



Is Marketing an Adverse Childhood Experience? Practical Implications and Suggestions for Community Psychologists

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Abstract

Adverse Childhood Experiences (ACEs) have negative health effects on children that last a lifetime, heighten risks of premature mortality, and are likely to be passed on to subsequent generations. The causes of ACEs are both domestic and community-based. Marketing of the Western lifestyle and diet is an unrecognized but ubiquitous community cause of ACEs. The potential for ACEs is inherent in marketing designed to maximize gains that serve the self-interest of economic actors by exploiting children's vulnerability. Using classical conditioning, marketing produces a consumer placebo effect that develops into a lasting belief in consumerism as a means to feeling healthy and happy.

Despite public health policies to protect children from the ACEs of marketing and promote positive childhood experiences, political opposition to mandating these policies prevails and the governments' duty to protect the health rights of children goes unfulfilled. The combination of unregulated neoliberal economic power and government inaction renews the call for a public health revolution to protect and promote the health of children, families, communities, humanity, and the planet. The psychosocial demands of organizing and implementing this public health revolution make community psychologists ideal candidates to lead the way in this important endeavor.

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) increase the risks of lifetime and intergenerational illnesses, as well as premature mortality (Carroll et al., 2013; Lin et al., 2021; Grummitt et al., 2021; Slomski, 2021; Wade et al., 2016). ACEs meet the Substance Abuse and Mental Health Services Administration definition of trauma in that they harm children emotionally and physically (SAMHSA, n.d.). The causes of ACEs range from those that occur in homes to those that arise within the community (Cronholm et al., 2015). Marketing the Western lifestyle and diet to children has lasting effects on children's beliefs, attitudes, and values (Elliot, 2011, 2017) that manifest in lifetime mental, physical, and social disorders (Bosworth, 2021; Clay, 2017; Goris et al., 2010; Kieling et al., 2011; Kling, 2021; Kopp, 2019; O'Neil et

al., 2014; Timimi, 2005). Consequently, children are exposed to more than 40,000 commercials per year (Kunkel et al., 2004), which suggests the trauma associated with marketing Western ways of living constitutes an unrecognized but ubiquitous cause of ACEs. However, unlike war, community violence, physical and sexual abuse, or other more familiar adverse experiences, the global commercialization and commodification of childhood (Linn, 2010; Timimi, 2010) is condoned by governments and socially accepted.

Political sanctioning and social acceptance of marketing unhealthy ways of living to children is the product of economic power and the self-interest imperative of neoliberalism. Teaching children to devalue health is essential to neoliberal actors driven to maximize gains and spur economic growth.

To avoid culpability, neoliberal actors blame parents for being irresponsible for the marketer's exploitation of their children's vulnerabilities. Over the past century neoliberalism has built an economy of disease (EOD) that emotionally harms children, makes them indifferent about the unhealthy products being sold to them and consequently has spawned a global syndemic (Swinburn et al., 2019).

It is not enough to oppose the ACEs of marketing any more than a person can stop the spread of cancer by opposing it. Neoliberal ideology is a contagion of consciousness that has become a social cancer of anthropocentric superiority and entitlement that is destroying humanity and its children as it works its way from inside the mind out to the body and the planet (Crist, 2018). The development of healthy children requires environments built to cultivate and promote Positive Childhood Experiences (PCEs) (Fry et al., 2012; Hughes et al., 2017; Ortiz, 2021; Shervington et al., 2018). However, when government inaction sabotages opportunities for PCEs, and the neoliberal power behind the ACEs of marketing goes unchecked, a public health revolution is the only choice society has. The broad psychosocial approach needed to catalyze a community-wide collaboration to stop the public health crisis caused by the ACEs of marketing makes the community psychologists the ideal candidates to lead the way in this new public health revolution.

ACEs in a Globalized Economy of Disease

Globalizing the Western lifestyle is part of an economy built on expectations and promises of greater vitality, progress, and prosperity for all. Enticed by the promise of prosperity, many lower- and middle-income countries (LMICs) (e.g., Chile, Argentina, Greece, Spain, and African countries) have enthusiastically welcomed Western industries. However, instead of a boon, many LMICs are

experiencing higher healthcare costs caused by hasty industrialization, dangerous work environments, nominal risk mitigation strategies, and increasing levels of environmental pollution (Beck, 2016; Karagiannis, 2020; Saval, 2017). Similarly, the expectations of fun, happiness, and empowerment associated with marketing to children belies evidence showing neoliberal consumerism is associated with mental health problems (Clay, 2017; O'Neil et al., 2014) and non-communicable diseases (NCDs) (Bosworth, 2021; Kling, 2021; Kopp, 2019). Furthermore, the Western way of life is unique from non-Western lifestyles in that it is the stock-in-trade of neoliberalism to produce, market, and profit from the lifestyle diseases it causes and treats. Thus, effectively marketing diseased ways of living requires advertisements that take possession of public consciousness and instill the belief that the social value of being indifferent about health is more important than being healthy. At the same time, when lifestyle diseases manifest, the self-interest imperative of neoliberal actors compels them to figure out a way to profit from them. And if profitable, the next neoliberal question is how to make the disease a sustainable profitable business.

The importance of disease as an enduring profitable business was apparent when a financial analyst for a pharmaceutical company questioned the value of a drug that cured a disease (Kim, 2018). Ironically, although health has little value for an EOD, marketing the illusion that neoliberal actors care about health is a highly profitable strategy. The lucre of neoliberal caring is manifest in the \$54.3 billion U.S. childcare market (Market Analysis Report, 2020) and the global \$1.9 billion parenting advice markets (Darius & Hanine, 2020), including cookbooks for parents to "trick your kids into eating healthy" (Elliott, 2011). Additionally, there is the \$450 billion self-care market (IRI Worldwide Report, 2018) and the \$832.8

billion global eldercare market (Business Wire, 2021a).

Under the guise of caring, the EOD also creates markets for products and programs to ameliorate or treat the health problems associated with living in an environment where people have no choice about the polluted air they breathe, unhealthy foods they eat, and the lack of time to be active. For instance, there is the market for diets and weight loss programs (\$192 billion) (Vig & Deshmukh, 2021), dietary supplements (\$136 billion) (Markets and Markets, 2021), wearable fitness and well-being technology (\$41 billion) (Grand Review Research, 2021), smoking cessation (\$23 million) (Market Research, 2021), addiction recovery (\$42 billion) (LaRosa, 2020), and pain management (\$74 billion) (Business Wire, 2021b) programs. However, despite the marketing promise of health and happiness inherent to commercial caring, if growth of the EOD is to continue, then these diets, supplements and programs must fail and diseases must become chronic, incurable, treatable, and costly.

As chronic disorders increase, their treatments create profitable markets for prescription drugs, disability devices (e.g., canes, electric shopping carts, wheelchairs), and surgeries, which contribute to the \$7.6 (2016) to \$7.8 (2017) trillion increase in healthcare costs (WHO, 2019). Between 2000 and 2017, healthcare spending increased by 3.9%, outpacing increases in most people's income as overall economic growth only increased by 3.0% (WHO, 2019). The situation was worse in middle- and low-income countries, where healthcare spending during the same 17-year period increased by 6.3% and 7.8%, respectively (WHO, 2019). Overall, trying to keep up with increasing healthcare costs adds to the lifetime burden the Western lifestyle imposes on individuals.

Nonetheless, efforts to grow the EOD continue as many Western corporations are targeting children as part of their "cradle to grave" marketing approach (Kasser, 2003; Linn, 2005). The lifetime value of children as consumers has resulted in the expansion of the Western diet to LMICs, where approximately 90% of the world's children live (Suchdev et al., 2018). Unfortunately, neoliberal indifference toward health and children comes with globalization, as does the increased mental health problems among children in LMICs (Kielsing et al., 2011).

Neoliberal Pedophilia

Whether it is marketers or Pausanias, the pedophile in Plato's Symposium (Edman, 1928), the exploitation of children by adults takes an emotional, mental, and physical toll on children. Historically, children have been easy targets of economic exploitation (History, 2020), and thus, marketers targeting children (Shah, 2010) can be viewed as a continuation of the exploitation of children working in sweatshops (Moulds, 2017) or as slave laborers (McDougall, 2007). Similarly, the expectations of becoming wiser and more powerful that marketers build up in children (Acuff, 2010) is a common flattering strategy used by adults to exploit children (Timimi, 2010).

Marketers are highly educated and sophisticated adults who know how to flatter naïve and inexperienced children, gain their trust, and make them feel special and understood, with concepts like "kids foods" (Elliott, 2011). Gaining children's trust is essential to conditioning them to be consumers. The conditioning process begins with marketers heightening children's expectations of pleasure (Sixsmith & Furnham, 2010), fun (Cairns et al., 2013), happiness (Montaña Blasco & Jiménez-Morales, 2020), athletic ability (Folta et al., 2006), and instant gratification (Witkowski, 2007). The saliency of pleasure expectations

is reinforced and magnified by the way “kids foods” are processed. Like cocaine and other addictive drugs, foods are processed to maximally stimulate the pleasure centers of children’s brains-(Gearhardt et al., 2011; Ifland et al., 2009; Moss, 2013). Moreover, marketers intensify children’s desire for pleasure with the pain of social comparison (Takahashi et al., 2009).

Described as “advertising at its best,” the pain of social comparison is intended to make children “feel like a complete loser” without the advertised product (MediaSmarts, n.d.). Considering children view more than 40,000 commercials each year (Kunkel et al., 2004), the daily pain of “feeling like a big loser” devalues their self-worth and exponentiates the emotional trauma and potential ACEs of marketing. Similarly, marketing strategies known as “pester power” or the “nag factor” also contribute to the ACEs of marketing by straining the relationships between children and their parents (Henry & Borzekowski, 2011; Xu, 2020). Thus, whether it is the false promises of pleasure, gaining children’s trust to manipulate them, making children feel inadequate, or undermining children’s relationships with their parents, it is the emotional abuse underlying these strategies that is central to the ACEs of marketing.

Conditioning, Consumer Placebo Effect, and Beliefs

The build-up of expectations is essential for conditioning children to experience a consumer placebo effect (Thompson, 2010). The consumer placebo effect is similar to a medical placebo in that both begin with pain accompanied by a heightened desire to feel healthy. However, feeling healthy is more than the absence of feeling sick. Following Bohm’s (2005) analysis, people strive to experience health as feelings of being vital, whole, and happy. The primacy of “feeling healthy” was expressed by Nietzsche (1967)

when he noted that there is no health without the feeling of being healthy.

The feeling of being healthy emerges from many opposing processes (e.g., anabolism and catabolism, consumption and production) that work together to maintain an optimal balance based on the demands of the whole body. The density of a mutual commitment to working together to achieve “One Health” manifests in the whole of individuals, communities, humanity, earth, and all biological life (WHO, 2017). The neoliberal consumer placebo effect is not a function of working together and thus dislocates the feeling of being healthy (e.g., happy, powerful, energized, and full of life) from the density of health; it is a counterfeit having no vitality or wholeness value. Thus, although the build-up of expectations and promises of pleasure will produce a consumer placebo effect in children, the superficiality of the effect will inevitably result in disappointment and disease.

When repeatedly exposed to the cycle of a consumer high followed by disappointment, children inevitably develop a sense of powerlessness that affects their mental health. Even when children become adolescents and know they are being exploited by marketers and deceived by the advertising promises of the “kids foods” they have been consuming, it is too late (Elliott, 2017). The trauma caused by the ACEs of marketing is manifest; these adolescents identify as consumers, are aware of the persuasive intent of advertising, have become cynical of marketing, and feel helpless about changing it (Elliott, 2017; Twenge et al., 2004). Despite adolescents’ awareness of the exploitation, they believe there is no alternative (Queiroz, 2017), accept the abuse inherent to the marketing environment, and yet believe in the placebo of consumerism (Hayes, 2021). As these adolescents become adults and parents, the belief in the consumer placebo effect and their inability to do

anything about it endures and thus puts subsequent generations at risk of socially inheriting the mental and physical neoliberal diseases of despair (Beyazit & Güneş, 2021).

From the Consumer Placebo Effect to Belief in Consumerism

Schafer et al. (2015) have shown that repeatedly experiencing a placebo effect generates a belief that preserves the placebo's analgesic or feel-good effect even after learning the placebo is a sham. Accordingly, children are conditioned to believe the act of consuming, and not the product per se, is an effective way of maintaining self-worth and social dignity in a consumer culture (Pugh, 2009). Stronger than truth, beliefs in consumerism make children lifetime consumers in the EOD.

Parents trying to provide healthy food choices also often feel powerless against the inescapable marketing environment that undermines their efforts to protect their children from the unhealthy food (Driessen et al., 2022). Much of the powerlessness experienced by parents and children likely stems from the lack of awareness and understanding of how they are being manipulated by the marketer's use of classical Pavlovian conditioning without their consent. Few parents know how the stimulus of pleasing advertisements strengthens receptor signals to the brain (Allman, 1999), heightens sensitivity to the marketing environment, and increases receptivity to marketer's promises of pleasure. Moreover, children and parents are unaware of how susceptible the marketing environment makes them to being deceived since neither receptors nor the brain can distinguish whether the product advertised is a sham, scam, hoax, or a genuinely nourishing product. Thus, the fact that children are being conditioned to be consumers, experience its consumer placebo effect, and believe in the false promise of consumerism without the informed consent

of parents highlights the ethical problem inherent to the marketing science of exploiting children (Reddy et al., 2020).

Human Conduct and the History of Marketing

The history of marketing is primarily the study of how to surreptitiously influence the conduct, tastes, and preferences of children and adults (Packard, 1981). Through expectations and the conditioning process marketers can transform a meaningless product into a socially meaningful symbolic stimulus for pleasure (Dimofte & Yalch, 2011), make a wine taste better or worse as its price goes up (Plassmann et al., 2008) or down (Shiv et al., 2005), respectively; alter memories of a negative experience such that it is recalled favorably (Braun, 1999); change how food (i.e., yogurt) taste by labeling it either "low fat" (unfavorable) versus "full fat" (favorable) (Wardle & Solomons, 1994); and repress the body's physiological mechanisms for regulating food consumption (Crum et al., 2011). The marketing effectiveness of classical conditioning is without dispute but it is being augmented by the science of neuromarketing (Bočková et al., 2021).

Neuromarketing provides insights into unconscious factors that influence choices and behaviors and thus gives the marketer greater influential power over human conduct (Bočková et al., 2021). Based on neuroimaging, marketers and food companies learn to process and market "kids foods" in ways that will target and maximally stimulate the pleasure center of the brain.

Neuromarketing has made the processing of "kids foods" similar to that of addictive drugs (Gearhardt et al., 2011; Inland et al., 2009; Schulte et al., 2015). However, unlike cocaine, tobacco, alcohol, and opioids, the addictive threat posed by "kids foods" is particularly salient because they are legally marketed to children.

Young children lack the experience and cognitive ability to recognize the pain of social comparison hidden in the commercials targeting them. They cannot distinguish whether the caring and understanding of marketers is genuine or disingenuous (Rozendaal et al., 2019). Advertisements never inform parents of the self-interest, maximizing profit intent of the marketers and other neoliberal actors. It thus defies neoliberal logic that parents, let alone children, are supposed to be responsible for their consumer conduct when they are uninformed that they are being manipulated at a subconscious level. However, children know the emptiness and dissatisfaction they feel after the consumer placebo effect dissipates (Twenge et al., 2004), and parents know the strain marketing causes on their relationship with their children (Driessen et al., 2022).

The ACEs of Marketing and Mental Health Disorders

The NCDs and mental health problems associated with the Western lifestyle were once considered diseases of adulthood. Now, both are afflictions of childhood and adolescence, and reflect the history of unkept neoliberal promises. Scitovsky (1976), Lane (2000), and Case and Deaton (2020) chronicle 50-years of an economy that has produced unhappiness, dissatisfaction with life, mental health problems, opioid addiction, and suicides among adults. All of these problems now manifest in children and adolescents.

The ACEs of marketing is supported by a direct relationship between globalization and the global escalation of mental health disorders (Kieling et al., 2011; Timini, 2005) and disempowerment among young people (Twenge et al., 2004). Moreover, in the U.S., where advertising to children is unregulated, the COVID-19 pandemic exacerbated the already high pre-pandemic rates of depression, anxiety, and suicide, creating a

national mental health emergency for children and adolescents (American Academy of Pediatrics, 2021). Similarly, marketing to children living in LMIC who already experience mental health problems arising from wars, infectious diseases, illness, and parents' deaths has brought Western afflictions and treatments. The rise of attention deficit hyperactivity disorders, depression, autism, and other Western mental health disorders has also fueled the growth of Western psychotropic drugs for children (Wong et al., 2004).

Compounding the ACEs of marketing to children in LMIC is the neoliberal focus on individualism, freedom, and consumerism as a means to children's happiness. This Western ideology conflicts with the non-Western focus on family, cultural, and societal factors essential to defining a healthy childhood (Timimi, 2005). Consequently, the mental health benefits of a family-centered view of children are being lost to the neoliberal version of childhood.

Moreover, the neoliberal self-interest imperative and its indifference toward health inevitably creates inequalities that permeate societies regardless of their gross domestic product. Consequently, if people cannot afford the cost of neoliberal caring, and governments are impotent when it comes to helping the citizens they represent, then segments of society will be marginalized, neglected, and unjustly deprived of vital services. Underserved children living in LMIC and high-income countries are particularly vulnerable to the severity of mental health problems associated with the ACEs of marketing. Facing greater mental health challenges compared to children living in more financially secure settings, the healthcare resources available to children in underserved populations are underfunded and woefully scarce. Consequently, although marginalized children are less likely to receive Western treatment for mental health

challenges and though their afflictions worsen, (Kieling et al., 2011; Patel, 2007) they may be spared from becoming further ensnarled in the EOD.

Underserved children in LMICs may be forced to receive the curative treatment of community care. It is the genuine care of adults that protects children from the ACEs of marketing and promotes their healthy development through PCEs. It is from this foundation of a community of caring adults that children learn how to care about the one health that holds their body, family, community, humanity, and all of life together.

Cultivating PCEs

Preventing ACEs does not teach children how to make themselves feel and be healthy and happy. Through PCEs children learn how to live life as vital participants, maintaining and enhancing the wholeness of health in all its ecological dimensions (Ortiz, 2021). Cultivating PCEs is thus a moral duty shared by families, education, public health, religions, governments, and economies to culture children into a socioecological system (Timimi, 2005). Beginning with the empathic discourse between children and adults, PCEs sets children on a lifetime trajectory of meaningful and responsible participation in the wholeness that defines the life of humanity (Ortiz, 2021).

Sound nutrition and regular exercise are PCEs essential to the healthy development of children and their desire to participate in more challenging positive experiences. Furthermore, they build up children's mental health and thus make them more resilient to the deleterious effects of adversities (Bernstein & McNally, 2018; Puterman et al., 2017). These benefits have important implications for marginalized and underserved populations where the risks of ACEs are high, and resources for treating the

mental health problems are low (Kieling et al., 2011; Patel, 2007; Souza et al., 2021).

School-based exercise programs have been shown to be inexpensive (Cradock et al., 2017) to implement and the mental health benefits associated with exercise justify the costs. From clinical to healthy populations, exercise's mental health benefits include effectively treating anxiety (DeBoer et al., 2012) and depression (Nebiker et al., 2018), developing greater self-esteem (Zamani Sani et al., 2016), and coping self-efficacy (e.g., coping under stress, problem-solving, and planning skills) (Bernstein & McNally, 2018; Puterman et al., 2017).

The construction of a supportive (Dhabhar, 2018), positive, and caring exercise environment appears to potentiate the physical, mental, and overall well-being effects of exercise on children and adolescents from all sociodemographic backgrounds (Bonhauser et al., 2005; Fry et al., 2012; Hogue et al., 2019; Whooten et al., 2018). The research by Fry et al. (2012) showed the psychological well-being of children from underserved populations participating in a sports camp improved with their perceptions of adult trainers/educators who genuinely cared about them. Specifically, working with and learning from caring adults developed and strengthened the emotional efficacy (e.g., the ability to regulate positive and negative emotions) of children (Fry et al., 2012). Thus, PCEs have a scaling health effect that stands in direct contrasts to the scaling of mental and physical health problems arising from the disingenuousness and deceptive caring that makes marketing emotionally abusive.

Educators and public health specialists have crafted policies to protect children from the ACEs of marketing unhealthy foods (Goris et al., 2010; Kelly et al., 2019; Lavriša et al., 2020; Montaña Blasco & Jiménez-Morales, 2020), and surmount the barriers to

implementing school-based exercise programs (Carlson et al., 2013; Gelius et al., 2020; Jenkinson & Benson, 2010; Sofo & Asola, 2016). Nonetheless, these policies have been ineffective because inactivity and the ACEs of marketing unhealthy foods to children lack political legitimacy as public health crises. Consequently, the governments' duty to protect the health rights of children goes unfulfilled.

Leadership Manqué

The research of Bhat and Dar (2020), suggests that the globalization of the Western EOD, and the rapid increase in ACEs and NCDs associated with them, lack the government-mandated policies that would make them legitimate public health crises. The global economic exploitation of children, including the ACEs of marketing, thus joins other public health crises (e.g., inactivity, climate change, and wars) marginalized by government inaction. It is government neglect that condones neoliberal indifference towards public health (Garrett, 2003), the exploitation of children, and the scapegoating of parents. The responsibility of governments to protect children from all types of exploitation, including economic, is explicitly stated in Articles 32 and 36 of The United Nations Convention on the Rights of the Child (United Nations, 1989).

Socially irresponsible, governments undermine parents, educators, and public health specialists working to protect the well-being of children (Vallgård, 2018; Peck & Tickell, 2017) while unjustly blaming parents when the ACEs of marketing manifest in their children. However, as one economist argued, it is neither children nor parents who should be judged but rather the government policy of inaction that condones neoliberal abuse, exploitation, deception, and corruption of children, families, and communities (Knight, 1947).

Practical Implications and Suggestions for the Community Psychologist

In the midst of a global syndemic (Swinburn et al., 2019) humanity is on the precipice of extinction (Barnosky et al., 2011; Ceballos et al., 2020). Up against the overwhelming power of neoliberalism and its globalized divisiveness and inequality, as well as government reluctance to regulate the commercial markets, stop the ACEs of marketing, and protect the health rights of children, families, and the planet, an ideological change is needed restore community and thus the health of humanity. Although the power to enact policies to regulate unethical marketing to children rests with the politicians, they have been reluctant to use those powers (Swinburn, 2019). Consequently, a new public health revolution is needed and more than any other health profession, the psychosocial demands of organizing this revolution make the community psychologist the candidate of choice to lead this critical public health endeavor.

Etiological Analysis and Assessment

Unlike the public health revolution Hermann Biggs led more than 100 years ago (Garrett, 2003), the etiology of today's "war on consumption" is the globalized contagion of the espoused values, beliefs, and attitudes of neoliberal ideology. Ironically, the contagions of Biggs' time were transmitted by people being in close proximity to one another but today's contagion of consciousness thrives in environments where people are increasingly isolated and divided from one another. Whereas mosquitos, contaminated water, and microbial pathogens were the vector of the contagions Biggs was up against, the primary vector of today's contagion is the tyranny of media technology in the hands of neoliberal self-interest.

Media technology makes it easy to emotionally exploit naive and inexperienced children with lovable characters, the superficiality of commercial caring, false promises, and blatant deception. Since the COVID pandemic began, media has become a constant companion for many children with counterfeit friendships and social interactions. Just as a microscope was needed to identify the microbial contagions of Bigg's time, the psychosocial scope of the community psychologist is needed to analyze and assess the multifaceted etiological links between neoliberalism, the ACEs of marketing, and the threat it poses to humanity.

Putting Unity Back into Community

Beginning with the "consumer revolution", without which there would not have been an industrial revolution (Campbell, 2018), a conflict between the self-interest of business and the health interest of a community has existed. Throughout the long history of this conflict, economic power has been used to develop and implement policies to acquire more economic power for their own self-interest and take power away from citizens. In so doing, the growth of unregulated economic power has strategically fostered divisiveness and dissatisfaction among the citizens they need as subordinates, consumers to keep the life of the economy going.

As in Bigg's time, today's public health revolution is necessitated by the products of unregulated economic power; political corruption, racism, gross wealth disparities, and social inequalities like inaccessibility to health services, unavailability of healthy foods, unsafe neighborhoods, and inadequate funding for schools. Although the children of Bigg's time were suffering and dying from microbial contagions, it is a psychological contagion that children are exposed to today that has made mental health problems and

suicides among children and adolescents a national emergency. The public health revolution needs the community psychologist to strategically confront the ethical problem underlying the use of economic power to make children targets of advertisements, many of which are emotionally abusive, is how marketing contributes to the demise of children's mental health.

The success of Bigg's public health revolution was largely due to the restoring, unifying, and empowering the middle-class as effective agents of public health. The complexity of living life in these times of major social-ecological challenges, call for the scope and skills of community psychologists to bring parents, teachers, civic leaders, politicians, and other members of the community together as active participants in this new public health revolution of the 21st century. Indeed, to unravel the divisive threads neoliberal ideology has woven into the political, educational, scientific, and familial fabric of society has prompted calls for a collaborative effort by economists and others (Karagiannis, 2020; Knight, 1947; Peck & Tickell, 2017). Of particular relevance to the success of this public health endeavor, is that the collaborative efforts must begin at the community level (Peck & Tickell, 2017). As in Bigg's time, when communities work together it empowers the citizens. The community psychologist is thus a catalyst to empowerment by bringing parents, educators, pediatricians, public health specialists, politicians, and other local leaders together as a community galvanized by their opposition to the unethical conduct of an economy that is emotionally abusive to their children, corrupts their minds, and undermines the unity of families (Driessen et al., 2022).

Education and the Ethical Problem Inherent to the ACEs of Marketing

Children are born into an environment that surrounds them with media, all of its

technology, and its influencers. Living in an environment of good and bad media influencers has prompted the development of media literacy programs (Kunkel et al., 2004; Turner et al., 2017) to serve as substitutes for government action to regulate marketing children (Buckingham, 2007). Designed to teach children how to decipher the intent of the influencers to which they are exposed, the success of these programs has been limited (Harris et al., 2009). A likely reason underlying the limited success of these programs is the fact that the ACEs of marketing do not arise from a child's conscious cognitive ability to decipher the intent of advertisements. Rather, the ACEs of marketing arise from the subconscious emotional response to the false promises of fun, happiness, coolness, and other positive feelings that are part of the marketing strategy. In this regard, the community psychologist can shed light on the ethical problems inherent to the emotional abuse underlying the conditioning process, its consumer placebo effect, and the long-term belief in consumerism.

Specifically, the community psychologists can expose the psychopathology inherent to the disingenuous care of marketers intentional exploitation children's vulnerabilities (Bakan et al., 2003) in an effort to "own children" (Kasser, 2003, p. 91). Given most neoliberal actors will unabashedly acknowledge their motivation in building trusting relationships with people is strictly about maximizing profits, the community psychologist can inform parents of the hidden dangers posed to children by the disingenuous commercial caring of savvy marketers (Elliott, 2011). Among these dangers is the erosion of a child's ability to trust and the lifetime implications this has for the child. In this regard, the community psychologist can draw parents' attention to the fact that trust is the foundation on which strong relationships are built, and trust is the only relationship building asset young children possess since

they lack experience and the capacity for rational thinking.

PCEs: Repossessing the Feeling of Being Healthy

PCEs are key to promoting and protecting children's emotional, mental, and physical well-being (Fry et al., 2012; Ortiz, 2021). Community commitment and caring for children has been instrumental in protecting and empowering children, parents, and other adults in war-torn countries (Betancourt & Khan, 2008; Slone & Shoshani, 2017) and communities beleaguered by poverty and social inequality (Shervington et al., 2018). Thus, community psychologists can provide educational tools for parents and the community to promote PCEs and provide examples of how the genuine commitment and caring of adults serve as a gateway to PCEs (Fry et al., 2012).

Additionally, community psychologists can work with community leaders to solve the problems of securing funding and resources needed to provide safe environments (Swinburn, 2019) for children to participate in activities (e.g., art, dance, and other social activities) that have high PCEs potential. Among these activities, healthy school nutrition programs and school-based physical activity (Kehm et al., 2015) should be a priority. These programs are essential to experiencing the feeling of being healthy in the present moment and children's continued healthy development into the future.

Tackling the Policy Problem

Parents are no match for the \$4.3 billion of marketing power used to influence their children (Marketing Charts, 2019) and thus need the clout of government policies to protect the health rights of their children. The need for government policy mandates to protect children from ACEs and implement community-based programs to promote PCEs

has been expressed in the guidelines of non-government organizations (Menschner & Maul, 2016; Shervington et al., 2018) and supported by research (Betancourt & Khan, 2008; Slone & Shoshani, 2017).

Meeting the challenge posed by government's policy of inactions, the community psychologist can create an ACEs of marketing task force and provide it with evidence showing how the well-being of children, families, and the community are jeopardized by the indifference inequality, and divisiveness that are the products of neoliberal self-interest (Arjoon, 2010; Goodwin, 2014; Meier, 2007; Queiroz, 2017; Wrenn & Waller, 2018). Moreover, the community psychologist can arm the task force with information showing the contradictions hidden in arguments to justify marketing unhealthy foods and products to children. Whether it is protecting jobs (Shah, 2010), imperfect scientific knowledge (Brownell & Warner, 2009), or protecting the rights of individuals to consume unhealthy foods (Brownell et al., 2010), these justifications are neoliberal indifference masquerading as care because it serves to "maximize profits".

For instance, when it is in the self-interest of businesses, plants have been closed, and thousands have been left unemployed (Beck, 2016; Case & Deaton, 2020). Similarly, hiding behind the inadequate knowledge argument is the history of deceit and indifference of neoliberal actors who knew that a car's gas tank was likely to explode (The Center for Auto Safety, n.d.); the faulty ignition of a car could be fatal (Beech et al., 2014); an anti-inflammatory drug damaged the heart (Krumholz et al., 2007); or lead was in the baby powder (Starr, 2019). Collectively, the community psychologist can show these ploys are meant to distract parents, children, and the whole community away from the many injustices and indignities (including the ACEs of marketing), and demand politicians

legislate policies to protect the health of children.

Similarly, by analyzing "personal responsibility," "laissez-faire," "rugged individualism," and "individual freedom," the community psychologist can show how these terms lack conceptual value and only serve neoliberal self-interest. For instance, developing personal responsibility logically needs a community of socially responsible adults including neoliberal actors; and that laissez-faire translates to more neoliberal power and greater powerlessness among young people (Twenge et al., 2004) and parents (Driessen et al., 2022). Furthermore, power is needed to exercise one's "individual freedom"; thus, as neoliberal actors acquire power, individuals in the community have less freedom (Knight, 1947) and as the imbalance of power and freedom widens, everyone, even rugged individuals are likely to become subordinates to neoliberal self-interest. By bringing people together, the community psychologist can facilitate the restoration of a community committed to working together and demanding that the government fulfill its duty to protect the health rights of their children and the one health that is the wholeness of their families, communities, humanity, and this planet.

Conclusion

Daunting as the challenges are, the complexity and multifarious nature of the crises neoliberalism imposes on humanity must be stopped, and stopping the ACEs of marketing is foremost among these challenges. The scope of the community psychologist's expertise is needed to bring an increasingly divided world together, one community at a time, to diplomatically build coalitions of multiple stakeholders on multiple fronts, and orchestrate a unified effort to protect the health rights of children and thereby ensure that they will have a life worth living and humanity will have a healthy future. As the catalyst of children becoming

assertive, active participants in maintaining the web of life built from person to person, family to community, and humanity to the whole of life on this planet, community psychologists are right where the demands of the time needs them: at the center of a global one health revolution.

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