


Historical Paper

Obituary: Professor Ivor Browne, FRCPI FRCPsych MSc (Harv.) DPM

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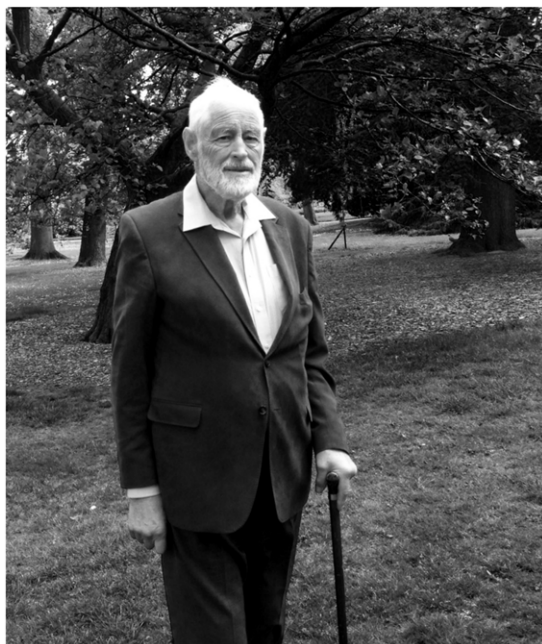
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Abstract

Professor William Ivory (Ivor) Browne, consultant psychiatrist, who died on 24 January 2024, was a remarkable figure in the history of medicine in Ireland and had substantial influence on psychiatric practice and Irish society. Born in Dublin in 1929, Browne trained in England, Ireland, and the US. He was chief psychiatrist at St Brendan's Hospital, Grangegorman, Dublin from 1965 to 1994 and professor of psychiatry at University College Dublin from 1967 to 1994. Browne pioneered novel and, at times, unorthodox treatments at St Brendan's. Along with Dr Dermot Walsh, he led the dismantling of the old institution and the development of community mental health services during the 1970s and 1980s. He established the Irish Foundation for Human Development (1968–1979) and, in 1983, was appointed chairman of the group of European experts set up by the European Economic Community for reform of Greek psychiatry. After retirement in 1994, Browne practiced psychotherapy and pursued interests in stress management, living system theory, and how the brain processes trauma. For a doctor with senior positions in healthcare and academia, Browne was remarkably iconoclastic, unorthodox, and unafraid. Browne leaves many legacies. Most of all, Browne is strongly associated with the end of the era of the large 'mental hospital' at Grangegorman, a gargantuan task which he and others worked hard to achieve. This is his most profound legacy and, perhaps, the least tangible: the additional liberty enjoyed by thousands of people who avoided institutionalisation as a result of reforms which Browne came to represent.

Keywords: History; Ireland; medical education; psychiatry; research

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Professor William Ivory (Ivor) Browne, 1929–2024 (Source: Professor Ivor Browne. Used with permission.)

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Professor William Ivory (Ivor) Browne, consultant psychiatrist, who died on 24 January 2024, age 94, following an illness, was an enormously influential figure in Irish psychiatry. He is most associated with the end of the era of the 'mental hospital' in Ireland and the development of community-based mental health services. It took time to reverse Ireland's fatal weakness for institutional responses to social problems, but Browne persisted and prevailed, in collaboration with a devoted team of colleagues across many disciplines. Browne is remembered as a social reformer, psychotherapist, and the public face of psychiatry in Ireland for several decades. His death is not only a deep personal loss to his family, friends, patients, and colleagues, but also a significant moment in the history of Irish medicine (Cullen 2024).

Born in Dublin in 1929, Browne was educated at Blackrock College and graduated from the Royal College of Surgeons in Ireland in 1954. He worked in England, where therapeutic tools included lysergic acid diethylamide (LSD), and his colleagues included Dr Joshua Bierer, a leader in social psychiatry who had a strong influence on Browne (Bierer and Browne 1960; Anonymous 2024). Browne also worked and trained in the United States, being awarded a fellowship to study public and community mental health in Harvard in the early 1960s.

Browne's own experience of tuberculosis as a medical student had a significant impact on his outlook and career in medicine. He loved jazz and Irish music, but his illness limited his prospects on the trumpet (Ross 2008). Nevertheless, Browne retained a deep love and appreciation of music all his life.

Browne returned to Ireland as Senior Administrative Medical Officer at Grangegorman in July 1962, and went on to serve as Chief

Psychiatrist of the Eastern Health Board (1965–1994) and Professor of Psychiatry at University College Dublin (UCD; 1967–1994). For many years, Browne led the dismantling of the Grangegorman institution and the development of community mental health services, during the 1970s and 1980s. Along with Dr Dermot Walsh (Kelly, 2017a) and others, he sought to replace the ‘mental hospital’ with services that supported people in their communities and minimised hospital stays (Browne and Walsh 1964).

Reversing Ireland’s deep affinity for institutions took time, but inpatient numbers eventually declined. In 1960, there were 1,677 patients in St Brendan’s; by 1970, this had been reduced to 1,223; and by 1980, it stood at 942 (Kelly 2023; p. 138). Fewer patients were admitted; many inpatients moved to community residences; and a small (although significant) number of long-stay patients remained. The establishment of an assessment unit in St Brendan’s in April 1979 was just one of the reforms implemented to achieve this goal: this initiative alone reduced the annual admission rate from 2,676 in 1978 to 1,558 in 1980, by diverting less ill patients to community-based mental health services (Browne 2008; pp. 148–149). This was just one aspect of a protracted, successful programme to accord greater dignity to the mentally ill and, ultimately, close the ‘mental hospital’ at Grangegorman.

At national level, numbers fell too: in 1963, there were 19,801 psychiatry inpatients in Ireland; by 1970, this had fallen to 16,403; and by 1980, it was 13,342 (Daly and Craig 2016; p. 11). Decanting patients from the institutions, including St Brendan’s, continued steadily throughout the 1980s, seemingly heralding a new model of care based on community provision rather than institutions. By 1990, there were 7,334 psychiatry inpatients in Ireland; in 2000, there were 4,230; and in 2014, the number stood at 2,228 – the lowest in over a century. St Brendan’s closed in 2013.

Throughout his career, Browne wrote and co-wrote extensively on a wide range of topics including alcohol dependence syndrome (Browne et al., 1959), psychiatric night hospitals (Bierer and Browne 1960), psychiatry in Ireland (Browne 1963), emotional reactions to the threat of impending death (Browne and Hackett 1967), the ‘dilemma of the human family’ (Browne and Kiernan 1967), LSD (Fernandez et al., 1973), screening psychiatric admissions at St Brendan’s (McGennis et al., 1980), playwright Thomas Murphy (Browne 1987), the nature of society (Browne 1988), how psychotherapy works (Browne and Kenny 1989; Kenny and Browne 1989), psychological trauma or ‘unexperienced experience’ (Browne 1990), contemporary psychiatry (Bracken et al., 2012), therapeutic communities, psycho-social problems, and living system theory, among many other topics (Browne 2013; pp. ix–x).

Browne’s 2008 book, *Music and Madness*, made considerable impact on publication (see, for example: Benson 2008; McCaffrey 2008; O’Shea 2008; Kelly 2008) and contains a rare first-hand account of lobotomy in Ireland (Browne 2008, pp 49–51). His 2013 book, *The Writings of Ivor Browne – Steps Along the Road: The Evolution of a Slow Learner*, presented a collection of writings drawn from his career (Browne 2013; see also: Crumlish 2013). Overall, Browne’s articles, papers, book chapters, and books are notable for their continuous empathic awareness of individual suffering, which was always central for Browne.

Browne practiced psychotherapy and developed a particular interest in the effects of trauma on the body and mind. His therapeutic approach was informed by his understanding of unprocessed trauma as a ‘frozen present’ which needed to be resolved (Browne 2008; pp. 284–309; Phillips 2014). Against this background, Browne pioneered novel and, at times, unorthodox

treatments at St Brendan’s (Bielenberg 2024). Some people have provided fascinating accounts of his ketamine-assisted psychotherapy in the 1990s, including John Waters (Waters, 2010a; pp. 11–19; Waters, 2010b), Colm Tóibín (Tóibín 2008), and Browne himself (e.g., Carroll 2010). Other people had different experiences of this therapy, which, regrettably, was not structured as a formal research study. The programme was later discontinued. In recent times, there has been a resurgence of interest in psychedelic-assisted psychotherapy which is now being explored chiefly on a research basis (Kelly et al., 2022), with greater emphasis on patient selection, dosage regimes, consent processes, and studying outcomes (e.g., Goodwin et al., 2022). Hopefully, evidence will support systematic clinical utility for these novel approaches in the years ahead.

Browne had many other involvements over the course of his long career. In 1968, he conceived, established, and was director of the Irish Foundation for Human Development (1968–1979) (Kelly 2016). Out of this grew the North West Centre for Learning and Development and the Inner City Trust which transformed the city of Derry, making it a model for the Prince of Wales’s urban village development project and other urban renewal developments around the world. In 1980, when David Norris (later Senator) challenged Ireland’s laws on homosexuality, Browne gave strong evidence in the High Court in support of change (Anonymous 1980; Kelly, 2017b). In 1983, Browne was appointed chairman of the group of European experts set up by the European Economic Community for the reform of psychiatry in Greece (Browne et al., 1984; Healy 1992). Browne also had a significant public profile, appearing often on television (e.g., O’Mahony 2023).

Following his retirement from the Eastern Health Board and University College Dublin (UCD) in 1994, Browne continued his clinical work and pursued his interests in stress management, how the brain processes traumatic experience, and living system theory, as well as Sahaj Marg meditation, which he practiced since 1978. He continued to see people at his home, engaged with numerous therapists, writers, and artists, and featured in Alan Gilsean’s remarkable documentary ‘Meetings with Ivor’ (Parzival Productions, 2017) (O’Reilly 2024).

Browne was a public figure who occasionally attracted controversy. In 1996, he was censured by the Medical Council in connection with an impossibly complex matter relating to confidentiality, which is detailed elsewhere (O’Toole 1997; Browne 2008, pp. 277–283; Kelly and Houston 2020, pp. 170–173; De Bréadún 2024; McCarthy 2024). As psychiatrist Anthony Clare said at the time, he had ‘never in 25 years been in a situation where the conflict was quite as sharp as this’ (Kelly and Houston 2020; p. 171). Despite the censure, the Medical Council found that Browne had acted in the best interests of his patient at all times (O’Toole 1997; Kelly and Houston 2020; O’Toole 2024). Browne did not regret his actions (De Bréadún 2024), and, in *Music and Madness*, wrote that ‘as for me, I would do it all again’ (Browne 2008, p. 283).

For a doctor with senior positions in healthcare and academia, Browne was remarkably unorthodox and iconoclastic. He was a captivating educator who had a lasting impact on many medical students and trainee doctors (e.g., Fitzpatrick 2024). Following Browne’s death in January 2024, Professor Colm McDonald, Professor of Psychiatry at the University of Galway, commented that ‘to myself as a medical student in St Brendan’s, [Browne] was inspirational, charismatic, iconoclastic, insightful, exciting, authentic, caring and warm-hearted. He stimulated several of us to choose psychiatry’.

Many of Browne's patients and clients have spoken publicly about their meetings and treatment with him (e.g., Millett 1991, p. 249; O'Doherty 2012; Pearson 2019; Roddy 2024). Psychiatrist Dr John Tobin described Browne as 'a wonderful charismatic man, compassionate, forever patient and kind. He was a giant among men. He taught me many things that helped me in my career as a psychiatrist. In many ways he was well ahead of his time. I am forever indebted to him'.

There were many tributes following Browne's death (e.g., Cosgrove 2024). President of Ireland Michael D. Higgins pointed to Browne's systemic impact on the treatment of mental illness:

'In fearlessly challenging what was a dehumanising system, Ivor Browne liberated countless individuals in institutional care and introduced a number of pioneering ground-breaking therapies to Ireland. His work confronted, and helped to change and reshape, the then prevalent thinking towards mental illness in Ireland. His respect for the dignity of those under his care was renowned and is often recalled by his former patients.

Among Ivor's most valuable contributions in developing a more progressive approach to psychiatry and psychotherapy in Ireland was his concept of trauma of 'the frozen present', of unprocessed emotions, a radical idea that became a key part to understanding how he looked at psychiatric and psychotherapeutic work' (Higgins 2024).

Ivor Browne leaves many legacies. Perhaps the most profound is the least tangible: the additional liberty enjoyed by thousands of people with mental illness who avoided institutionalisation as a result of the reforms which Browne came to represent. Today, community care remains uneven across the country, and admission rates are now very low, resulting in people with mental illness in prison and homeless. But the solution lies chiefly in better community support, and judicious, proportionate improvements in inpatient care, rather than recreating the large psychiatric institutions that persisted for almost two centuries in Ireland (Kelly 2016), waiting for a reformer like Browne to appear, to lead his similarly reformist colleagues in making historic change.

Browne was survived by his large blended family, which includes seven children, ten grandchildren, two great grandchildren, as well as numerous in-laws, nephews, and nieces. He was predeceased by his loving wife and partner of thirty-five years, June, his siblings, Valentine and Ismay, and his first wife, Orla.

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Ethical standards. The author asserts that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008. The author asserts that ethical approval for the publication of this paper was not required by their local ethics committee.

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