

## Internet Therapy and Framing Effects

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### *Abstract*

Psychotherapy is traditionally provided face-to-face, but the recent provision of services via the Internet is booming. This study explored the influence of framing effects upon perceptions of Internet therapy. The experimenter hypothesized that users of this kind of service would rate higher positively framed web pages rather than negatively framed ones. A recency effect, as opposed to a primacy effect, was also expected across the conditions. The recency effect refers to items presented last having the greatest influence upon perception, whereas the primacy effect refers to items presented first having the greatest influence. Participants viewed a mock Internet therapy web page for one minute across four conditions (negative primacy, negative recency, positive recency, positive primacy). Each web page contained the same information except for the manipulation content. A questionnaire assessing perceptions of the web page found perceptions of Internet therapy to be rated low. When analyzing perceptions of the experimental pages versus different (unknown) one, participants tended to prefer the experimental page rather than a different one except in the negative recency condition. The low ratings of Internet therapy may have been due to weak manipulation content, participant sophistication, and/or that approximately half of the participants were psychology majors. Future research is advocated in this area to explore the benefits and risks for both the client and therapist.

## Internet Therapy and Framing Effects

Internet therapy is a growing field (APA, 1997; Smith & Reynolds, 2002; Ruiz, Drake, Glass, Marcotte, & Van Gorp, 2002) that provides services at the convenience of one's computer. More therapists of varied educational backgrounds are beginning to provide these services (Manhal-Baugus, 2001). Clients may be attracted to the anonymity, cost of service, and convenience. The anonymity, however, may damage the strength of the therapeutic alliance (Cook & Doyle, 2002), which is key for therapy. Most Internet therapy is conducted through either e-mail or online chatting, and, therefore it lacks visual cues necessary for the therapist (Smith & Reynolds, 2002; Manhal-Baugus, 2001; Cook & Doyle, 2002). The web site, however, is visual and therefore may be designed so that marketing techniques, such as framing effects, might influence whether the client decides to utilize the service.

### FRAMING

Donovan and Jalleh (1999) have operationalized framing as equivalent values presented to decision making groups in positive or gain terms, or in negative or loss terms. Positive framing elicits more favorable perceptions when concerned with consumer products (Donovan & Jalleh, 1999; Smith, 1996), whereas Meyerowitz and Chaiken (as cited in Donovan & Jalleh, 1999) and Wilson, Wallston, and King (as cited in Donovan & Jalleh, 1999) suggested that negative framing does so concerning health behaviors. Rothman and Salovey (1997) suggested that loss frames are more effective for disease detection, whereas gain frames are disease prevention and health enhancement. Negative information, as asserted by Smith and Petty (as cited in Buda & Zhang, 2000) may be processed more carefully because it is attention grabbing and receives more criticism than positive information.

### ORDER

Aside from the valence of the frame, one or none of the two order effects may occur. Primacy effects occur when information presented first in a sequence has the greatest influence upon perception, whereas recency effects occur when information presented last in a sequence has the greatest influence. Krosnick and Alwin (1987) suggest that when presented with a visual stimulus, a primacy effect should occur. Since the information is first, it establishes a standard for comparison for the information to follow. In addition, this information is not in competition with other information, and it is therefore processed more deeply. Buda and Zhang (2000), however, hypothesized that a recency effect should occur because the information is more available in working memory. They found that a recency effect resulted in significantly greater ratings of product attractiveness than did a frame presented first.

### PERCEPTION

Perceptions of information may also be affected by credibility of the source. Via the Internet, there is an inability to personally verify the therapist and therapist's credentials and competency (Smith & Reynolds, 2002). Rieh and Belkin (1998) claim that even the URL suffix on the web address affects credibility. It was found that ".com's" were perceived as less credible than ".gov's," ".edu's," and ".org's." So if this is the case, there is a user-friendly web site that provides a list of Internet therapists called Metanoia (<http://www.metanoia.org>), which is a ".org" and should therefore be perceived as more credible than going straight to a ".com."

Web design also affects credibility judgments. A process to assess a web site's credibility has been proposed by Wathen and Burkell (2002), placing the most significance upon the design of a site. Next, the message is evaluated, which includes items such as referrals, posted credentials, and interactions with the source influence this stage. Finally, one must assess the

relationship between the message content and one's self. One has to determine if the information being viewed is what is being sought. Critchfield (as cited in Wathen & Burkell, 2002) proposed a formula to determine credibility of a web page:

Information + good site design + attractive graphics = positive credibility judgments  
Research also has shown that face-to-face interaction allows the source to have a greater influence upon credibility (Campbell et al., 1999).

### THERAPY

Internet therapy, for the most part, lacks face-to-face interaction with the exception of video conferencing. Regardless of the mode, however, it is not possible for the therapist to fully assess the client's mental state and provide a proper treatment plan (Smith & Reynolds, 2002). Day and Schneider's (2002) results argue against the latter. Outcome was measured across three modes: face-to-face, video conference, and two-way audio via telephone. The problems treated were body image, family relationships, other relationships, self-esteem, and work/school issues. Among the three modes there was no significant difference in outcome, reinforcing the potential strength of Internet therapy.

Cook and Doyle (2002) also provide research supporting Internet therapy through observing the therapeutic alliance. The alliance is important because of its relationship to therapeutic outcome. Therapeutic alliance scores, as measured by the Working Alliance Inventory (WAI; Horvath & Greenberg, 1986), were viewed across Internet therapy clients and traditional face-to-face clients. Significant differences were found for the goal subscale and the composite score of the WAI of the Internet clients. These results suggest that a healthy alliance can be established over the Internet.

The alliance, in addition to other issues concerning Internet therapy, has been addressed by certain professional organizations (ISMHO; International Society of Mental Health Online, 2000; ACA; American Counseling Association, 1999). The ISMHO addresses issues under three categories: informed consent, standard operating procedures, and emergencies. The emergencies category claims that the therapist must devise a plan with the client as to the course of action in the face of an emergency. To allow for standard operating procedures therapists are told to follow the same procedures such as utilized through face-to-face therapy. Finally, clients should be informed about the therapist, the process, possible risks, possible benefits, alternatives, safeguards, and proxies.

The American Counseling Association (ACA; 1999) is an organization dedicated to the growth and promotion of the counseling profession. This association also establishes an Internet therapy code of ethics through three categories: confidentiality, establishing the online relationship, and legal considerations. The therapist must discuss confidentiality risks with the client and make strong attempts to minimize the risk. This may be done through e-mail encryption and utilizing secure web sites. Establishing a healthy online relationship may be further observed by the five subdivisions the ACA proposes: (a) appropriateness of online counseling, (b) counseling plans, (c) continuing coverage, (d) boundaries of competency, and (e) minor or incompetent clients. Legal considerations pertain to state laws and their possible regulations of online services and liability insurance. The key concern here lies in whether a therapist providing services to a client outside of his state should operate according to the edicts of his state or to that in which the client resides.

Surveys were sent to state attorney generals by Koocher and Morray (2000) to determine the state of Internet legal regulation. The 51 United States attorney generals were chosen because they are principal law enforcers. Forty-one surveys were returned. Of these, three (7%) claim to

have laws regarding psychotherapy via electronic modes, such as the telephone and Internet. None of the attorney generals, however, specified any of these regulations. Nineteen (14%) attorney generals, despite the lack of laws, claimed to have regulatory control on Internet practitioners over state lines. Seven (17%) claim to have received complaints about Internet therapy over state lines.

Other studies (Smith & Reynold, 2002; Manhal-Baugus, 2001; Maheu & Gordon, 2000) have also displayed concern about legal regulations, specifically concern for therapy over state lines. If the Internet therapist is practicing from a state other than that of the client, concern arises of under which states' edicts the therapist should practice. Manhal-Baugus specifies concern with the grievance process for the client. These matters may be especially strained considering that many therapists may not even be licensed in the state of the client.

Fifty-six Internet therapy practitioners were surveyed by Maheu and Gordon (2000) to gather information on the practitioners' backgrounds, communication devices, and clinical therapies. The practitioners were licensed and registered to provide psychotherapeutic services. Seventy-eight percent claimed to have provided services to clients residing outside of their state where they were licensed, with 73% claiming to have ethical concerns regarding these services. Seventy-four percent were unclear of the telemedicine statutes in their states, and only 50% had made arrangements for a potential emergency. The median charge of practitioners who charged a fee was \$50-\$60, with 55% of the sample providing services for free.

Many factors, such as distance, anonymity, price, and convenience, attract clients to Internet therapy. Risks also exist that may negatively affect the health of a therapeutic relationship. In addition, since the potential for service initially may be affected by web page design, marketing may affect perceptions of these services. The present study examines whether framing, primacy, and recency effects influence perceptions of Internet therapy. Users of these services are expected to rate positive framed web pages better than negatively framed ones. In addition a recency effect is expected among the positive and negative frames. Finally users of a negative recency framing effect will remember more about the site.

## Method

### *Participants*

Ninety undergraduate students from an urban Northeastern college participated in the study. The mean age among participants was 19.7 years. Seventy-seven percent of participants were female and 23% were male. Different ethnicities were represented among participants. Approximately 46% indicated they were Caucasian, 18% were African American, 1% were Asian, 16% were Hispanic, and 20% indicated "Other". Participants also were of different class ranks, approximately 33% were freshmen, 41% were sophomores, 19% were juniors, and 6% were seniors. In addition, participants came from different majors of study. Approximately 51% of the participants were psychology majors. The remainder represented an array of 19 other majors. Participants were solicited on a voluntary basis in several undergraduate courses.

### *Materials*

Printouts of the homepage of four web sites, which were created by the experimenter using a free website builder, contained identical content except for the manipulation. The identical content contained the therapist's full name, years of experience, links to other pages within the site (e.g. services and fees), a list of some issues (depression, anxiety, relationship problems, and phase of life) that are treated, and assurance that the user's problems will be relieved. The manipulation consisted of both valence of content (positive versus negative) and positioning of the content on the web pages (primacy versus recency). The two positive valence

web pages listed the positive aspects of Internet therapy, positioned either at the beginning of the web page (PP, positive primacy) or at the end (PR, positive recency). The two negative valence web pages proposed a hypothetical stressful situation, ending with the therapist's claim that the situation will be ameliorated. This situation was positioned either at the beginning of the web page (NP, negative primacy) or at the end (NR, negative recency). In addition, an informed consent and demographic form were included, as was a questionnaire in regards to perceptions of Internet therapy (included in Appendix).

#### *Procedure*

Participants were greeted by the experimenter in a classroom and were randomly assigned to one of four conditions. Being seated at desks, the participants were first asked to fill an informed consent. After the experimenter received these completed forms, the web pages, which determined the condition, were distributed and viewed for up to one minute. The participants were told that they would be giving feedback on a page created by a professor's colleague. When the time limit expired, the web pages were collected and a questionnaire was distributed to measure the perceptions of Internet therapy. Once the questionnaires were completed, the experimenter collected it, and debriefed the participants about the nature of the study.

#### *Assessment*

As a manipulation check, recollection of five items of each web page was used to assess whether participants recalled the manipulated material. On a seven-point Likert scale, participants rated confidentiality and security along with eight other concerns about Internet therapy: cost, discount, credentials, name, speed, location, gender, and satisfaction. Overall perceptions of Internet therapy were also assessed across four conditions (PP, PR, NP, NR) on a seven-point Likert scale. Participants, in addition, rated their perceptions concerning their beliefs of whether a healthy relationship can be established with a therapist over the Internet.

#### *Results*

The descriptive information provided by the participants may be found in Table 1. Of this information, confidentiality ( $M = 6.4$ ,  $SD = 1.44$ ) and security ( $M = 6.22$ ,  $SD = 1.67$ ) were rated as their highest concerns of Internet therapy. Of the 10 concerns rated on the assessment, the therapist's gender was lowest ( $M = 2.94$ ,  $SD = 1.94$ ) as was whether a discount ( $M = 4.02$ ,  $SD = 1.99$ ) was offered for services.

For the manipulation checks, a Chi-square analysis of condition  $\times$  recall [ $X^2(3, N = 90) = 24.18$ ,  $p < .001$ ] was significant.

A one-way ANOVA was used to reveal the subjects' perceptions [ $F(3, 86) = .40$ ,  $p = ns$ ]. Using a seven point Likert Scale, perception means within each condition were as follows:  $M_{pp} = 2.86$ ,  $M_{pr} = 2.87$ ,  $M_{np} = 2.50$ ,  $M_{nr} = 2.86$ .

In terms of healthfulness of the Internet therapy relationship, a one-way ANOVA across the four conditions revealed no significant difference [ $F(3, 86) = .61$ ,  $p = ns$ ]. Means of these perceptions within each condition were also calculated ( $M_{pp} = 2.81$ ,  $M_{pr} = 2.65$ ,  $M_{nr} = 3.00$ ,  $M_{np} = 2.54$ ).

A series of repeated measure ANOVA assessed participants' perceptions of the experimental web page versus a potential future page. The first question explored whether participants would prefer using the experimental web page versus a potential future one for him or herself. A  $4 \times 2$  (framing effect  $\times$  web view) design was employed with web view being the repeated factor. No main effect [ $F(1, 85) = 2.43$ ,  $p = .13$ ] was found. However, a significant

interaction [ $F(3, 85) = 2.74, p < .05$ ] was found between the negative primacy and negative recency conditions (see Figure 1).

The following question explored whether participants would prefer for a friend the experimental page versus a future one. A  $4 \times 2$  (framing effect  $\times$  web view) design was employed with web view being the repeated factor. No main effect [ $F(1, 86) = 2.61, p = .11$ ] was found, however, a significant interaction [ $F(3, 86) = 2.71, p = .05$ ] between two pairs of conditions, negative recency/positive recency and negative recency/negative primacy was found (see Figure 2).

The third question explored whether participants would prefer for a family member the experimental web page versus a future one. A main effect [ $F(1, 86) = 4.08, p < .05$ ] was found, however, a significant interaction [ $F(3, 86) = .80, p = .53$ ] was not.

The final repeated measure ANOVA analyzed the means of the three previous questions across the conditions. A main effect [ $F(1, 86) = 4.24, p < .05$ ] was found. Yet, there were no significant interactions [ $F(3, 86) = 2.66, p = ns$ ].

### Discussion

The experimenter expected that participants in the negative recency condition would recall more about the web page than the other conditions. Results, however, contrary to prediction, showed that participants in the two positive valence conditions recalled more about the web page, specifically the manipulation content, than the two negative valence conditions. When viewing recall within each valence, there was no strong difference. The positive manipulation content, therefore, lends itself to recall and the participants' attention, whereas there must be something distracting about the negative valence.

The hypothesis proposed by the experimenter, that the positively framed web pages would be better rated than the negatively framed ones, was not shown to be statistically significant. This may have been due to internal validity constraints like the manipulation content not being strong enough. Participants' perceptions for potential use of a future internet therapy web page versus the experimental web page, however, tended to more favorably rate the experimental page. These perceptions measured potential use by the participant, friend, and family member, with an overall mean of the three also being calculated.

When analyzing data across the three potential users (participant, friend, family member), three of the four conditions (NP, PP, and PR) tended to rate the experimental web page more favorably than a potential future one. Participants in these conditions must have found something appealing about the experimental page, since it was rated better than a potential future one.

In addition, a main effect was found more favorably rating the experimental page versus a future one. Perhaps the participants feel safe with what they see, and are skeptical of what other web pages may be found on the net. The negative recency condition was the one condition that tended to rate the use of a future page more favorably than the experimental one. This may have been due to a weak manipulation, in addition to perhaps the information remaining fresh in the participants' mind when completing the assessment.

Among both the negative and positive conditions neither the expected recency effect nor a predicted primacy effect were statistically significant. Participants in the negative recency condition were expected to remember more about the site compared to the other conditions, however, they did not.

Regardless of one's condition, overall ratings of Internet therapy were poor, as were perceptions regarding the possibility of a healthy alliance being established with a therapist over the Internet. These poor ratings may have been due to 51% of the participants being psychology

majors, and having some knowledge about what contributes to a healthy therapeutic relationship. Also Internet therapy may seem foreign to someone that has not encountered the concept, considering that one traditionally thinks of therapy occurring solely in an office.

Research, however, does support the use of Internet therapy. Client participation has been found (Day & Schneider, 2002) to be higher when services are provided from a distance rather than face-to-face. Internet services also allows for treatment to be extended to underserved populations such as individuals with mobility restrictions, rural individuals with disabilities, and prison inmates with chronic illness (Gluekauf, Pickett, Ketterson, Loomis, & Rozensky, 2003). Stamm and Perednia (2000) claim that individuals may also be attracted to Internet therapy because it is more cost effective than face-to-face therapy.

One must keep in mind that the participants overall rated Internet therapy as a poor service. The participants rated confidentiality, security, and credentials as major concerns on a seven point Likert scale (see Table 1). Legal concerns (Smith & Reynold, 2002; Manhal-Baugus, 2001; Maheu & Gordon, 2000) and the lack of visual cues for the therapist to work with (Smith & Reynolds, 2002; Manhal-Baugus, 2001; Cook & Doyle, 2002) also serve as grounds for questioning the positiveness of Internet therapy. Considering these concerns regarding this booming industry (APA, 1997; Smith & Reynolds, 2002; Ruiz, Drake, Glass, Marcotte, & van Gorp, 2002), further research must be done for the benefit of both the client and the therapist.

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## Appendix

**Please do not place your name on this questionnaire.**



**Questions 1-3: Regarding the web page that you examined,**

1. if faced with a personal problem in the future, how likely are you to use the online therapist that you read about?

1                      2                      3                      4                      5                      6                      7  
Not                                                                                                                                                                         Very  
at all                                                                                                                                                                         much so

2. how likely are you to recommend this online therapist to a friend in need of help?

1                      2                      3                      4                      5                      6                      7  
Not                                                                                                                                                                         Very  
at all                                                                                                                                                                         much so

3. how likely are you to recommend this online therapist to a family member in need of help?

1                      2                      3                      4                      5                      6                      7  
Not                                                                                                                                                                         Very  
at all                                                                                                                                                                         much so

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**For questions 4 – 6: In general,**

4. if faced with a personal problem in the future, how likely are you to use online therapy?

1                      2                      3                      4                      5                      6                      7  
Not                                                                                                                                                                         Very  
at all                                                                                                                                                                         much so

5. how likely are you to recommend online therapy to a friend in need of help?

1                      2                      3                      4                      5                      6                      7  
Not                                                                                                                                                                         Very  
at all                                                                                                                                                                         much so

6. how likely are you to recommend online therapy to a family member in need of help?

1                      2                      3                      4                      5                      6                      7  
Not                                                                                                                                                                         Very  
at all                                                                                                                                                                         much so

Appendix

ID # \_\_\_\_\_

Demographic Form

Please DO NOT place your name on this or any other forms/questionnaires during this experiment.

Please answer the following questions by filling in the information or circling the appropriate answer.

1. Age: \_\_\_\_\_
2. Gender: Male Female (circle one)
3. Ethnicity:                   Caucasian African American Asian  
(circle one)  
                                  Latino Native American Other
4. Class rank: (circle one) Freshman      Sophomore      Junior      Senior
5. What is your academic major of study? \_\_\_\_\_
6. How long have you been using the Internet?
  - a. less than 1 month
  - b. 1-3 months
  - c. 3 – 12 months
  - d. 1-3 years
  - e. more than 3 years
7. How much time do you spend using the Internet?
  - a. 1 hour a week or less
  - b. 1-5 hours a week
  - c. 5-10 hours a week
  - d. 10-20 hours a week
  - e. 20 hours a week or more
8. Where are you most often when you access the Internet?
  - a. at work
  - b. at school
  - c. at home
  - d. other \_\_\_\_\_
9. What kind of computer do you use to access the Internet?
  - a. I use a private stand-alone computer, and I am the only one who ever uses it
  - b. I use a private stand-alone computer, and more than one person uses it
  - c. I use a computer on a network
  - d. I use a terminal or workstation shared by many (library, cyber-café, school, etc)

Table 1

*Mean Ratings of Common Patient Concerns on a Seven Point Scale*

Concern	N	Mean	Standard Deviation
Cost	88	4.78	2.08
Discount	88	4.02	1.99
Credentials	87	6.05	1.39
Name	88	5.7	1.75
Confidentiality	87	6.4	1.44
Security	86	6.22	1.67
Speed	88	5.55	1.6
Location	88	4.03	1.96
Gender	88	2.94	1.94
Satisfied	88	4.55	1.86

Figure Caption

*Figure 1.* Perception of Internet Therapy for self as a function of experimental condition.

Figure Caption

*Figure 2.* Perception of Internet therapy for a friend as a function of experimental condition.