Introduction
Studies have shown that mental illness has an impact on the expectations of outcomes from drinking, or alcohol outcome expectancies (AOEs; Goldmann et al., 1999). Increased expectations of drinking outcomes such as social assertiveness, sexual enhancement, and tension reduction were found in college students endorsing psychological problems, such as depression and social anxiety. Although social anxiety and depression are highly comorbid, there is limited research examining how these individuals may differ in their positive AOEs.

Studies have shown that alcohol use and social anxiety disorders are highly correlated, and that the presence of one disorder increases the likelihood that the other disorder will be present (e.g., Burns & Taeson, 2005; Merikangas & Angst, 1995). In the past decade, there has been increasing research into the relationship of AOEs and alcohol use for individuals with social anxiety disorder. Socially anxious adults who drink have been found to have greater positive alcohol outcome expectancies for social situations than non-anxious adults (Hamm, Cartgang, Mook, & Randall, 2005). In addition, participants with social anxiety have been found to have greater tension reduction and global positive change expectancies than normal controls (Ham, Hope, White, & Rivers, 2002).

Very little research has been done regarding the direct relationship between depression and alcohol outcome expectancies, but a study of the drinking behavior of a sample of Puerto Rican adults living in the U.S. indicated that alcohol expectancies strongly modulated the relationship between drinking and depression problems (Johnson & Gurin, 1994). Ham and colleagues (2002) also found that dysthymic individuals had greater tension reduction and global positive change expectancies than normal controls.

To our knowledge, no studies have examined the association of comorbid depression and social anxiety with AOEs. Because mental illnesses such as social anxiety and depression appear to influence AOEs, it is likely that individuals with comorbid diagnoses would endorse unique AOEs. The present study evaluates how individuals classified as social anxiety only, depression only, and comorbid social anxiety and depression differ in their endorsement of four positive alcohol expectancies: assertion, sexual enhancement, cognitive change, and tension reduction.

Methods
Participants
Participants (N = 619; 69% female Mage = 19.1, SD = 1.8, range 18 – 30) were drawn from the undergraduate research pool at Florida International University during the 2004-2005 academic year. Participants identified their ethnic background as Hispanic/Latino = 423 (69%), White/Caucasian = 82 (13%); African-American/Black = 59 (9%), Asian/Pacific Islander = 34 (6%); Other/Mixed = 30 (5%); and no response = 2.

Measures
Social Anxiety: The Social Interaction Anxiety Scale (SIAS) and Social Phobia Scale (SPS; Mattick & Clarke, 1998) are self-report measures designed to assess anxiety related to social interactions and anxiety related to scrutiny by others. Depression: The Beck Depression Inventory-II (BDI-II; Beck et al., 1996) is a 21-item self-report questionnaire assessing somatic and cognitive symptoms of depression. Alcohol Expectancies: The Drinking Expectancy Questionnaire (DEQ; Young & Knight, 1989) is a 43-item self-report questionnaire assessing four positive AOEs (assertion, sexual enhancement, cognitive change, and tension reduction) and two negative AOEs (affective change, dependence). Individuals who endorsed clinical levels of either or both social anxiety (SIAS ≥ 34 and SPS ≥ 24; Heimberg, 1992) and depression (BDI-II ≥ 14; Beck et al., 1996) were divided into the following diagnostic groups for the purpose of analyses: Comorbid social anxiety and depression (n = 56); Social Anxiety only (n = 23); Depression only (n = 92); and a control group that was low in both social anxiety and depression (n = 337).

Discussion
Based on existing research finding different AOE patterns for individuals with social anxiety and depression, the present study sought to explore similarities and differences in positive AOEs endorsed by individuals with comorbid anxiety and depression, with depression only, with social anxiety only, and a control group.

Figure 1. Positive Expectancies by Diagnostic Group

Table 1. Mean (SD) Positive Expectancy Scores by Diagnostic Group

<table>
<thead>
<tr>
<th></th>
<th>Comorbid Anxiety/Depression</th>
<th>Social Anxiety only</th>
<th>Depression only</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assertion (n = 56)</td>
<td>32.18 (1.21)*</td>
<td>29.09 (1.88)</td>
<td>28.25 (2.49)*</td>
<td>30.34 (3.34)</td>
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<tr>
<td>Sexual Enhancement</td>
<td>17.38 (0.46)</td>
<td>15.44 (0.72)*</td>
<td>18.28 (0.36)*</td>
<td>16.87 (0.19)*</td>
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<tr>
<td>Cognitive Change</td>
<td>7.38 (0.36)</td>
<td>7.30 (0.56)</td>
<td>7.79 (0.28)</td>
<td>7.07 (0.15)</td>
</tr>
<tr>
<td>Tension Reduction</td>
<td>9.66 (0.49)</td>
<td>9.26 (0.77)</td>
<td>10.53 (0.38)*</td>
<td>9.10 (0.20)*</td>
</tr>
</tbody>
</table>

Note. Same-letter superscripts indicate pair-wise comparisons that differ significantly at p < .05.