-manipulation, post-speech) mixed design..."

Comment 4. If some participants show clinical levels of depression (a psychiatric disorder, which you are excluding according to your exclusion criteria), what will you do?

Response: Thank you for pointing this out. We will exclude participants from the study with severe DASS-D scores (≥ 21) indicating probable clinical depression, as well as participants with high LSAS scores (≥ 60) indicating probable social anxiety disorder. The DASS-D will now be administered at the screening stage along with the LSAS to avoid inviting participants only to exclude them. Participants excluded based on high LSAS or DASS-D scores will be informed that they may fulfill criteria for respective social anxiety or depression disorders, and that mental health care services are available to them through the day care clinic at our university.

In response to the comment, we have updated the 'Proposed Sample Characteristics' section (pg. 17, line 9):

“Specifically, the inclusion criteria will be: a) reporting elevated, but not severe, symptoms of social anxiety measured by a score of between 20 (i.e., cutoff for endorsing at least some social anxiety symptoms; Klumpp & Amir, 2010) and 59 (indicating probable social anxiety disorder) on the self-report Liebowitz Social Anxiety Scale (LSAS-SR; Consbruch et al., 2016; Liebowitz, 1987); b) aged between 18 and 21 years, c) having completed their high school diploma within the last four years; d) currently in the first four semesters of their studies; e) native-level German language proficiency. Exclusion criteria will be: a) current mental disorder; b) scores above 20 on the depression subscale of the Depression Anxiety Stress Scales, indicating severe or extreme depression symptoms (DASS; Lovibond & Lovibond, 1995); c) psychotherapeutic or psychiatric treatment in the last two years; d) current psychotropic medication; e) consumption of alcohol > 15 units per week; f) recreational drug use > 1 unit per week. The inclusion and exclusion criteria questions will be based on self-report and participants will be informed of their eligibility after completing the online screening. Participants who are excluded based on extreme LSAS or DASS-D scores will be informed that they may fulfill criteria for respective social anxiety or depression disorders, and that mental health care services are available to them through the day care clinic at our university.”