

*Dear Recommender and Reviewers,*

*Thank you for all the feedback. In particular, considering the length of the MS and the holiday season, we appreciate receiving a second round of reviews from original reviewers. Below, to maximize readability, we have included all revision requests and responded as briefly and accurately as possible.*

The reviewers offer some helpful recommendations for consideration in revision (primarily to the Discussion), including anticipation of the plans for the second Stage 2 output of this programmatic submission, consideration of potential hypotheses the work may generate, and therapeutic reflections. I am happy for you to decide how best to respond to these points. From a technical point of view, it was correct to omit the red text from the Stage 2 manuscript as these sections will form part of the eventual second output.

*We have now responded to all these items below.*

One point noted in the reviews is that the preregistered Stage 1 manuscript is not directly referenced (even though you do refer to the Stage 1 recommendation). Consistent with [section 2.18 of the PCI RR author guidelines](#), please add the following to the existing statement: “Preregistered Stage 1 protocol: <https://osf.io/a2rwg> (date of in-principle acceptance: 24/09/2021)”.

*Added.*

***Reviewed by Malte Elson, 12 Aug 2022 20:09***

With regards to the analysis, the authors chose the liberty to illustrate each identified theme with quotes from one participant each. Strictly speaking, their preregistration did (I think) not state they would do so, but this is probably largely due to the fact that the authors preregistered a relatively wide range of possible sample sizes. I do not consider it an actual violation of the preregistration protocol, but I can see how others might reasonably arrive at a different conclusion.

*We agree this is something that should have been more explicitly stated at Stage 1, namely, in what technical format the themes will be presented. Because this was the first qualitative RR we were involved in, we simply could not see this component beforehand – definitely something to learn from and keep in mind in all future RRs.*

That being said, as a quantitative researcher, I do think the great value of qualitative studies like this one is to generate hypotheses for further studies. I would encourage the authors to do so (even) more explicitly than is already done in the discussion of their findings, if possible.

*We have added two explicit hypotheses in the final section.*

The analysis of the expert interviews fell a little short compared to the gamer interviews (hardly more than a page in total). Was this intentional? I would have expected there to be a more in-depth integration of the group 1/2 interviews with the remarks of the experts, but I'm not sure whether it might be distracting from the purpose of the manuscript.

Yes, this was generally intentional in order to maintain the focus (as we registered: "for this study, we are only interested in a small part of the medical experts' transcripts"). That said, we have now expanded this section a bit (see below) and highlight that our data are open for reuse, and we'd love to see secondary analyses, albeit the language remains a barrier, for sure.

I had one final thought that I'd also like the authors to respond to, as I'm simply not certain whether they have given it any consideration already: one phenomenon that, I believe, many will recognize as they interact with people before and after (psycho)therapy is the dramatic change in the language patients use to describe their own experiences. That is, therapy, with its academic terminology and standardised manuals, can sometimes provide patients with a new and distinct vocabulary to reflect their sense of their condition. I want to make clear here that I do not wish to suggest that the experiences they reported are in any way less "real" because of this potential effect; merely that the themes articulated by the participants might be shaped by the therapeutic process they went through, and not alone by their own subjective construction of their experiences with addiction. On page 25, the authors speculate whether the experience reports might have been different had they interviewed their subjects five years ago – I think this is an important reflection, which could be further explored by considering that aside from "interpreting the world with and through gaming", their participants in group 1 also interpret their experiences with gaming addiction (and, thus, the world) through the lens of a therapeutic process (successful or not) that might not have begun five years ago (and which those in group 2 also probably did not experience).

*This is a good point and, indeed, we did observe some participants using very technical terms that one would learn only from explicit engagement with professional psychiatric discourse. We considered this in our interpretations, but didn't spell it out explicitly in the MS because of several complex reasons, which we document here openly (for any interested party to read after publication).*

*First, although we believe that researchers should trust their own expert judgement when making interpretations of participants, we also carry a responsibility for making our participants' voices heard and published. As the participants trust researchers with their personal stories and views—especially in cases of treatment-seekers—one must be careful when questioning their experiences and words. There should generally be **a)** very strong evidence for causality when making such an interpretation, and **b)** the participant should preferably have an opportunity to reflect on this interpretation. In our case, the effect was present to varying degrees across the six treatment-seekers, and it would not have been correct to say it applied to all of them. Also, while we did give our participants an opportunity to check and comment on our interpretations, this opportunity already passed. As most of these instances were, indeed, choices of specific technical words, addressing this in detail would not have changed how the participants felt about (and we interpreted) their*

*experiences (their personal decisions to seek treatment took place before being exposed to treatment, i.e., the experiences that led to feelings of needing help were not affected).*

*We must also keep in mind that, similarly, the language used by the esports players had likely been affected and influenced by their (reverse) contexts, i.e. social environments where gaming is perceived positively and perhaps as a healthy lifestyle. In other words, it would be difficult to address this issue reliably, unless it would be planned to be studied beforehand. Some readers could accuse us of making “p-hacking” type of interpretations if we would question selected parts of the language without systematically doing it for all participants.*

*As the above reasons explain our choices, the good thing is that our data are available for reuse. Thus, in the long run, researchers will be able to keep asking these complex, important questions—and secondary analyses can be carried out even in preregistered RR format (as data access is controlled and documented by the FSD, access to the data could be arranged after an independent research team gains Stage 1 IPA).*

This might, in fact, also explain some of the commonalities between statements by group 1 and the experts. If devices from psychotherapy shape the language of those seeking it, then it should be little surprise that those offering the devices express similar accounts of their functions and effects. I hope this was not too convoluted. I noticed I found it difficult to express this in my second language – apologies if I added more confusion than clarity here.

*This was an important point, and it should be further investigated in future research. We have now added a section making a note of this issue in the expert section.*

**Reviewed by Peter Branney, 14 Jul 2022 11:23**

I cannot see a link to the approved protocol. As far as I know, this will be the first Registered Report for a qualitative study. As such, is it worth editing the method section (and perhaps also the abstract) to mention this and provide appropriate links?

Links added; a note about (possible) firstness included in both the abstract and conclusions.

The Stage 2 stays true to the Stage 1 submission except for the longitudinal part of the study (the text that is red in the protocol/Stage 1 manuscript), which is absent. Is it worth asking that the longitudinal part is submitted as a linked Stage 1? I appreciate this assumes the researchers have the resources, so perhaps it could be a recommendation along with a requirement to add a note about the plans for the longitudinal aspect?

We have just started the second-round interviews and successfully recontacted also treatment-seeking participants, i.e. we can now confirm that the second part will be submitted (ETA early 2023). We have added a note about this in the MS as well.

I note that the manuscript talks about data being shared on the Finnish Data Archive. This archive was easy to find and, coincidentally, the data has just been published (Karhulahti, Veli-Matti (University of Jyväskylä) & Nerg, Henri (University of Jyväskylä) & Päivinen, Antti

(University of Jyväskylä): Interviews on Playing Video Games during the COVID-19 Pandemic 2020 [dataset]. Version 1.0 (2021-06-17). Finnish Social Science Data Archive [distributor]. <http://urn.fi/urn:nbn:fi:fsd:T-FSD3545>)

This mistake is understandable due to the similarity of the datasets, but the above data belong to our earlier study:

Karhulahti, V., Nerg, H., Laitinen, T., Päivinen, A., & Chen, Y. (2022). Eight Hypotheses on Technology Use and Mental Wellbeing: A Bicultural Phenomenological Study of Gaming during the COVID-19 Pandemic. *Current Psychology*. DOI: 10.1007/s12144-022-03586-x

The data of the present RR passed the second stage in the FSD process today and our dean signed the transfer contract, moving all data officially to FSD. The link has not arrived yet.

We have revised the data sharing section.

While I would not recommend any additional analyses, is it worth mentioning plans for the longitudinal analysis? The discussion and conclusions

*We have added this information to the methods section.*