



Covitality in Adolescence: The Role of Socioemotional Skills in Only Children

La covitalidad en la adolescencia: el papel de las habilidades socioemocionales en los hijos únicos

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ABSTRACT

Covitality, understood as the set of social-emotional competencies that promote emotional regulation and the development of healthy interpersonal relationships, is a key indicator of psychological well-being in adolescence. However, there is little evidence on how these skills manifest in only children, whose socialization dynamics may differ from those of adolescents with siblings. In this context, the objective of the present study was to describe the levels of covitality, its domains, and the socio-emotional skills of adolescents aged 12 to 17 who are only children and attend educational institutions in Cuenca ($M = 14.65$; $SD = 1.50$). A quantitative, non-experimental, descriptive-comparative, cross-sectional study was conducted. The sample consisted of 451 only children attending public, private, and church-affiliated schools. Data were collected using the Social Emotional Health Survey-Secondary (SEHS-S) and a sociodemographic questionnaire. The results showed a predominance of average (35.7%) and high (24.6%) levels of socio-emotional health, with higher scores observed in the domains of emotional competence and engaged life. Additionally, statistically significant differences in socio-emotional skills were observed across sociodemographic variables, with higher scores among females.

Keywords: mental health, social skills, interpersonal relationships, adolescent development.



RESUMEN

La covitalidad, entendida como el conjunto de competencias socioemocionales que favorecen la regulación emocional y la construcción de relaciones interpersonales saludables, constituye un indicador clave del bienestar psicológico en la adolescencia. Sin embargo, existe escasa evidencia sobre cómo estas habilidades se manifiestan en adolescentes hijos únicos, cuya dinámica de socialización puede diferir de la quienes cuentan con hermanos. En este contexto, el objetivo de la presente investigación fue describir los niveles de covitalidad, sus dominios y las habilidades socioemocionales de adolescentes hijos únicos de 12 a 17 años pertenecientes a instituciones educativas de Cuenca ($M = 14,65$; $DT = 1,50$). Se realizó un estudio con enfoque cuantitativo, no experimental, descriptivo comparativo y corte transversal. La muestra estuvo integrada por 451 adolescentes hijos únicos pertenecientes a instituciones educativas públicas, privadas y fiscomisionales. Para la recolección de datos se empleó el Social Emotional Health Survey-Secondary (SEHS-S) y una ficha sociodemográfica. Los resultados evidenciaron un predominio de niveles promedio (35,7 %) y altos (24,6 %) de covitalidad, observándose mayores puntuaciones en los dominios de competencia emocional y vida comprometida. Además, se identificaron diferencias estadísticamente significativas en las habilidades socioemocionales según variables sociodemográficas, con puntuaciones más elevadas en las mujeres, adolescentes de mayor edad dentro del rango estudiado y participantes pertenecientes a familias monoparentales y extensas ($p < 0,001$). En conjunto, los hallazgos evidencian que la mayoría de los adolescentes hijos únicos presentan habilidades socioemocionales adecuadas que favorecen su adaptación y su funcionamiento psicológico, contribuyendo a su bienestar integral.

Palabras clave: salud mental, competencia social, relaciones interpersonales, desarrollo del adolescente

INTRODUCTION

Only child adolescents constitute a group with particular characteristics, since, growing up and developing in an environment without siblings, they may experience greater difficulties socializing, showing empathy, and managing conflicts. However, strengths such as greater autonomy are also identified.⁽¹⁾ Interpersonal relationships developed during the growth process contribute to forging emotional bonds and affections with others; however, in the case of only children, this experience is lacking, which predisposes them to situations that are potentially prone to conflict or tension.⁽²⁾

Likewise, the importance of parenthood and marriage is highlighted, as these are fundamental pillars of family functioning that significantly affect adolescents' well-being. When this functioning is compromised, adolescents may experience problems with self-esteem, social isolation, and greater emotional vulnerability.⁽³⁾ In this sense, being an only child plays a fundamental role in family dynamics, since growing up and developing without siblings, the family dynamic and structure become centered on them, thus strengthening their autonomy and self-esteem, but with limited social skills.⁽⁴⁾



Similarly, Homola and LB⁽⁵⁾ highlight the importance of the attachment that develops within this family dynamic, as secure attachment is associated with higher levels of self-esteem and increases the likelihood of strengthening the adolescent's capacity for social expression. In contrast, insecure attachment weakens self-esteem, leading to a decline in social self-expression. Given that adolescence is a critical stage marked by diverse physical, psychological, emotional, and social changes, during which adolescents face various daily situations, it is the socio-emotional skills acquired during development that will allow them to adjust to the demands of society.⁽⁶⁾

In this sense, the covitality model proposes addressing key psychological capacities for adolescents' psychosocial well-being, integrating dimensions such as gratitude, optimism, resilience, and self-efficacy, which constitute a key construct for evaluating adolescent well-being.⁽⁷⁾ These socio-emotional competencies are put into practice in the face of stressful events or situations, thus promoting better adaptive and psychosocial adjustment in adolescents, as well as preventing mental health problems and facilitating intervention at early stages.⁽⁸⁾

In turn, it has been shown that covitality is an important protective factor against loneliness in society and against immersion in the academic environment, thereby mitigating victimization and problematic peer situations.⁽⁹⁾ This model proposes four socio-emotional competencies that integrate the socio-emotional skills described below:

1. Self-belief is defined as the deep conviction that each individual should trust in their ability to face various tasks and challenges without depending on external approval or resorting to imitation.⁽¹⁰⁾ This competence includes self-efficacy as the belief in having the capacity to organize and execute the actions necessary to manage situations that may arise.⁽¹¹⁾ Likewise, self-awareness is the ability of a person to analyze and identify their strengths and weaknesses and use them most assertively in different situations.⁽¹²⁾ And persistence is the ability to achieve one's proposed goals without abandoning them, even when various adversities arise along the way.⁽¹³⁾

2. Belief in others is the trust a person develops in others, which involves recognizing and valuing the abilities of those around them, thus feeling heard and valued socially.⁽¹⁴⁾ This includes school support as a systematic process of educational accompaniment and personalized learning monitoring that the student perceives from the authorities.⁽¹⁵⁾ Family support is the set of economic, social, and emotional resources from the family system that the adolescent perceives, allowing them to concentrate on their academic activities.⁽¹⁶⁾ And peer support highlights that friendship and companionship among peers become protective factors in the lives of adolescents.⁽¹⁷⁾

3. Emotional competence is the set of skills that allows people to recognize, understand, express, and regulate their own emotions and those of others assertively.⁽¹⁸⁾ Emotional regulation refers to a person's ability to



maintain, intensify, or redirect the intensity of emotions to change, diminish, or strengthen the subjective experience.⁽¹⁹⁾ Empathy, in turn, is the ability to understand and respond appropriately to the emotional states of others, seeking to understand, both emotionally and cognitively, their emotions, perspectives, and needs.⁽²⁰⁾ Furthermore, self-control is the ability that allows people to manage their own emotions and behaviors in different stressful situations.⁽²¹⁾

4. Engaged Living involves living fully engaged in meaningful activities that foster the development of personal strengths, generating a sense of purpose.⁽²²⁾ This competency includes optimism as a mental attitude that involves hope and confidence in the future, interpreting life's adversities in a specific and temporary way, not personally.⁽²³⁾ Likewise, enthusiasm is defined as a positive and energetic state linked to the anticipation of achievable goals, to motivate immediate action toward expected rewards.⁽²⁴⁾ Finally, gratitude is defined as the feeling that involves recognizing and valuing the benefits or positive experiences received frequently and intensely, and associating them with various emotional benefits.⁽²⁵⁾

Thus, the construct of general covitality encompasses the adolescent's capacity to live a life with meaning and a clear purpose, developing different socio-emotional skills and competencies that allow them to achieve integral development and mental well-being.⁽⁷⁾ Even in previous Ecuadorian studies, significant relationships have been reported between emotional competencies and the quality of interpersonal relationships in adolescents.^(26, 27)

In this sense, analyzing this problem is relevant to understanding their particular needs and guiding actions that promote their overall well-being, thereby strengthening key dimensions of their mental and emotional health.⁽²⁸⁾ Based on this background, this study describes the levels of covitality, its domains, and socio-emotional skills in only-child adolescents aged 12 to 17 years belonging to educational institutions in the city of Cuenca, intending to offer a clearer vision of their socio-emotional profile and the resources that contribute to adaptive development and sustainable well-being over time.

MATERIALS AND METHODS

Studio design

The study used a quantitative approach, a non-experimental design, a descriptive scope, and a cross-sectional design.⁽²⁹⁾

Population and sample

For the research, 16 educational institutions participated, selected through a two-stage stratified sampling by type of institution, using Neyman's optimal allocation for proportions⁽³⁰⁾, with the population consisting of



students enrolled in high school in districts 1 and 2 of Zone 6, corresponding to the 2024-2025 academic year. A 5 % error and a 95 % confidence level were assumed. The participants were selected through a non-probability sampling using a convenience selection procedure, conditioned on accessibility to the educational institutions and on those who met the inclusion criteria: had signed the informed assent and had parents or legal representatives who gave informed consent; those adolescents who had siblings or stepsiblings were excluded. A total of 451 only-child adolescents, aged between 12 and 17 years ($M = 14.65$; $SD = 1.50$), participated in the study. These adolescents were enrolled in upper basic education and general unified baccalaureate programs, distributed as follows: 12 years (17.09 %); 13 years (19.23 %); 14 years (21.36 %); 15 years (14.52 %); 16 years (13.89 %); and 17 years (13.89 %). Regarding gender, 48.56% were male and 51.44 % were female. Finally, concerning family type; 30.82 % of adolescents belonged to nuclear families, 24.39 % to single-parent families, of which 21.51 % correspond to single-mother families headed by the mother and 2.88 % to single-parent families headed by the father, 33.26 % to extended families, 6.43 % to reconstituted families, and 5.10 % to parentified families.

Instruments for data collection

To assess socio-emotional competencies, the Social Emotional Health Survey–Secondary (SEHS-S) instrument, developed by Furlong et al.⁷ and designed for adolescents aged 12 to 18, was used. This questionnaire assesses socio-emotional strengths associated with positive psychological functioning and consists of 36 items distributed across 12 socio-emotional skills or first-order latent traits grouped into four second-order domains or dimensions, distributed as follows: self-belief (self-awareness, persistence, and self-efficacy), belief in others (school support, family coherence and peer support), emotional competence (empathy, self-control, and delayed gratification) and committed life (gratitude, enthusiasm and optimism).

Most items are answered using a four-point Likert scale (from not at all to very true), while the dimensions of enthusiasm and gratitude use a five-point scale (from not at all to extremely). The scores for each subscale are summed to obtain T-scores, which are then classified into levels according to the authors' norms. Regarding the instrument's internal consistency, the authors report high reliability for the total score ($\alpha = 0.92$) and coefficients of 0.76 to 0.88 for the subscales. In the present study, the instrument demonstrated internal consistency ($\alpha = 0.93$), indicating adequate reliability for this sample.

Procedure

The research was conducted in accordance with the ethical standards applicable to studies with adolescent populations. First, the project was reviewed and approved by the Ethics Committee of the University of Cuenca, through ruling CEISH-UC-2024-084. This approval ensured compliance with the principles of confidentiality, data protection, and safeguarding the rights of the participating adolescents. Furthermore, the study objectives were shared with the Zone 6 Education Coordination and the authorities of the participating



educational institutions to inform them of the procedure and obtain the necessary authorizations for its implementation.

Data collection was carried out in three stages. First, informed consent forms were delivered to parents or legal guardians via the students to request their authorization. Subsequently, adolescents who had provided such consent received informed assent, which informed them of the voluntary nature of their participation and their right to withdraw from the research at any time without consequence. Finally, the instruments were administered in person under supervision, ensuring a suitable environment that guaranteed privacy and confidentiality throughout the process.

For the analysis, an anonymized database, used exclusively for academic and scientific purposes, was used. This avoided including information that could identify participants or violate their privacy. Furthermore, the study was conducted in accordance with the principles of beneficence, non-maleficence, autonomy, and justice, as well as international ethical recommendations for research involving minors.⁽³¹⁾

Data analysis

The data were processed using JAMOV software version 2.6.44. Measures of central tendency and dispersion were used to describe the numerical variables related to COVID-19. COVID-19 levels were also analyzed using absolute and relative frequencies. Before conducting the inferential analysis, the normality of the COVID-19 data was assessed using the Shapiro-Wilk test, which indicated a non-normal distribution. Consequently, non-parametric tests were used: the Kruskal-Wallis test for differences by age and the Mann-Whitney U test for differences by sex.

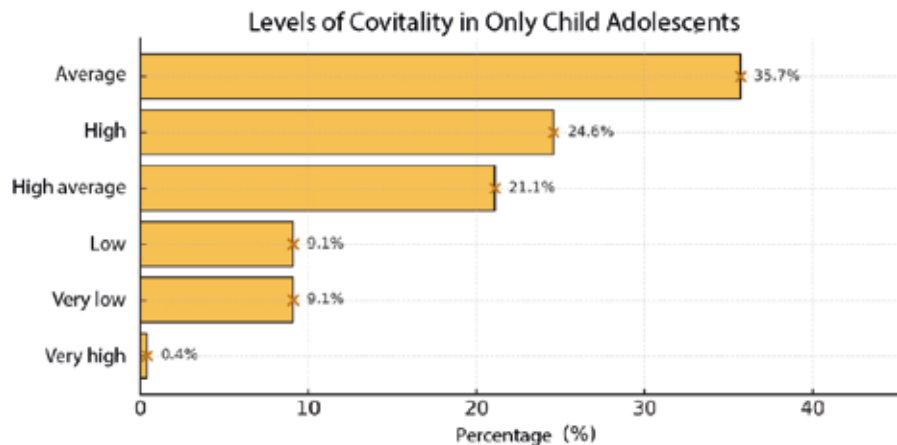
RESULTS

General Covitality

Figure 1 shows the distribution of COVID-19 vitality levels among only children aged 12 to 17 in the city of Cuenca. The results show that the majority of adolescent participants were at the average level (35.7 %, $n = 161$), followed by high levels (24.6 %, $n = 111$), and a smaller proportion (9.1 %, $n = 41$) at low and very low levels. Therefore, these results, taken together, indicate a general trend toward average levels of COVID-19 vitality in the evaluated population of only children.



Figure 1. Distribution of COVID-19 in adolescents by levels

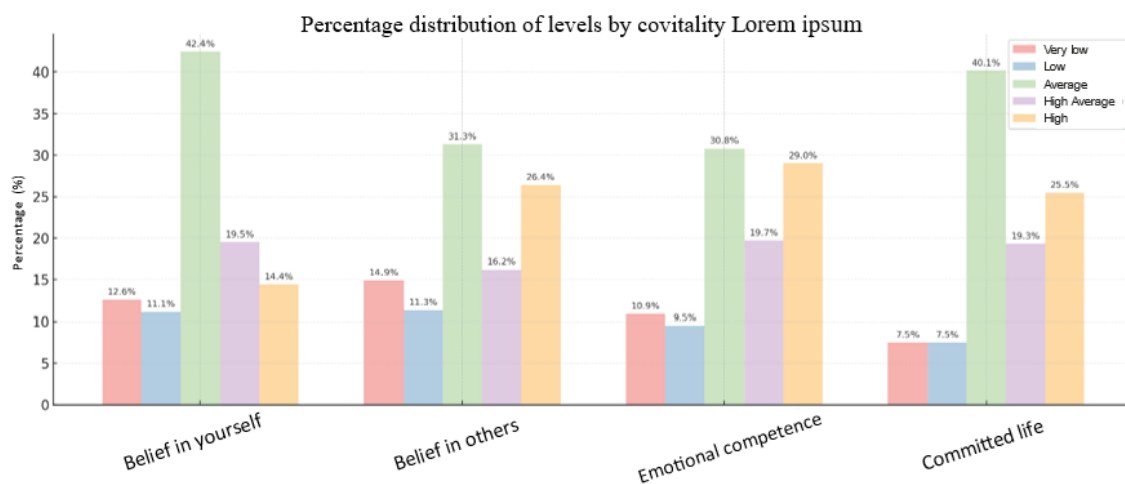


Covitality Domains

The analysis conducted to identify the most prevalent domains of covitality among only-child adolescents shows that, as shown in Figure 2, participants are concentrated at the average level across all domains. Likewise, a significant presence of the high level is observed in the domains of belief in others, emotional competence, and engaged life. In contrast, the self-belief domain stands out with a slightly higher percentage at the high-average level.

Taken together, these results indicate that only-child adolescents generally exhibit average to high levels across the various domains of covitality, suggesting the presence of favorable socio-emotional resources in this population.

Figure 2. Frequency of levels by covitality domains





Socio-emotional skills according to each domain of covitality

Table 1 presents the means and standard deviations for the socio-emotional domains and skills that comprise covitality. The results show the means and standard deviations for the four covitality domains in the adolescents evaluated. The Engaged Life domain had the highest mean score ($M = 29.52$; $SD = 6.92$), followed by emotional competence ($M = 28.29$; $SD = 5.83$), believing in others ($M = 27.49$; $SD = 6.28$), and believing in oneself ($M = 26.50$; $SD = 5.73$).

Regarding specific socio-emotional skills, the highest score was for gratitude ($M = 10.43$; $SD = 2.95$), followed by optimism ($M = 9.63$; $SD = 3.27$) and empathy ($M = 9.52$; $SD = 2.52$). The remaining scores ranged from 7.83 to 9.44 for the other skills.

Table 1. Domains and socio-emotional skills of covitality

Socio-emotional domains and skills	M	SD
Believe in yourself	26.5	5.73
Self-efficacy	9.23	2.24
Self-awareness	9.44	2.35
Persistence	7.83	2.46
Believe in others	27.49	6.28
Academic support	8.93	2.56
Family support	9.33	2.35
Peer support	9.23	2.88
Emotional competence	28.29	5.83
Emotional regulation	9.67	2.16
Empathy	9.52	2.52
Self-control	9.11	2.3
Committed life	29.52	6.92
Optimism	9.63	3.27
Enthusiasm	9.45	3.02
Gratitude	10.43	2.95
Covitality	111.8	20.05

Note: M = Mean, SD = Standard Deviation



Socio-emotional skills of covitality according to the age and sex of the participants

Comparisons of socio-emotional skills, or first-order latent traits of the covitality model, are presented by age and sex. Regarding age, the results showed statistically significant differences in self-efficacy ($p = 0.021$), emotional regulation ($p = 0.004$), and self-control ($p = 0.019$). In these dimensions, a progressive increase in means was observed among the 12–13, 14–15, and 16–17-year-old groups, suggesting higher scores in older adolescents. However, this interpretation should be confirmed through post-hoc comparisons between age groups. Regarding sex, statistically significant differences were observed in peer support ($p < 0.001$), empathy ($p < 0.001$), and enthusiasm ($p < 0.001$). Females had higher means for peer support and empathy, while males had a higher mean for enthusiasm. These results suggest possible differences in perceptions of interpersonal resources, emotional sensitivity, and a positive disposition toward everyday activities, although corresponding effect sizes should be considered when interpreting them.

Table 2. Comparison of first-order latent traits according to age and sex

Social-emotional skills	Age							Sex				
	12-13		14 - 15		16-17		H	Man		Women		U
	M	SD	M	SD	M	SD	p	M	SD	M	SD	U (p)
Self-efficacy	8.9	2.32	9.14	2.18	9.61	2.19	0.021	9.31	2.24	9.16	2.23	0.407
Self-awareness	9.15	2.47	9.39	2.31	9.76	2.29	0.1	9.45	2.36	9.43	2.35	0.950
Persistence	7.97	2.5	7.78	2.53	7.77	2.36	0.744	7.89	2.4	7.78	2.53	0.745
Academic support	8.77	2.68	8.86	2.49	9.15	2.54	0.4	8.66	2.53	9.19	2.57	0.016
Family support	9.19	2.35	9.33	2.42	9.46	2.24	0.659	9.41	2.28	9.26	2.41	0.622
Peer support	8.69	3.29	9.22	2.82	9.71	2.51	0.069	8.7	2.94	9.74	2.74	<,001
Emotional regulation	9.21	2.14	9.69	2.18	10.01	2.1	0.004	9.77	2.11	9.57	2.21	0.393
Empathy	9.17	2.58	9.46	2.63	9.88	2.28	0.068	8.85	2.62	10.1	2.24	<,001
Self-control	8.66	2.33	9.15	2.39	9.44	2.12	0.019	9.02	2.3	9.19	2.31	0.376
Optimism	9.34	2.48	9.86	2.37	9.58	2.27	0.122	9.65	2.27	9.61	2.46	0.864
Enthusiasm	9.39	3	9.51	3.16	9.43	2.88	0.897	10	2.85	8.9	3.08	<,001
Gratitude	10.4	2.97	10.53	2.98	10.34	2.91	0.759	10.7	2.82	10.2	3.05	0.056

Note: M = Mean, SD = Standard deviation, H = Kruskal-Wallis (three age groups: 12-13, 14-15, and 16-17 years), U = Mann-Whitney (two groups by sex: male and female).



Socio-emotional skills of covitality according to family typology

When comparing socio-emotional skills across family types, Table 3 shows statistically significant differences in various socio-emotional skills. In the school support dimension, statistically significant differences were found between family types ($H = 12.27$, $p = 0.016$). The lowest scores were for the "other" family category ($M = 7.87$), while extended families had the highest means ($M = 9.30$). Regarding emotional regulation, significant differences were also evident between family groups ($H = 13.35$, $p = 0.004$). Single-parent families had the lowest mean ($M = 9.21$), while extended families had the highest ($M = 10.54$). Regarding self-control, differences were observed by family type ($H = 12.65$, $p = 0.027$). Reconstituted families had the lowest scores ($M = 7.87$), whereas single-parent families had the highest ($M = 9.31$). Similarly, variations were identified among family groups in the optimism dimension ($H = 11.23$, $p = 0.095$). The lowest scores were recorded among adolescents from reconstituted families ($M = 9.41$), while nuclear families had the highest mean ($M = 10.13$). Significant differences were found in the enthusiasm dimension ($H = 12.37$, $p = 0.046$). Extended families had the lowest mean ($M = 9.29$), while single-parent families had the highest ($M = 10.13$). Finally, differences were also identified among family types in the gratitude dimension ($H = 14.49$, $p = 0.006$). Scores ranged from 9.30 in extended families to 11.09 in parentified families.

However, for the remaining socio-emotional skills, no significant differences were found between the family types ($p > 0.05$).

Table 3. Comparison of socio-emotional skills according to family typology

Social-emotional skills	Nuclear		Single-parent		Single parent		Extensive		Reconstituted		Parentalized		H
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	p
Self-efficacy	9.29	2.23	9.03	2.31	9.46	2.22	9.39	2.23	8.9	2.04	8.91	2.31	0.657
Self-awareness	9.63	2.31	9.08	2.44	9.85	2.54	9.38	2.38	9.41	2.08	10	2.26	0.365
Persistence	8.24	2.41	7.48	2.35	8.31	2.39	7.83	2.53	7.21	2.09	7.3	3.02	0.101
Academic support	9.16	2.43	8.41	2.71	9.08	2.72	9.3	2.53	8.45	2.2	7.87	2.72	0.016
Family support	9.68	2.31	8.78	2.55	9.23	2.74	9.39	2.26	8.93	2.15	9.7	1.89	0.083
Peer support	9.33	2.78	8.85	2.93	9.08	3.23	9.4	2.9	9.55	2.69	8.87	3.29	0.771
Emotional regulation	9.91	2.11	9.21	2.11	10.54	2.03	9.73	2.24	9.34	2.21	9.61	2.02	0.04
Empathy	9.87	2.34	9.25	2.69	9.77	2.55	9.57	2.5	9	2.54	8.65	2.74	0.142
Self-control	9.57	2.22	8.76	2.39	9.31	2.5	9.09	2.34	8.24	1.77	8.96	2.27	0.012
Optimism	10.03	2.26	9.13	2.5	9.77	2.2	9.63	2.38	9.41	2.38	9.52	2.25	0.095
Enthusiasm	10.14	2.99	8.7	3.17	9.62	3.23	9.4	2.93	9.07	2.69	9.22	2.86	0.016
Gratitude	11.06	2.76	9.77	3.09	10.38	3.55	10.35	2.93	9.59	3.03	11.09	2.52	0.014

Note: M = Mean, SD = Standard deviation, H = Kruskal-Wallis



DISCUSSION

The results show that most only-child adolescents exhibit average to high levels of covitality, suggesting adequate socio-emotional skills to cope with the demands of adolescence. These findings are consistent with previous research describing covitality as a protective construct associated with psychological well-being and positive psychosocial adjustment during adolescence.⁽⁷⁾ Furthermore, it has been noted that the combined interaction of socio-emotional skills and competencies promotes emotional adaptation and reduces the likelihood of experiencing behavioral and emotional difficulties during adolescence.⁽⁸⁾

The dimensions of emotional competence and engaged life had the highest mean scores, reflecting greater resources for emotional management, optimism, and gratitude for life. Previous studies have reported that adolescents with higher levels of emotional regulation exhibit indicators of resilience and motivation in the face of environmental demands.⁽¹⁹⁾ However, these results differ somewhat from those reported in another study,⁽⁸⁾ where the dimensions with the highest scores corresponded to belief in others and engaged life. At the same time, self-belief and emotional competence showed greater difficulties. These differences could be related to contextual, familial, or sociocultural characteristics of the populations evaluated.

Regarding age, older only child adolescents were found to have higher levels of self-efficacy, emotional regulation, and self-control. These results are similar to those reported in later adolescents, who scored higher on skills associated with emotional self-regulation and perceived personal efficacy.⁽³³⁾ This could be explained by the progressive development of cognitive and emotional capacities during adolescence. However, other studies have not found statistically significant differences between age groups.⁽³⁴⁾

Regarding gender, only-daughter adolescents scored significantly higher on empathy, enthusiasm, and peer support. These results are consistent with research identifying a greater female tendency toward emotional sensitivity and prosocial orientation.⁽²⁰⁾ Similarly, other authors indicate that women show higher levels of empathy and perseverance, while men reflect higher indicators of optimism and emotional expression.⁽³⁴⁾ Similarly, adolescent girls have been reported to exhibit higher levels of positive peer interaction and socio-emotional development, while adolescent boys tend to show high scores in self-esteem.⁽³⁵⁾

When analyzing family typology, only child adolescents from single-parent and extended families show higher scores in skills such as emotional regulation, self-control, and enthusiasm. Previous research indicates that certain family contexts can foster the development of autonomy, responsibility, and social skills.⁽³⁶⁾ Similarly, family functioning has been described as a relevant factor for adolescent psychological well-being.⁽³⁾ Along these lines, a positive perception of family functioning has been significantly associated with higher levels of emotional regulation.⁽³⁷⁾

The results show that, despite stereotypes about only children's potential limitations in the social sphere, the adolescents evaluated demonstrate significant socio-emotional resources and skills related to adaptation,



emotional regulation, and the establishment of interpersonal bonds. Previous research suggests that the absence of siblings does not necessarily imply social difficulties; rather, it can foster the development of autonomy and self-efficacy in only-child adolescents.⁽⁴⁾

CONCLUSIONS

This research provides empirical evidence on covitality and socio-emotional skills in only child adolescents, a population that has been little studied in the Ecuadorian and Latin American context. The findings challenge stereotypes that associate being an only child with limitations in socio-emotional development, demonstrating the presence of personal resources that promote psychological well-being and adaptation during adolescence.

Furthermore, the study expands our understanding of the influence of sociodemographic variables on the development of these skills, providing useful information for designing strategies to promote mental health and socio-emotional well-being in educational and family settings. In this way, the results provide a basis for future research exploring the factors that foster well-being and positive development in only-child adolescents, contributing to the development of preventive interventions that build on their strengths and potential.

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