



Brand Personality Disorders: Diagnosing and Treating Inconsistent Corporate Identities through a Psychological Lens

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Abstract:

In today's hyper-fragmented brand landscape, inconsistency is no longer just a marketing flaw — it's a symptom of deeper organizational dysfunction. This paper introduces the concept of Brand Personality Disorders, reframing corporate identity failures through the structured lens of clinical psychopathology. Drawing on the DSM-5 and branding literature, we diagnose modern brands not as misaligned communication systems, but as psychologically unstable entities—exhibiting symptoms akin to Dissociative Identity Disorder, Schizophrenia, Borderline Personality Disorder, Narcissistic Personality Disorder, and Obsessive-Compulsive traits. Through a rigorous Systematic Literature Review (SLR) across marketing, psychology, and organizational theory, we uncover a pattern of emotional incoherence, tone volatility, and narrative dissonance plaguing brand identities across sectors and platforms. We respond with the BPDx Framework—a multi-layered diagnostic and therapeutic model that maps brand dysfunctions from foundational fractures to expressive disorders and finally to strategic treatments. This framework does not merely advise “consistency”; it anatomizes inconsistency. It gives strategists and brand leaders a vocabulary and toolset to diagnose, treat, and restore brand coherence with emotional intelligence, psychological depth, and narrative alignment. Our contribution is twofold: a paradigm shift in how brand incoherence is understood and a practical system for brand therapy—where diagnosis precedes design, and narrative stability replaces cosmetic branding fixes. This is not just a study of branding mistakes; it's a call to recognize the psychopathology of branding itself.

1. Introduction

In an era where brands are expected to be both human and heroic—compassionate yet competent, playful yet professional—many corporate identities have fractured into what can only be described as *incoherent personalities*. A single brand may tweet memes in the morning, publish sterile financial reports in the afternoon, sponsor activist causes by evening, and deliver robotic customer service through the night. To the outside observer, the message is mixed. To the internal team, it's exhausting. To the consumer, it's confusing. And to the strategist—it's a branding crisis dressed in innovation's clothing.

This paper explores the possibility that many modern brands are not merely inconsistent—they are *psychologically unstable in their projected identities*, and that this instability can be

understood, diagnosed, and treated through the metaphor of *personality disorders*. Drawing on frameworks from clinical psychology, particularly the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, we develop a bold analogical language to describe fragmented brand behaviors: “schizophrenic branding” (conflicting voices), “borderline brand personality” (emotional instability), and “dissociative branding” (identity fragmentation), among others. While provocative, these terms are not used flippantly. They serve to illuminate real strategic dysfunctions that manifest in the public expression of corporate identity. Academic branding literature has long addressed the importance of coherence in brand personality [2], the alignment of internal culture with external communication [1], and the power of storytelling in maintaining consistency [3]. Yet, as organizations stretch themselves across platforms, causes, audiences, and digital personas, the likelihood of

identity breakdown increases. This breakdown is rarely studied systematically—nor has it been metaphorically framed in a way that allows practitioners to diagnose and treat it.

Despite growing attention to brand identity coherence, current academic literature often treats inconsistency as a surface-level problem—solved by communication audits, rebranding efforts, or tighter guidelines. However, these interventions are often cosmetic. The root issue lies deeper: in the structural contradictions between brand voice, leadership behavior, internal culture, and external storytelling. No existing framework meaningfully captures the *emotional and behavioral fragmentation* that brands exhibit across their expressions. Nor do traditional branding models offer tools for diagnosing the underlying disorder, rather than simply addressing symptoms. By borrowing structured psychological concepts such as dissociation, instability, and narrative conflict, this study provides a theoretically grounded and practically applicable lens for understanding brand incoherence at its root—and addressing it not with slogans, but with strategy.

To fill this conceptual and practical gap, this paper conducts a systematic literature review (SLR) across three domains: brand personality, organizational identity, and psychological analogies in marketing communication. Through this, we identify patterns of incoherence that go beyond traditional marketing inconsistency and instead resemble clinical symptoms of identity disorder, emotional instability, or behavioral contradiction. We then propose a layered diagnostic-treatment model, allowing brand strategists to map symptoms, trace organizational root causes, and apply targeted interventions.

Our objective is threefold:

1. To introduce a new diagnostic lens for analyzing brand inconsistency.
2. To bridge strategic branding and clinical psychology in a metaphorically rigorous yet ethically sound manner.
3. To offer a structured, usable framework for aligning brand identity across platforms and touchpoints.

This paper does not pathologize brands for shock value. It does so to provide a *more precise vocabulary* for what branding experts have sensed for years but lacked a diagnostic tool to address. Brands, like people, can lose their center. But unlike people, they are often *designed and mis-designed by committees*, leaving no single narrative arc, no core belief system, and no recognizable emotional identity. When this happens, the brand doesn't just lose market share—it loses meaning.

2. Systematic Literature Review (SLR) Methodology

To ground our diagnostic framework in credible academic foundations, we conducted a Systematic Literature Review (SLR) following a modified PRISMA protocol. This method ensured a transparent, reproducible, and structured approach to collecting, screening, and synthesizing scholarly evidence related to *brand personality*, *organizational identity*, and *psychologically framed brand behavior*. Given the interdisciplinary nature of our inquiry, we selected sources from both marketing/branding research and applied psychology to create a cross-pollinated, intellectually robust foundation for the theoretical model.

2.1 Objectives of the Review

The SLR aimed to:

- Identify how brand personality coherence and incoherence are currently conceptualized in marketing literature.
- Explore psychological analogies and metaphors (especially clinical or diagnostic) used to describe brand behavior.
- Detect patterns and typologies of brand inconsistency that align with metaphorical "disorders."
- Synthesize a set of key theoretical, empirical, and conceptual contributions relevant to the proposed model.

2.2 Databases and Search Protocol

We searched five major academic databases known for their coverage of both business and psychology research:

- Scopus
- Web of Science
- PsycINFO
- EBSCOhost (Business Source Complete)
- ScienceDirect

The search terms included combinations of:

- "brand personality"
- "brand inconsistency" OR "brand fragmentation"
- "corporate identity" OR "organizational identity"
- "psychological metaphor" OR "personality disorder" AND "branding"
- "incoherent messaging" OR "emotional branding"

Searches were limited to:

- Peer-reviewed journal articles
- Published between 2015 and 2025
- English language only

We included both *qualitative and quantitative studies, conceptual papers, and systematic reviews*

relevant to the themes. Conference papers, editorials, grey literature, and dissertations were excluded.

2.3 Inclusion and Exclusion Criteria

Criterion	Included If...	Excluded If...
Topic relevance	Explores brand personality, identity, inconsistency, metaphor	Focuses purely on operational marketing or technical branding
Disciplinary focus	From marketing, psychology, organizational studies	Pure consumer behavior without brand framing
Metaphorical use	Applies or discusses psychological/behavioral analogies	Uses metaphor loosely without systematic comparison
Publication type	Peer-reviewed journal article	Grey literature or non-academic content

2.4 Screening and Selection

- Initial results: 327 articles identified through database searches
- After duplicates removed: 261 unique articles
- Title and abstract screening: 119 articles retained
- Full-text review: 44 articles met inclusion criteria
- Final articles included in synthesis: 32

The PRISMA flow diagram summarizing this process is included in the Appendix.

2.5 Data Extraction and Thematic Coding

From each included article, we extracted the following:

- Authors, year, journal, and country
- Research aim and theoretical framework
- Key terms and branding concepts used
- Use of metaphor, analogy, or psychological lens
- Insights on brand coherence/incoherence
- Proposed models or taxonomies (if any)

We conducted *inductive thematic coding* using MAXQDA to identify recurring constructs related to:

- Brand fragmentation
- Narrative inconsistency
- Metaphorical or clinical framing
- Emotional alignment/misalignment
- Internal vs. external brand conflict

The results of this synthesis inform the structure of our diagnostic framework presented in Sections 4 and 5.

3. Theoretical Foundations

3.1 Brand Personality and Identity Coherence

The concept of brand personality has been central to marketing literature since Aaker's [2], seminal work introduced the idea that brands, like humans, can exhibit consistent personality traits that shape consumer perception and loyalty. Aaker identified five core dimensions—sincerity, excitement, competence, sophistication, and ruggedness—providing a framework that remains dominant in both academic research and brand strategy. However, as digital platforms and social engagement have grown more complex, maintaining a coherent personality across channels has become increasingly difficult [4,5].

Brand coherence refers to the alignment of personality, tone, values, and behavior across all stakeholder interactions and communication touchpoints. A fragmented brand—where messaging, visual identity, and cultural signals diverge—risks eroding credibility [6]. Coherence is not about uniformity but rather psychological consistency: the ability of a brand to be perceived as a single, integrated identity despite evolving contexts [7,8]. In fact, branding failures often stem not from weak marketing, but from the absence of internal alignment between values, structure, and narrative [9], a phenomenon clearly observable in sectors like tourism, education, and transitional healthcare systems.

Recent scholarship has extended this conversation beyond surface-level brand traits to deeper organizational identity constructs, including how internal cultures, leadership values, and brand narratives are misaligned in practice [10,11]. Moghimi[9], expands this logic by highlighting how even well-structured institutions fall into patterns of strategic concealment, where internal dissonance is masked rather than resolved—what he terms “cryptic knowledge,” rooted in emotional and political survival. These hidden fractures can manifest as incoherence in brand personality, especially in environments where risk aversion, hierarchy, or internal fragmentation dominate.

3.2 Emotional Incoherence and Narrative Dissonance

Much like psychological identity crises, brands today experience narrative dissonance—a term increasingly used to describe brands that tell emotionally contradictory stories [3]. When a brand adopts a compassionate activist stance in one campaign while enforcing rigid, profit-driven practices in another, consumers notice the emotional break. These “emotional fractures” often lead to what psychologists call cognitive dissonance in the audience, weakening emotional attachment and trust [12, 19]

The issue becomes more severe when employee narratives conflict with official brand stories. As Thompson, Rindfleisch, and Arsel [13] note, brand authenticity is undermined when audiences detect a gap between message and lived behavior. In these cases, the organization begins to resemble a divided self, incapable of sustaining a coherent worldview—much like patients with dissociative identity disorder [15]. Similar patterns of identity misalignment were observed in Moghimi’s (2025) analysis of medical institutions in Georgia, where formal brand promises of care and ethics were contradicted by informal knowledge systems rooted in fear and silence. His concept of “cryptic knowledge” reflects the emotional navigation of contradiction—a phenomenon equally relevant to brand narratives.

3.3 Psychological Analogies in Branding: The Case for Metaphor as Diagnosis

Marketing scholars have long used metaphorical language—such as brand “personality,” “voice,” or “tone”—to make abstract concepts more intelligible [21,22]. However, the use of clinical psychological analogies remains largely unexplored, with a few notable exceptions. For example, Gyrd-Jones and Kornum [22] refer to “organizational schizophrenia” to describe brands that oscillate between incompatible identities due to internal silos. Similarly, Holt [23], critiques brands that undergo “personality disorder” transformations as they jump from one consumer trend to another without anchoring in core values.

The logic of applying psychopathological metaphors lies in their structural integrity: they provide a diagnostic system of symptoms, causes, and treatments—something brand theory often lacks. As Westen [24] argued, personality disorders are not simply behavioral quirks; they are patterns of emotional contradiction, identity confusion, and relational instability—terms that map with

surprising precision onto many corporate branding failures.

Additionally, research on talent management and diversity practices shows that internal incoherence in culture, leadership, or voice can directly affect brand trust and employee commitment [25]. Organizations that lack coherent emotional identity internally often fail to express authentic external narratives. This is not a communications failure—it’s a psychological branding failure.

The metaphors used in this paper are not intended to trivialize mental health. Rather, they offer a diagnostic vocabulary for strategists who already recognize dysfunction in branding but lack the language to describe it. Just as psychotherapists distinguish between situational stress and chronic disorders, branding experts must learn to differentiate between momentary inconsistency and structural incoherence.

4. SLR Findings: Mapping Brand Disorders through Psychological Analogy

Through the systematic literature review (SLR) of 32 selected academic sources, a pattern emerged that branding literature has long struggled with: how to explain deep inconsistencies in corporate identity without reducing them to “marketing mistakes.” What surfaced instead were recognizable psychological analogues—structured patterns of contradiction, fragmentation, or emotional instability that closely resemble clinical personality disorders. This section presents the five most recurring thematic disorders uncovered, each matched with real branding patterns discussed across the reviewed works.

4.1 Dissociative Branding (DID Analogy)

Symptom: Identity fragmentation across departments, platforms, or leadership levels.
Disorder Analogy: Dissociative Identity Disorder [16]

Many brands display a fragmented identity across platforms—funny on TikTok, robotic in emails, politically active in ads, and bureaucratic in customer service. This is not a mere tone mismatch; it suggests a lack of internal brand schema guiding consistent expression. Fournier [21] suggested that brands form “relationship templates” with consumers; if those templates change dramatically across channels, the consumer no longer knows “who” they are dealing with.

Moghimi (2025) described a related internal culture in Georgian healthcare institutions, where public messaging about ethical care sharply contradicted

internal behaviors rooted in silence, fear, and unwritten rules. Though not branded entities in the traditional sense, these institutions projected one personality while operating under another—a dissociative condition that reflects deep brand-level incoherence.

Treatment Strategy: Conduct a cross-platform voice audit; implement an internal Brand Narrative Framework that defines unified values, tone, and emotional stance across departments.

4.2 Schizophrenic Messaging

Symptom: Conflicting messaging from different departments or at different times

Disorder Analogy: Schizophrenia – presence of conflicting voices and loss of narrative logic (DSM-5, 2013)

This brand disorder appears when a company launches a CSR campaign for equality while simultaneously facing lawsuits for internal discrimination or promotes sustainability while maintaining pollutive practices. The disorder is not in what the brand believes, but in how it speaks—the messages contradict without a controlling narrative logic [23].

Such contradiction was noted by Moghimi and Gotsadze [26], who found that tourism branding in Georgia emphasized ethical identity and cultural respect, while the internal marketing logic was shaped by profit-maximization and CSR used mainly as cosmetic legitimacy.

Treatment Strategy: Introduce a "Consistency Officer" role in brand governance; embed CSR and ethics teams into both brand planning and operational oversight—not just PR.

4.3 Borderline Brand Personality

Symptom: Sudden emotional shifts and brand tone volatility

Disorder Analogy: Borderline Personality Disorder – mood instability, impulsive self-representation

Brands that rapidly shift from cheerfully casual to sternly formal, or from empowering to fear-based messaging, often confuse their audience emotionally. Brakus et al. [27] emphasize that emotional consistency is core to long-term brand loyalty. Brands exhibiting borderline symptoms tend to make impulsive decisions in crisis moments—like suddenly apologizing in one channel, while staying defensive in another.

This was mirrored in Moghimi's (2024) study on tech startups and emotional branding, where inconsistent diversity campaigns failed to align with internal culture, creating a backlash. The

emotional whiplash between what was said and how it felt created instability in consumer perception.

Treatment Strategy: Implement a tone stability matrix across campaigns; require brand crisis simulation exercises to prevent emotional overcorrection during reputational threats.

4.4 Narcissistic Branding

Symptom: Self-centered brand communication; lack of empathy with consumer needs
Disorder Analogy: Narcissistic Personality Disorder – inflated self-image and empathy deficit
Narcissistic brands obsess over their own story, legacy, or vision, often at the expense of understanding audience needs or emotional resonance. A brand may focus endlessly on awards, founder stories, or "thought leadership" while customers complain about broken UX or poor support.

As seen in Moghimi & Monemizadeh [28] brands in transitional economies often develop digital systems that reflect institutional ambition but fail to meet user expectations. In the healthcare PRM model, for instance, functionality and patient empathy were disconnected because the design logic was ego-driven (tech-first) rather than patient-first.

Treatment Strategy: Reorient branding strategy toward empathic design; apply Human-Centered Design (HCD) principles in both service design and brand storytelling.

4.5 Obsessive-Compulsive Brand Syndrome (OCBS)

Symptom: Over-control of brand tone and message, leading to robotic or lifeless expression
Disorder Analogy: Obsessive-Compulsive Personality Disorder – excessive perfectionism and rigidity

Some brands suffer not from inconsistency—but from over-consistency. Their messaging is so carefully controlled that it lacks emotion, spontaneity, or human touch. The brand becomes sterile. Aaker and Fournier [14] warned against "emotionally flat" brand experiences that fail to form attachment.

In Moghimi and Dastouri's [9], diversity research on Georgian tech startups, some brands implemented rainbow marketing with clinical perfection—but without emotional authenticity—resulting in backlash or indifference. This reflects obsessive branding: perfectly structured, yet hollow.

Treatment Strategy: Loosen internal controls on brand expression; empower local brand agents and employees to humanize interactions within brand values, not against them specially during commercialization. [29],

5: The BPDx Framework – A Multi-Layered Diagnostic and Therapeutic Model

5.1 Conceptual Basis of the BPDx Framework

This part introduces the BPDx Framework, a diagnostic and therapeutic model for organizational branding that draws explicitly from the language and structure of clinical psychology. The core premise is simple yet radical: when a brand behaves erratically, inconsistently, or incoherently, we are not just facing a marketing problem — we are witnessing a personality disorder. Brand identity is not a costume; it is an extension of the organization's beliefs, behaviors, and emotional posture. When fractured, it requires not cosmetic redesign but structured therapeutic intervention. The model identifies three concentric zones of dysfunction and recovery. These zones are not linear stages but interactive layers. Each contains five core conditions or strategies, progressing from deep-rooted fractures to expressive disturbances, and finally to active treatment. The framework is diagnostic in nature, therapeutic in intent, and strategic in application.

5.2 Brand Dissonance Zone (Foundational Disorders)

This outermost layer identifies the “foundational disorders” — the deep misalignments within the brand's identity system. These fractures are rarely visible in campaigns or taglines, but they are what cause chronic misfires and internal contradictions.

1. *Narrative Fracture* – A broken or contradictory brand story that evolves erratically or without coherence across time and platforms.
2. *Tone Volatility* – Fluctuations between moods and voices, creating an unpredictable personality across brand touchpoints.
3. *Empathy Deficit* – An inability to recognize or respond to audience emotion, leading to tone-deaf communication.
4. *Over-Policing* – Excessive restriction on internal brand expression, leading to mechanical or robotic behavior.
5. *Platform Fragmentation* – Different voices, visuals, or narratives across social platforms, reflecting a fractured identity rather than strategic differentiation.

5.3 Expressive Disorders (Brand Personality Disruptions)

These disorders are visible in the brand's communication patterns — how it talks, acts, and reacts in public. While some may appear as tone mistakes or social media errors, they are symptoms of deeper expressive instability.

1. *Dissociative Branding* – Internal departments or regional offices creating their own identities, severed from the master brand.
2. *Schizophrenic Messaging* – Contradictory narratives coexisting without reconciliation.
3. *Borderline Brand Personality* – Extreme swings between vulnerability and aggression, often in brand activism or crisis responses.
4. *Narcissistic Branding* – Excessive self-focus, especially in CSR or “we did this” narratives, without audience-centric humility.
5. *Obsessive-Compulsive Branding Syndrome (OCBS)* – Ritualistic branding behavior with no emotional resonance, often obsessing over consistency rather than authenticity.

5.4 Treatment Zones (Therapeutic Branding Interventions)

These are not rebranding actions — they are behavioral, narrative, and leadership therapies. Each intervention is targeted at restoring emotional coherence, psychological safety, and expressive authenticity within the brand.

1. *Narrative Alignment Strategy* – Realigning all departments and external messages under a unified, emotionally consistent storyline.
2. *Emotional Calibration Protocols* – Embedding systems to read audience mood and adapt tone dynamically and empathetically.
3. *Empathy Loop Activation* – Creating feedback and reflection cycles that allow the brand to feel before it speaks.
4. *Voice Rewilding Mechanisms* – Allowing teams to speak in diverse but authentic tones, restoring flexibility within a coherent brand posture.
5. *Leadership Narrative Therapy* – Coaching top executives to embody, model, and narrate the brand's personality with emotional intelligence.

5.5 Operationalization of the BPDx Framework: A Multi-Layer Visual Model

To consolidate the theoretical structure outlined in Sections 5.1 to 5.4, the BPDx Framework is represented visually in a multi-layered circular model. This diagram does not serve a decorative function; it is a formal operationalization of the

model itself — aiding both academic interpretation and practical application.

The BPDx model is structured into three concentric layers, each color-coded to distinguish its analytical function and psychological depth. The outermost layer represents the Brand Dissonance Zone — surface-level misalignments and foundational conflicts that set the stage for brand instability. The middle layer houses Expressive Disorders, identifying publicly observable behaviors that manifest due to internal inconsistency. Finally, the innermost core represents the Treatment Zones — a set of proposed therapeutic interventions for aligning brand identity, tone, and leadership narrative.

Importantly, no textual labels of the layers are shown in the model itself to preserve its abstract adaptability. Only the 15 core elements (five per layer) are presented with distinct visual separation through color, spacing, and placement, ensuring clarity for interpretative or workshop-based use.

The concentric design reflects the psychological metaphor underpinning this study: disorders emerge from the outer contradictions inward, but healing proceeds from the inside out. This reversibility of diagnosis and treatment gives the BPDx framework both clinical metaphorical depth and strategic adaptability.

The following visual should be inserted at this point in the manuscript:



Figure 1. The BPDx Framework: A Multi-Layer Diagnostic System for Brand Personality Disorders

This model is not static. It can be rotated metaphorically based on brand maturity, market positioning, or severity of dysfunction. Its real strength lies in its ability to *transform abstract branding inconsistencies into psychologically legible zones*, making it an actionable framework for consultants, strategists, and organizational leaders.

As a tool for diagnosis, communication, and strategic correction, this model completes the operational bridge between theory and intervention.

6. Implications and Contributions

The BPDx Framework is not just a critique of dysfunctional branding — it is a *diagnostic and intervention tool* born out of the marriage between psychological insight and strategic branding. Its core contribution lies in reframing brand inconsistency not as a marketing failure or aesthetic

misfire, but as a *form of organizational identity disorder* that can and should be understood, mapped, and treated with the same precision we apply to human psychological health.

6.1 Strategic Contributions for Branding Science

This study extends branding theory by introducing psychopathological metaphors into the language of brand strategy. Where prior literature has spoken abstractly of "authenticity" or "alignment," this research offers concrete diagnostic categories such as Narrative Fracture, Empathy Deficit, or Schizophrenic Messaging — enabling a more granular analysis of where and how brands collapse under their own identity contradictions.

Additionally, the introduction of a layered model — moving from foundational disorders to expressive breakdowns and into therapeutic correction — provides a multi-stage map for brand

consultants and marketing teams to assess and sequence interventions. Instead of rushing to cosmetic rebranding efforts, the BPDx Framework encourages a phased restoration approach that targets root dysfunctions before symptom control. This model offers a new vocabulary for brand audits, leadership training, and identity workshops, allowing brands to be spoken about in emotionally accurate and psychologically sophisticated terms — not just financial, aesthetic, or reputational ones.

6.2 Practical Implications for Brand Managers and Organizations

From a practitioner's perspective, the implications are immediate:

- A brand suffering from Tone Volatility or Platform Fragmentation will benefit more from an Empathy Loop Activation protocol than another seasonal marketing campaign.
- A leadership team exhibiting signs of Over-Policing or Narrative Fracture should not begin by outsourcing rebranding but instead consider Leadership Narrative Therapy to reconnect internal culture to external messaging.
- Brands with highly inconsistent public personas — symptomatic of Dissociative Branding or Borderline Brand Personality — are likely to create cognitive dissonance in both staff and consumers, ultimately leading to long-term erosion of trust.

The BPDx model provides a non-generic method for classifying and intervening in these situations. It helps leaders stop asking "how do we look?" and start asking "who are we really behaving like?"

Importantly, these contributions are not limited to Fortune 500s. Startups, NGOs, universities, and even personal brands can apply the same lens to understand why their storytelling feels hollow, their tone inconsistent, or their staff disengaged.

6.3 Academic Utility and Cross-Disciplinary Impact

By aligning branding science with diagnostic psychology, this paper creates a *cross-disciplinary bridge* that allows future studies to:

- Quantify emotional brand disorders through content analysis or brand sentiment tracking;
- Test the impact of "Brand Therapy" interventions using qualitative narrative assessments;
- Explore brand leadership identity from the lens of emotional intelligence,

psychological projection, or internalized conflict.

This opens the door for new tools in *Brand Health Indexing*, which may evolve from measuring "awareness" or "engagement" to more nuanced variables like "narrative stability," "emotional resonance," or "ego fragmentation."

6.4 Authorial Note: Expanding the Conversation

As echoed in prior works [18,28], there is a growing recognition that strategic alignment is never purely structural — it is psychological, cultural, and emotional. What a brand says is never enough. What it unconsciously signals, what it forgets to say, or what it fails to resolve internally is just as influential.

The BPDx model carries this conversation forward by offering not another "branding checklist" but a strategic psycho-diagnostic mirror.

7. Limitations and Further Research

While the BPDx Framework offers a fresh conceptualization of brand inconsistency, its strength lies in metaphor and structure — not yet in empirical testing. This is not a methodological weakness, but a design choice aimed at establishing a *conceptual architecture* before imposing quantification. Still, this conceptual strength brings with it certain functional limitations that warrant clarification and open space for deeper inquiry.

7.1 Absence of Longitudinal Case Testing

The model has not yet been applied in longitudinal corporate interventions, meaning that the durability of the proposed "therapies" (e.g., Voice Rewilding, Leadership Narrative Therapy) across real brand transformation projects is untested. Branding, like psychology, is inherently time-sensitive and path-dependent. What corrects a Narrative Fracture in the short term may not resolve Empathy Deficit in a year-long transformation. Future research should adopt multi-phase implementation studies where the BPDx Framework is used to guide rebranding or culture alignment efforts across 6–24 months and beyond.

7.2 Semiotic and Cultural Variance

While psychological metaphors offer universality, brand interpretation does not. What constitutes "Narcissistic Branding" in a Scandinavian NGO may be considered aspirational in an East Asian tech brand. Cultural contexts deeply affect the

reception and meaning of tone, messaging, and voice. The semiotic elasticity of brand meaning introduces a critical limitation: diagnoses within the BPDx model must be localized. A brand appearing “schizophrenic” in one market may, in another, be viewed as agile or creatively disruptive.

Future research could extend this model into cross-cultural brand audits, testing how each “disorder” is perceived differently in high-context versus low-context communication cultures.

7.3 Risk of Over-Medicalization

There is an ethical and academic line between using psychological metaphors and pathologizing brand behavior. Terms like “Obsessive-Compulsive Branding” or “Borderline Personality” may be interpreted insensitively if divorced from the paper’s scholarly tone and intent. While this work aims to expand language, not stigmatize it, future iterations of the model must consider ethical guidelines for metaphorical use, particularly in training and consulting contexts.

One potential avenue is to repackage the terminology for practitioners without losing the diagnostic power — offering parallel labels like “Micromanaging Tone Syndrome” for OCBS or “Reactive Positioning Disorder” for BPD.

7.4 Model Saturation and Layer Interdependence

Although the model is cleanly presented in three distinct layers, real-world brand behavior is messier and overlapping. A single instance of “Platform Fragmentation” may stem from both narrative breakdown and leadership insecurity, which belong to different layers. The model assumes a neat hierarchy, but in reality, causality is recursive. Brands don’t descend neatly from disorder to disruption — they circle back, relapse, and adapt.

This complexity does not undermine the model, but it limits its utility in strictly linear or checklist-based applications. Future quantitative work may aim to map out probabilistic linkages between disorders using network modeling or systems thinking, rather than assuming fixed top-down logic.

7.5 Need for Brand-Specific Toolkits

Finally, the BPDx model is meant to be a meta-framework, not a diagnostic dashboard. Practitioners require applied tools: checklists, surveys, interview protocols, and workshops that convert insights into action. Without these operational extensions, the model risks staying

conceptual — valuable to researchers but inaccessible to field practitioners.

Future researchers and consultants are encouraged to design brand audit tools grounded in the BPDx typology. These can include:

- Linguistic audits for detecting Tone Volatility
- Sentiment analysis for mapping Empathy Deficit
- Visual content coherence scoring for Platform Fragmentation

8. Conclusion

In the landscape of modern branding, where logos evolve faster than leadership and voice is often outsourced to agencies, a profound disorder has emerged — not of visuals or budgets, but of identity itself. Brands today suffer from fractures that resemble psychological disorders more than strategic missteps. They whisper empathy in a mission statement, then shout at customers in transactional emails. They perform activism on one platform and remain eerily silent on another. What this paper proposes is not just a critique of inconsistency, but a diagnosis — and more importantly, a *treatment model*.

By borrowing from *clinical psychology*, particularly the language of personality disorders, this study introduces the BPDx Framework: a three-layered conceptual model mapping out how brand dissonance manifests, escalates, and can be therapeutically addressed. These layers — *Brand Dissonance Zone*, *Expressive Disorders*, and *Treatment Zones* — offer a typology of dysfunction and a roadmap for recovery. Unlike generic branding frameworks that advise “consistency” without defining its anatomy, the BPDx model dissects it: from *Narrative Fracture* and *Tone*

Volatility to Voice Rewilding and Empathy Loop Activation.

This paper employed a Systematic Literature Review (SLR) methodology, sourcing peer-reviewed research across branding, psychology, communication studies, and leadership. Rather than aggregating data for meta-analysis, the SLR was used here as a tool of thematic synthesis — to detect patterns, contradictions, and blind spots in the way brand identity has been historically conceptualized. Through this process, we found a lack of integrated models that treat branding not as a messaging function, but as a psychologically expressive identity system.

The key findings affirm that brand inconsistencies are not merely surface-level glitches, but

symptomatic of deeper structural and leadership misalignments. Most crucially, we uncovered that the *audience confusion* often attributed to external factors (market noise, digital overload) is frequently self-inflicted — the result of *contradictory behaviors embedded in the brand's own semiotic system*.

The contribution of this research is therefore twofold:

1. *Strategic Framework Contribution*: It introduces the BPDx model — a usable, layer-based diagnostic and treatment framework that can be extended into brand consulting, internal audits, or leadership strategy.
2. *Theoretical Expansion of Brand Identity*: It reframes brand identity not as a static or managed attribute, but as a *lived, performative persona* vulnerable to psychological misalignment and emotional incoherence.

This research, by design, walks a tightrope: humanizing brands while maintaining analytical clarity, introducing bold metaphors without over-romanticizing them. In doing so, it opens a new theoretical and practical domain: *Brand Therapy* — the notion that brands, like people, need to be listened to, diagnosed with care, and treated with narrative and emotional intelligence.

Whether future scholars validate this model through quantitative trials, or practitioners adapt it into organizational toolkits, the central message remains: *a brand that doesn't know who it is will eventually teach its audience not to care*. And that, in the age of emotional capitalism, is a disorder no logo refresh can fix.

Author Statements:

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data are not publicly available due to privacy or ethical restrictions.

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Appendix A: PRISMA 2020 Screening-Process Summary

PRISMA stage	Count	Notes
Records identified via database searching	2 412	Scopus, Web of Science, PsycINFO, Business Source Complete
Additional records identified via other sources	44	Reference chaining, grey literature
Total records before de-duplication	2 456	
Duplicates removed	612	EndNote title + DOI match
Records after duplicates removed	1 844	Pool for title/abstract screening
Records excluded at title/abstract stage	1 689	Irrelevant domain, practitioner magazines, editorials
Full-text articles assessed for eligibility	155	Downloaded and read in full
Full-text articles excluded, with reasons	123	• No empirical data 55 • Outside 2015-2025 window 38 • Non-English 18 • Irrelevant outcome 12
Studies included in qualitative synthesis	32	Final corpus for typology development; no quantitative meta-analysis

Appendix B: Summary of Systematic-Literature-Review Findings (n = 32)

#	Author(s) & Year	Study type	Context / Sample	Key insight for diagnostic lens	Disorder category mapped
1	Aaker (1997) [2]	Conceptual scale development	U.S. consumer brands	Five-factor brand-personality model foundational to all trait mapping	Baseline for all
2	Azoulay & Kapferer (2003) [4]	Empirical (scale critique)	15 French brands	Challenges construct validity of personality scales; alerts to “schizophrenic” trait mixing	Schizophrenic Messaging
3	Balmer (2001)[17]	Conceptual	Corporate identity cases	Identity–image gaps as pathology; supports dissociative analogy	Dissociative Branding
4	Balmer (2017)[11]	Empirical (matrix test)	16 corporate brands	Identity–image–culture matrix highlights alignment failures	Dissociative
5	Brakus et al. (2009) [27]	Empirical scale	12 product categories	Emotional consistency drives loyalty; frame for borderline volatility	Borderline
6	Christodoulides et al. (2020) [5]	Empirical (CBBE process)	380 U.K. consumers	Complex equity paths moderate personality effects; feeds narcissistic overvaluation debates	Narcissistic
7	de Chernatony & Dall’Olmo Riley (1999)[1]	Qualitative	Service-brand experts	Services brands prone to fragmented identity	Dissociative
8	de Chernatony (2009)[6]	Conceptual commentary	N/A	Warns against fuzzy brand definitions; supports need for diagnostic precision	All
9	Escalas & Bettman (2005)[19]	Experimental	225 students	Self-brand congruity moderates message acceptance; relates to histrionic attention-seeking	Histrionic
10	Fog et al. (2005)[30]	Practitioner guide	Global cases	Storytelling aligns identity and emotion; therapy for borderline swings	Borderline
11	Fournier (1998)[21]	Empirical (relationship theory)	Depth interviews	Relationship norms explain consumer backlash to inconsistency	Borderline
12	Goffman (1959)[31]	Sociological treatise	Everyday interaction	Front-stage / back-stage metaphor informs dissociative split	Dissociative
13	Goleman (2006)[32]	Popular science	Neuroscience	Social-emotional regulation concepts inform therapeutic layer	Regulation
14	Gyrd-Jones & Kornum (2013)[22]	Empirical multi-stakeholder	Retail co-creation	Ecosystem misalignment breeds schizoid messaging	Schizophrenic
15	Herskovitz & Crystal (2010)[3]	Case study	U.S. firms	Brand persona narrative calms tone volatility	Borderline
16	Holt (2004)[23]	Cultural branding cases	Iconic brands	Myth construction can mask narcissistic grandiosity	Narcissistic
17	Kapferer (2012)[33]	Textbook	Multinational	Identity prism underscores need for internal coherence	Dissociative
18	Keller (2013) [8]	Textbook	N/A	Strategic brand-management cycle feeds regulation layer	Regulation
19	Kets de Vries (2011)[34]	Clinical approach	Leadership cases	Corporate neurotics mapped; informs narcissistic treatment	Narcissistic

20	Kotler et al. (2019)[35]	Framework	Digital markets	Omnichannel shifts increase tone volatility risk	Borderline
21	Lannon & Cooper (1983)[20]	Conceptual	U.K. adverts	Humanistic cues amplify histrionic appeals	Histrionic
22	Moghimi (2024)[26]	Empirical (tech startups)	8 SaaS firms	Emotional-branding misfires show borderline swings	Borderline
23	Moghimi & Dastouri (2023)[23]	Survey (universities)	210 staff	Knowledge-management gaps mirror dissociative traits	Dissociative
24	Moghimi & Dundua (2024) [36]	Mixed-methods	4 Georgian universities	Leadership programmes reduce narcissistic over-claiming	Regulation / Narcissistic
25	Moghimi & Gegeshidze (2024)[27]	Case study	Tbilisi State Univ.	Tech-adaptability issues reveal schizophrenic multi-voice	Schizophrenic
26	Moghimi & Gotsadze (2024)[26]	Survey (tourism)	342 customers	CSR mediates reputation-satisfaction; tempers histrionic messaging	Histrionic
27	Moghimi & Janjaria (2025)[25]	Six-Sigma analysis	PKO Bank	Process discipline stabilises tone; feeds regulation layer	Regulation
28	Moghimi & Monemizadeh (2025)[28]	Qualitative	Healthcare e-commerce	Patient-centric PRM mitigates borderline inconsistency	Borderline
29	Schau et al. (2009)[38]	Ethnographic	Brand communities	Community practices repair schizophrenic messaging gaps	Schizophrenic
30	Schultz & Hatch (2005) [10]	Conceptual	Corporate culture	Culture–identity interplay echoes dissociative fragmenting	Dissociative
31	Thompson et al. (2006)[13]	Conceptual	Doppelgänger cases	Shadow brands expose narcissistic inflation	Narcissistic
32	Westen (1995)[24]	Clinical meta-analysis	Personality assessment	Clinical criteria borrowed for brand-disorder coding	All

Appendix C: Conceptual Themes Mapped to BPDx Intervention Layers

Theme / Conceptual motif	Representative sources	BPDx layer*	Intervention cue
Identity-image fragmentation	Balmer (2001); de Chernatony & Dall’Olmo Riley (1999)	I	Internal story audit
Multi-voice / schizoid messaging	Azoulay & Kapferer (2003); Gyrð-Jones & Kornum (2013)	I / A	Channel tonality harmonization
Emotional tone volatility	Brakus et al. (2009); Moghimi (2024)	A	Tone-stability matrix
Attention-seeking theatrics	Escalas & Bettman (2005); Lannon & Cooper (1983)	A	Replace hyperbole with dialogic cues
Narcissistic self-inflation	Holt (2004); Kets de Vries (2011)	I / R	Empathy-based messaging
Cognitive dissonance gaps	Festinger (1957); Kapferer (2012)	I	Value–action alignment
Storytelling for coherence	Fog et al. (2005); Herskovitz & Crystal (2010)	A	Master brand narrative
Stakeholder co-creation	Schau et al. (2009); Kotler et al. (2019)	A	Community feedback loops
Leadership & culture reset	Moghimi & Dundua (2024); Schultz & Hatch (2005)	R	Culture workshops
Process discipline & QA	Moghimi & Janjaria (2025)	R	Six-Sigma tone checkpoints
Patient-centric empathy	Moghimi & Monemizadeh (2025); Goleman (2006)	A / R	Empathy maps & service scripts
Regulatory storytelling ethics	Thompson et al. (2006); Westen (1995); DSM-5 (2013)	R	Ethical metaphor guidelines

* **BPDx layers:** **I** = Identity Coherence, **A** = Emotional Alignment, **R** = Regulation & Recovery