# BRAND SICKNESSES

A diagnostic typology of 12 recurring pathologies that weaken brands.

# A healthy brand accumulates advantage.

## *A sick brand repeatedly trades accumulated advantage for immediate reassurance.*

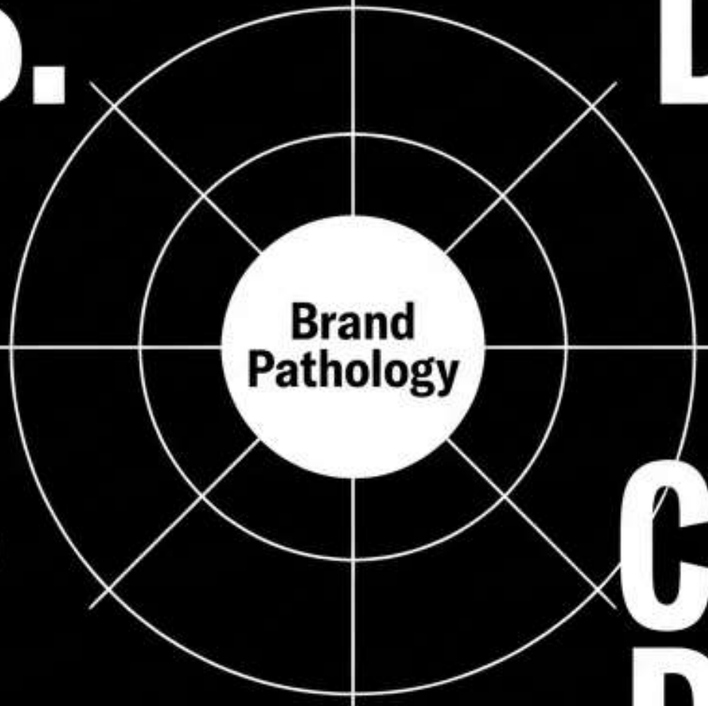
This framework treats brand weakness as a set of recurring strategic pathologies rather than a generic "brand health" problem. Each pathology describes a false belief about how brands grow, how consumers remember, or how organisations allocate attention.

# PERCEPTION DISORDERS.

Distorting what the organisation pays attention to.

# GROWTH DISORDERS.

Confusing measurable activity with sustainable demand.




# MEMORY & IDENTITY DISORDERS.

Destroying the structures of recognition.

# CREDIBILITY DISORDERS.

Tools and automation govern the brand rather than support it.

# SYSTEM 1: PERCEPTION DISORDERS

Pathologies that distort what the organisation pays attention to. The brand becomes inward-looking, over-reactive or category-bound.

# 1. MARKETING MYOPIA

## THE DELUSION

The brand defines the market around its current product or category rather than the underlying customer need or progress sought.

## THE SYMPTOMS

- Product-led strategy
- Innovation means “better versions”
- Category competitors dominate research
- Changing substitutes are ignored

## THE PRESCRIPTION

Define the business around the customer problem, occasion or progress. Track substitutes and new solutions to the same need, not only direct competitors.

Research Anchor: Theodore Levitt (1960). Demand is organised around situations and needs, not around the seller's internal category definition.

# 2. FOMO FEVER

**THE DELUSION**

The brand treats cultural or platform relevance as a requirement to participate in every trend.

**THE SYMPTOMS**

- Trend-jacking
- Meme imitation
- Reactive partnerships
- Topical social posts with weak brand fit
- Calendar driven by what is trending

**THE PRESCRIPTION**

Use a relevance gate: does this moment reinforce a desired association, distinctive asset or category-entry point? If not, skip it.

**Research Anchor:** Mazerant et al. (2021). Real-time topicality often comes at the expense of originality and craft. The opportunity is not “being current” but owning moments credibly.

# 3. BRAND NARCISSISM

### THE DELUSION

The organisation assumes people are intrinsically interested in the brand, its story and its values.

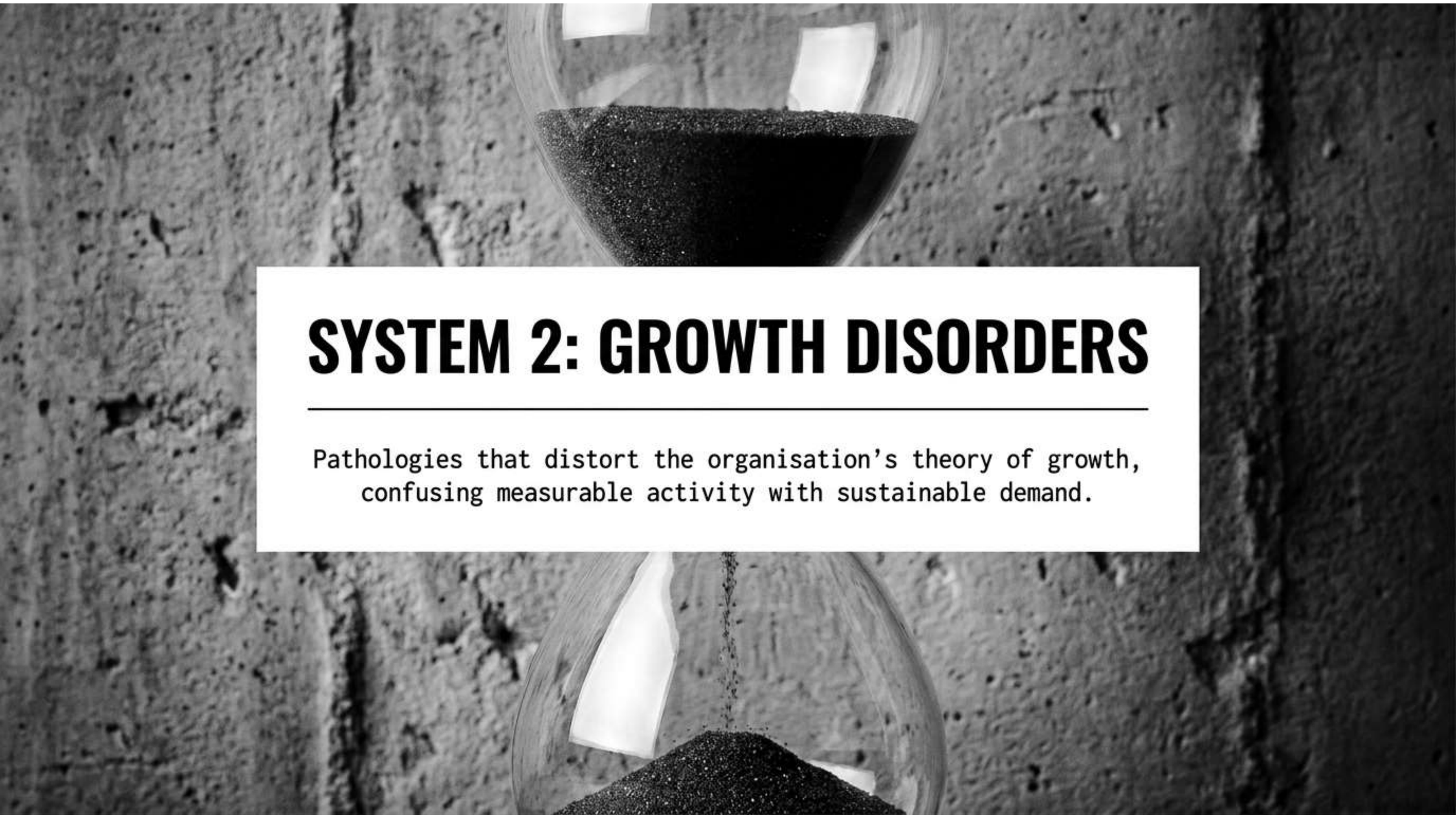
### THE SYMPTOMS

- Manifestos about the company
- Internal jargon & feature dumps
- Award posts
- Research asks what people think about the brand rather than when they think of it

### THE PRESCRIPTION

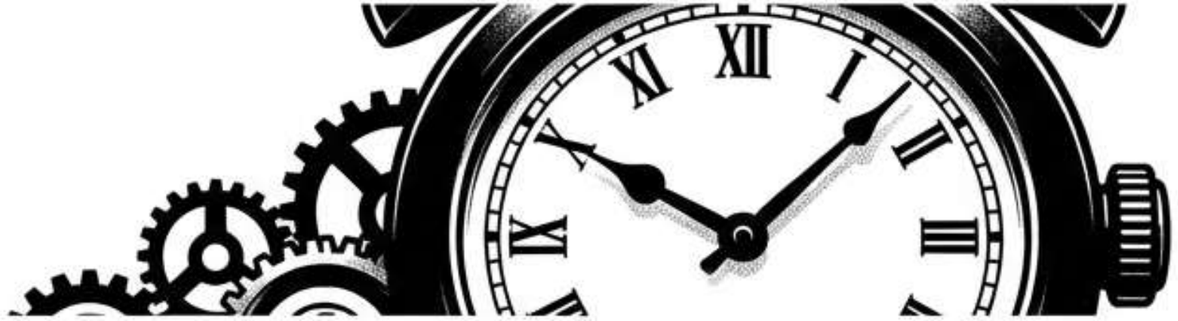
Design communication around buyer situations and category-entry points. Make the brand useful to memory memory before asking consumers to admire it.

**Evidence:** Mental availability research shifts focus away from corporate monologues towards brand retrieval in relevant buying situations.



# SYSTEM 2: GROWTH DISORDERS

Pathologies that distort the organisation’s theory of growth, confusing measurable activity with sustainable demand.



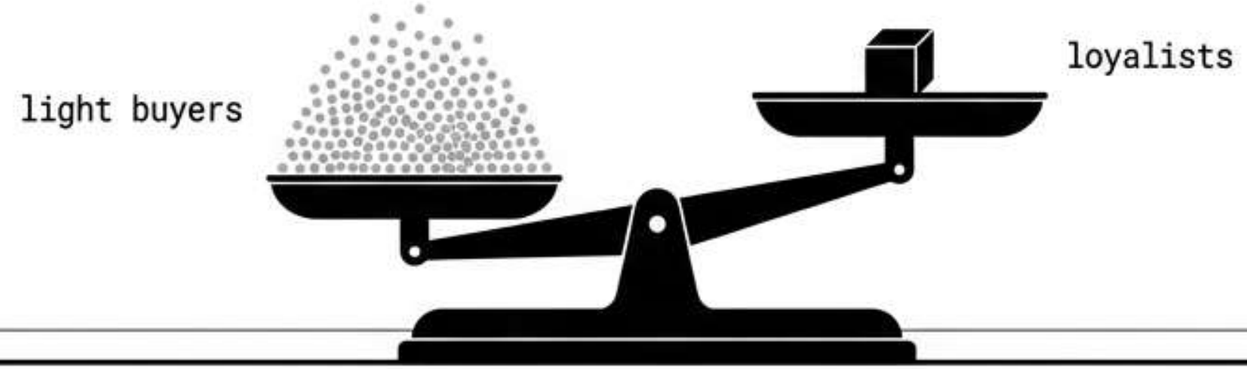
FUTURE DEMAND

DEMAND CAPTURE

# 4. PERFORMANCE ADDICTION

| THE DELUSION | THE SYMPTOMS | THE PRESCRIPTION |
|---|---|---|
| The organisation privileges metrics that move immediately and can be attributed precisely. | ■ ROAS and CPA dominate reviews<br>■ Brand investment is repeatedly cut<br>■ Creative becomes direct response<br>■ Future demand is invisible in decision-making | Operate two clocks: demand capture and future demand creation. Give both explicit budgets, KPIs and review horizons. |

Research Anchors: Aaker (2026) and Cain (2021). Digital measurement makes immediate response disproportionately salient, masking the decay of long-term base sales.




# 5. LOYALTY LOCK-IN

### THE DELUSION

Growth strategy is built around extracting more value from existing customers rather than acquiring more category buyers.

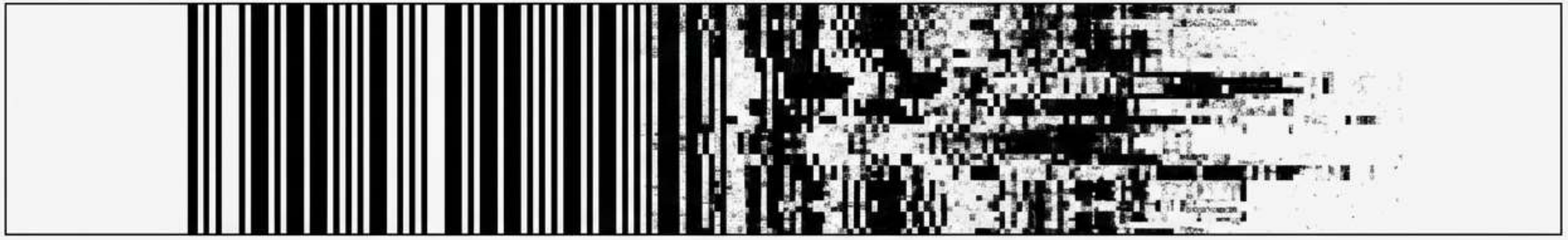
### THE SYMPTOMS

- CRM dominates
- Tiny “high value” segments
- Loyalty schemes treated as growth strategy
- Non-buyers receive little attention

### THE PRESCRIPTION

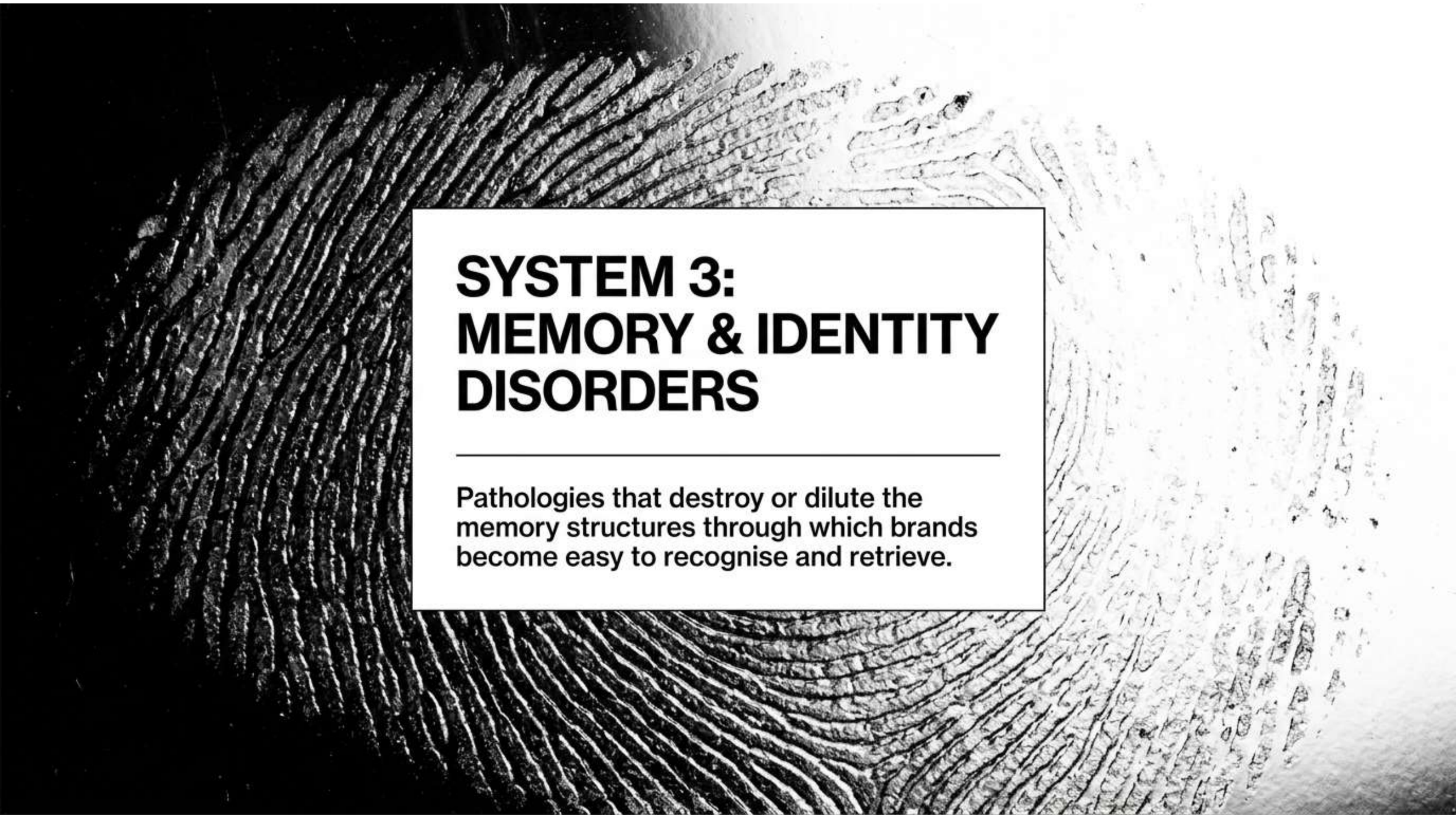
Protect service quality for existing customers but organise growth around increasing buyer numbers, mental availability and physical availability.

**Evidence:** Ehrenberg-Bass Institute Double Jeopardy research. Larger brands have many more buyers who are only slightly more loyal. Penetration is the primary engine of sustained growth.



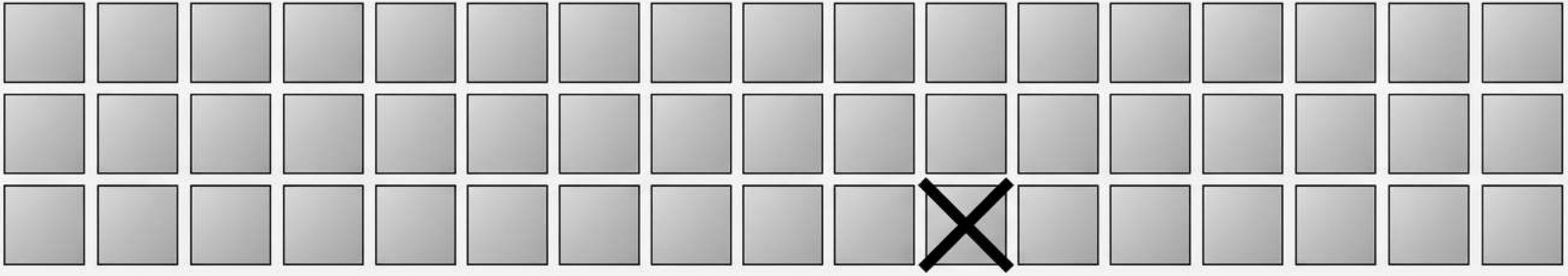
# 6. DISCOUNT DEPENDENCE

| THE DELUSION | THE SYMPTOMS | THE PRESCRIPTION |
| --- | --- | --- |
| The brand repeatedly uses price incentives to create demand that the brand itself is not strong enough to create. | ■ Constant promotions<br>■ Demand falls between offers<br>■ Consumers delay purchase<br>■ Full-price sales weaken<br>■ Price becomes the brand's most salient cue | Define the strategic role and exit condition for promotions. Track full-price demand, reference price and margin quality, not only promoted volume. |



# SYSTEM 3: MEMORY & IDENTITY DISORDERS

Pathologies that destroy or dilute the memory structures through which brands become easy to recognise and retrieve.



# 7. DISTINCTIVENESS ANAEMIA

**THE DELUSION**

The brand lacks distinctive sensory or verbal assets that efficiently trigger recognition.

**THE SYMPTOMS**

- Category-generic colour, typography and imagery
- Logo must appear prominently to secure recognition
- Campaigns look unrelated
- Competitors could sign the work

**THE PRESCRIPTION**

Audit current assets for fame and uniqueness. Build a small, repeated repertoire of visual, verbal and audio cues rather than reinventing the system each campaign.

Evidence: Distinctive-asset research. Assets must be famous and unique to reduce identification effort across fragmented media.

# 8. REBRANDITIS

**THE DELUSION**

The organisation mistakes internal boredom for consumer fatigue and repeatedly replaces recognisable brand codes.

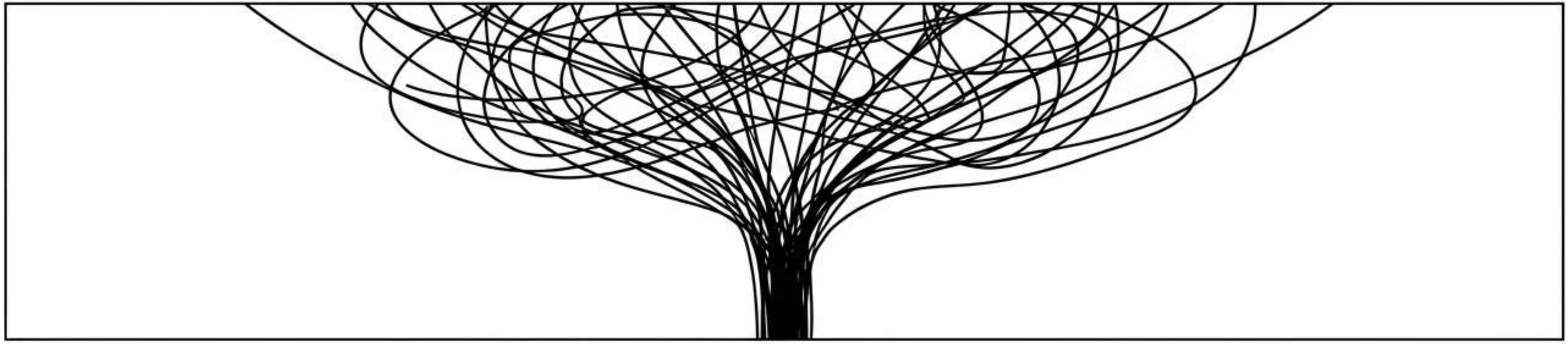
**THE SYMPTOMS**

- New leader, new identity
- Fashionable redesigns
- Assets abandoned without evidence
- “Modernisation” is valued more than recognition

**THE PRESCRIPTION**

Refresh execution first. Replace a brand asset only when there is evidence that it is weak, confusing, legally constrained or strategically harmful.

Evidence: Brand memory is cumulative. Removing familiar cues imposes a massive rebuilding cost.



# 9. PORTFOLIO OBESITY

**THE DELUSION**

The organisation adds products, tiers, names and sub-brands faster than it removes or simplifies them.

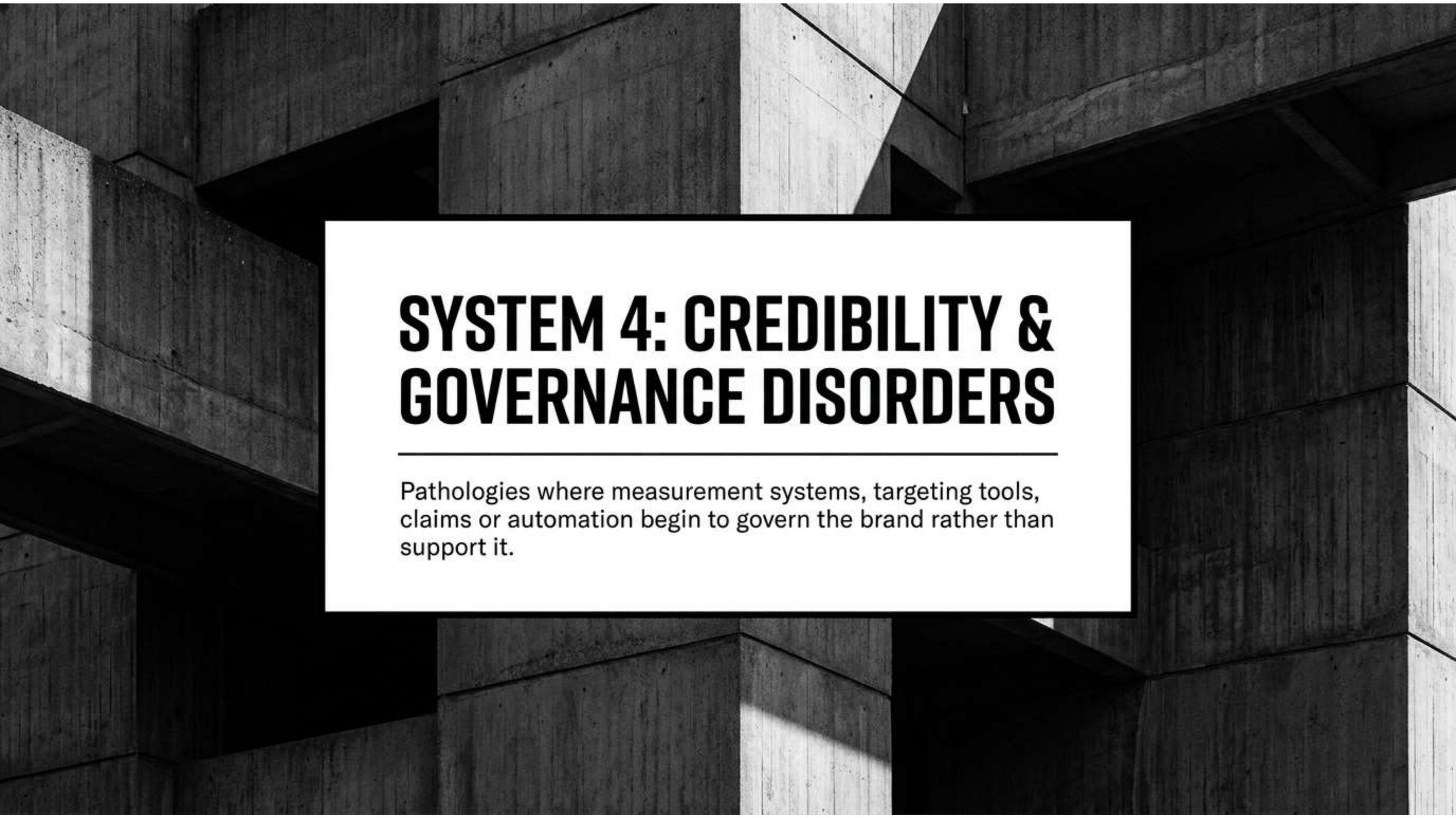
**THE SYMPTOMS**

- Too many SKUs
- Overlapping propositions
- Unclear architecture
- Weak parent attribution
- Internal teams struggle to explain the portfolio

**THE PRESCRIPTION**

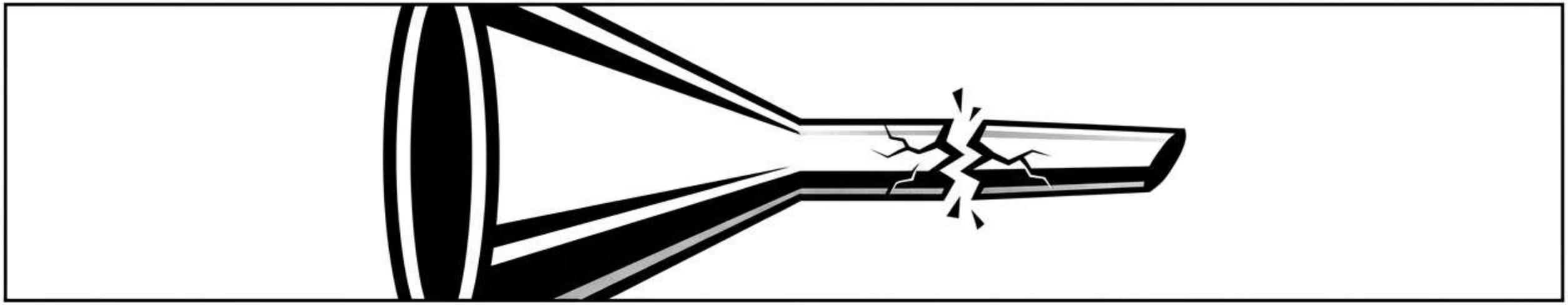
Require every extension to prove incremental demand, credible fit and contribution to the parent. Remove passenger brands and redundant tiers.

Evidence: Portfolio complexity erodes brand equity and operational efficiency. Simplification is a continuous, high-stakes strategic imperative.



# SYSTEM 4: CREDIBILITY & GOVERNANCE DISORDERS

Pathologies where measurement systems, targeting tools, claims or automation begin to govern the brand rather than support it.



# 10. HYPER-TARGETING TUNNEL VISION

| THE DELUSION | THE SYMPTOMS | THE PRESCRIPTION |
|---|---|---|
| Precision is treated as synonymous with effectiveness, so the brand over-optimises for narrow audiences. | ■ Micro-segmentation<br>■ Dozens of creative variants<br>■ Reach described as waste<br>■ Very small lookalikes<br>■ No shared cultural presence | Use precision for activation and personal utility. Use broad enough reach, repeated brand cues and coherent creative for brand building. |

**Evidence:** Narrow optimisation improves local efficiency but sacrifices the category reach and memory refresh required for scale.

# 11. PURPOSE-WASHING

## THE DELUSION

The brand communicates moral or social commitments that are not reflected in its operations, incentives or sacrifice.

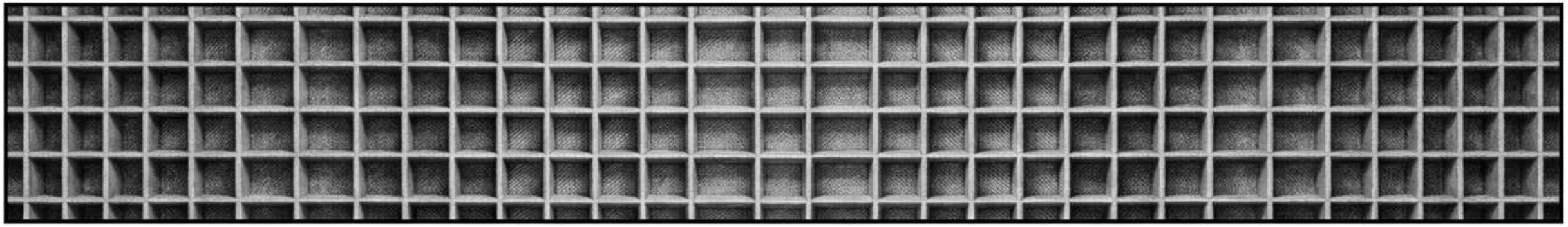
## THE SYMPTOMS

- Seasonal activism
- Vague commitments
- Values language with no proof
- Sudden positions with weak brand-cause fit
- Behaviour contradicts campaigns

## THE PRESCRIPTION

Do, then say. Tie claims to measurable action, governance and trade-offs. Communicate with specificity and evidence rather than moral theatre.

**Research Anchors:** Vredenburg et al. (2020) and Walter et al. (2024). Authentic purpose improves credibility; woke washing drastically reduces it.



# 12. SYNTHETIC SAMENESS

## THE DELUSION

Content automation increases output while reducing human specificity, taste and recognisable brand character.

## THE SYMPTOMS

- Large volumes of generic copy or imagery
- Interchangeable tone
- Optimisation converges on category norms
- AI disclosure creates authenticity concerns

## THE PRESCRIPTION

Use AI as leverage for exploration, adaptation and production. Keep human judgement responsible for the point of view, distinctive codes and final creative standard.

**Research Anchor:** Brüns & Meißner (2024). Disclosed GenAI content creation diminishes perceived brand authenticity unless AI is strictly assisting humans rather than replacing them.

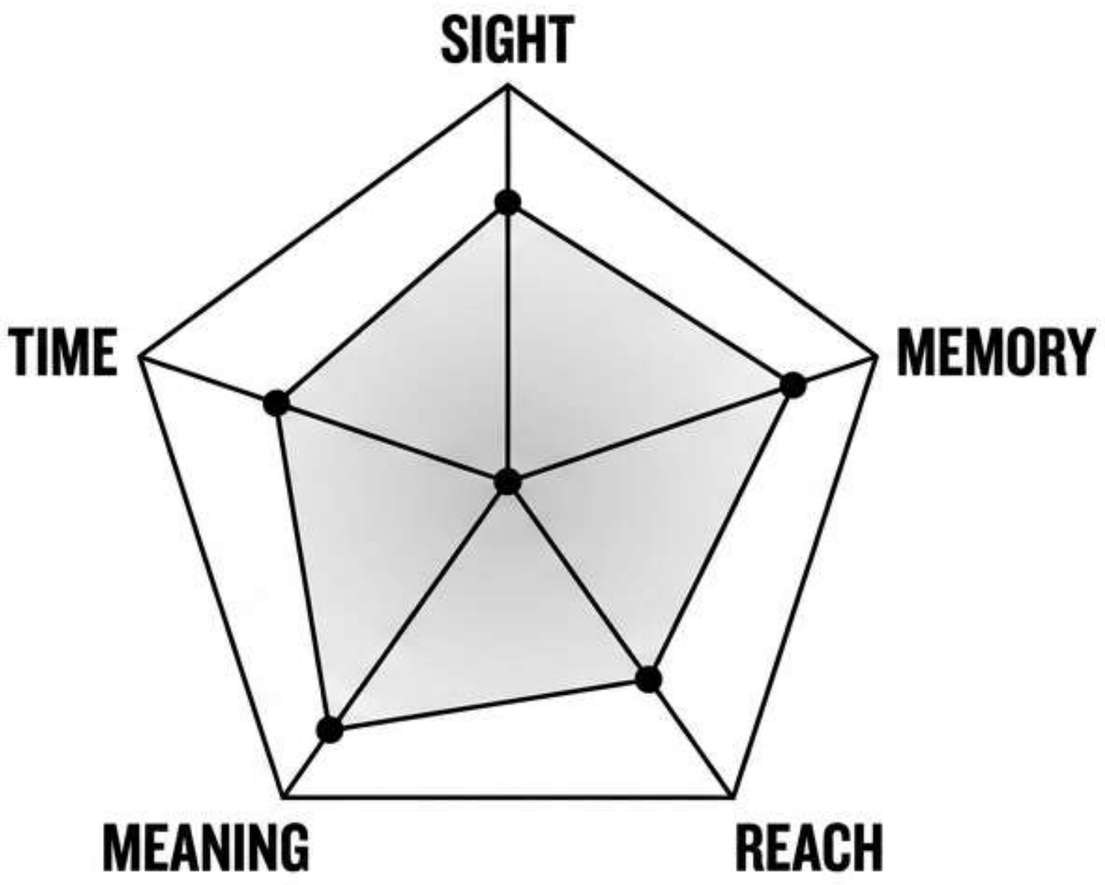
# THE STRATEGIC PATTERN UNDERNEATH THE TWELVE

Most of the pathologies involve a single, repeated trade: liquidating a compounding asset for an immediate comfort.

| PATHOLOGY | WHAT GETS TRADED AWAY | FOR IMMEDIATE REASSURANCE |
|---|---|---|
| FOMO Fever | Accumulated identity | Temporary relevance |
| Rebranditis | Accumulated memory | Internal novelty |
| Discount Dependence | Pricing power | Immediate volume |
| Performance Addiction | Future demand | Measurable current demand |
| Hyper-targeting | Scale and salience | Apparent efficiency |
| Purpose-Washing | Trust | Topical approval |
| Synthetic Sameness | Distinctive creativity | Production efficiency |

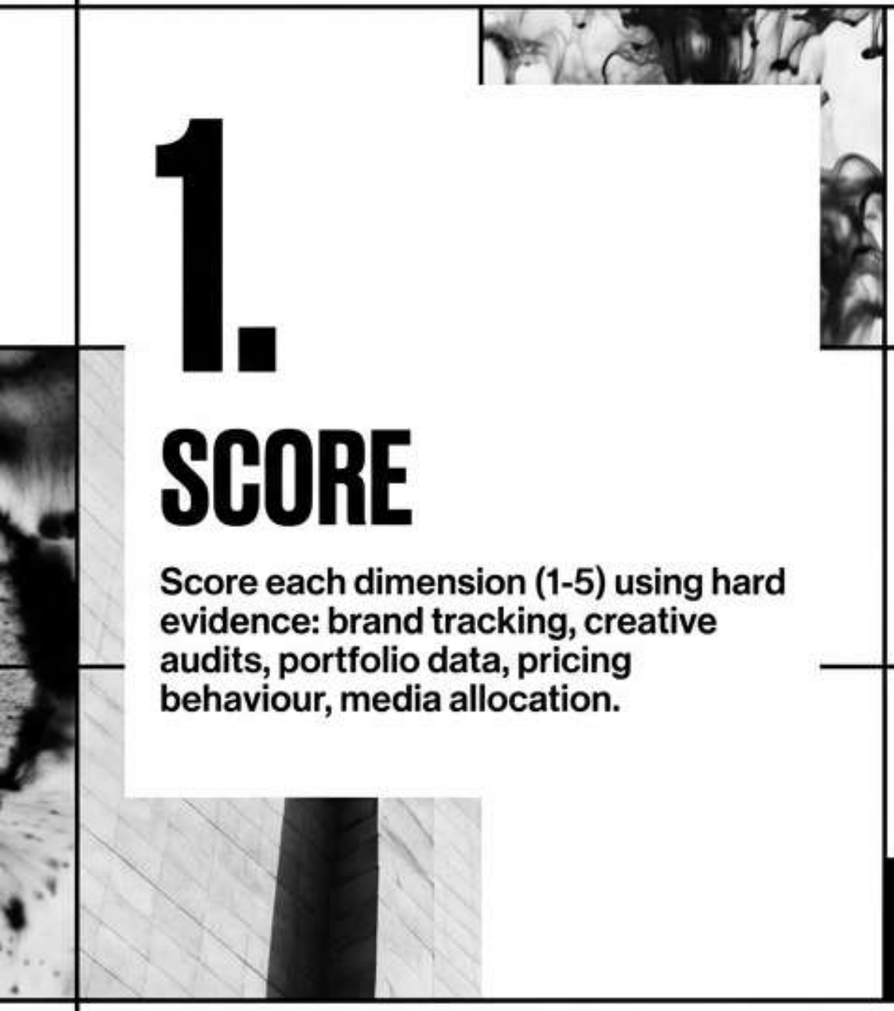
# BRAND PATHOLOGY DIAGNOSTIC

Rather than asking “how healthy is the brand?”, diagnose the mechanism of weakness. Score across five dimensions.




| | |
|---|---|
| **SIGHT** | Are we correctly seeing the customer's world, substitutes and category evolution? (Myopia, FOMO, Narcissism) |
| **MEMORY** | Are we accumulating recognisable and retrievable associations? (Distinctiveness Anaemia, Rebranditis, Portfolio Obesity) |
| **REACH** | Are we increasing the probability that category buyers encounter, remember and can buy us? (Loyalty Lock-in, Hyper-targeting, Performance Addiction) |
| **MEANING** | Do our claims correspond to actual behaviour and delivered value? (Purpose-Washing, Synthetic Sameness) |
| **TIME** | Are today’s decisions compounding or liquidating future brand equity? (Performance Addiction, Discount Dependence, Rebranditis) |

# HOW TO ADMINISTER THE CURE



## 1.

## SCORE

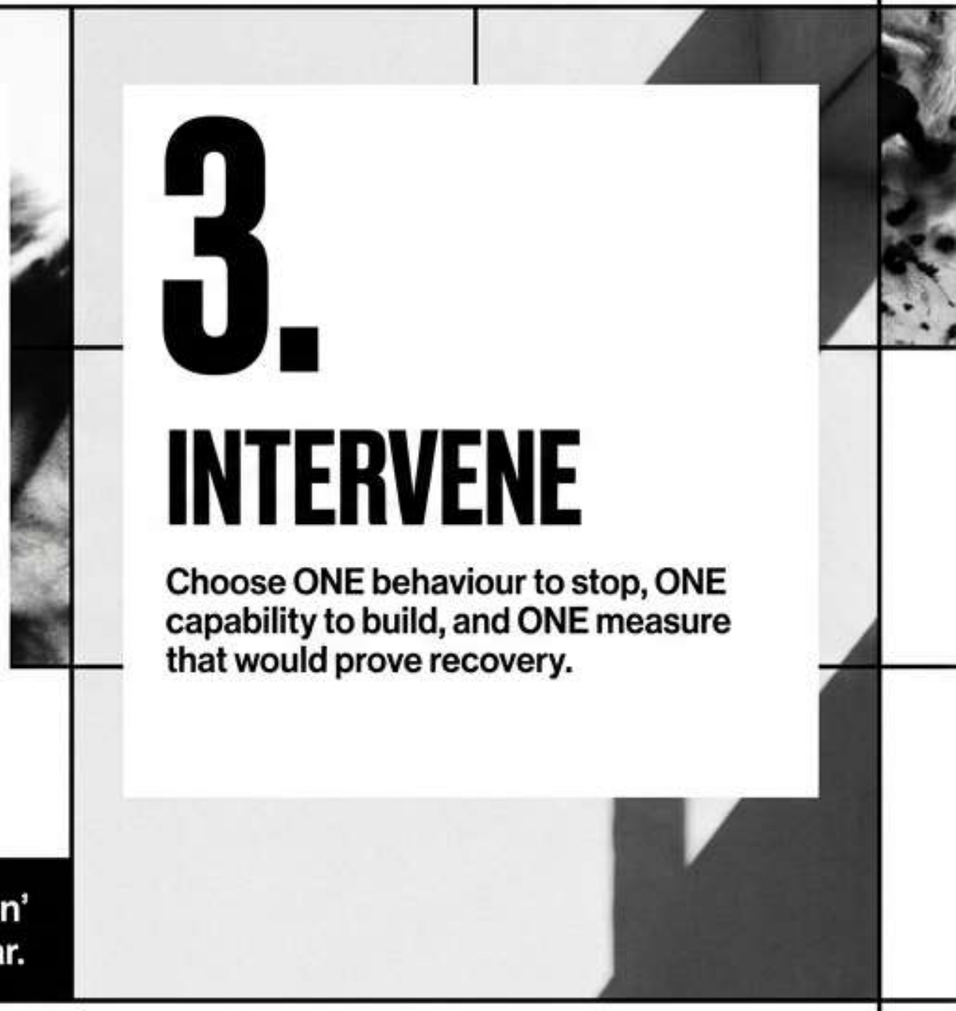
Score each dimension (1-5) using hard evidence: brand tracking, creative audits, portfolio data, pricing behaviour, media allocation.

## 2.

## IDENTIFY

Identify the pathology that best explains the weak score. Review over a long horizon—many pathologies are created by quarterly incentives and cannot be cured by short-term optimisation.

Do not prescribe a generic 'brand campaign' until the mechanism of the sickness is clear.



## 3.

## INTERVENE

Choose ONE behaviour to stop, ONE capability to build, and ONE measure that would prove recovery.

# THE CLINICAL EVIDENCE

| | | | |
|---|---|---|---|
| 1. Levitt (Marketing Myopia) | 2. Aaker (Short-termism & Brand Equity) | 3. Cain (Modelling Short & Long-Term Effects) | 4. Mazerant et al. (Real-Time Marketing Biases) |
| 5. Vredenburg et al. (Authentic Activism vs Woke Washing) | 6. Walter et al. (Authentic Purpose Impact) | 7. Brüns & Meißner (GenAI & Brand Authenticity) | 8. Ehrenberg-Bass Institute (Double Jeopardy & Distinctive Assets) |

# THE DIAGNOSTIC QUESTION:

## What exactly is making the brand sick, and what behaviour must stop?