Supplementary Material

Interviewer's Topic Guide

1. What do you understand by 'functional' and 'organic'?
   a. How do you think they relate to each other?
2. How have you come to this understanding?
   a. How, if at all, has your understanding changed? What led to this change?
3. What purpose(s) do these concepts serve?
4. How do you and others use the concepts?
   a. Tell me about times you might use the concepts differently.
   b. Tell me about your experiences with the concepts.
   c. How do these uses relate to one another?
   d. Could you describe the events led to that experience/you using the concept(s)?
   e. What do you recall thinking then?
   f. What happens when you use the concept(s)?
   g. What about in your clinical work? (if haven't mentioned)

Ending questions

A. Is there something else we haven't talked about that you think is important for me to understand?
B. Do you have some questions for me?

Table S1. Codes for "organic" identified during analysis.

Codes for "organic"
Defining organic as identifiable physical aetiology
Conceptualising organic as objectively evidenced
Equating organic with physical
Being able to separately describe cause and effect for 'organic'
Conceptualising 'organic' as that which can't functionally
Connecting organic processes to behaviour
Discounting organic diagnosis when scan results contradicted usual pattern
Distinguishing between organic' disease and an illness state
Noting influence of psychosocial factors and culture on 'organic' problems
Positing 'organic' as more than just structural changes
Using 'organic' to mean structure implying dualism

Table S2. Codes for "functional" identified during analysis.

Code for "functional"
Attributing functional to psychosocial factors
Defining functional as absence of physical aetiology
Defining functional as abnormal function
Conceptualising functional as having multiple different causes
Believing functional has positive signs
Conceptualising 'functional' as inconsistency between symptoms & pathology
Defining 'functional' as non-organic'
Conceptualising 'functional' as the extreme end of a universal spectrum
Conceptualising functional as dissociation
Conceptualising functional as involving false belief that organic
Conceptualising functional as miscommunication
Connecting all different ways 'functional' symptoms can present together in one syndrome
Defining 'functional' as ability to carry out daily tasks of living
Needing a holistic approach to 'functional' problems
Positioning hysteria or conversion disorder as archetypal functional illness
Assuming mind to be a thing or substance
Assuming problems presenting to psychiatry are 'functional'
Attributing functional symptoms to social factors
Attributing functional symptoms to a physiological trigger
Being less able to separate out cause and effect for 'functional'
Categorising according to impairment for functional
Categorising functional as one of multiple non-organic causes
Conceptualising 'functional' as a metaphor of human body as a machine
Conceptualising functional as basic needs
Conceptualising functional as denoting a reason for presentation
Conceptualising FND as not fitting into typical physical or mental health presentations
Conceptualising functional as more than just non-organic
Conceptualising functional as unusual movement
Conceptualising functional diagnosis as subjective
Connecting functional with structural change
Contrasting functional to rest of neurology
Deeming functional when symptoms fluctuate more than expected for organic
Defining 'functional overlay' as when symptoms cannot be explained by confirmed 'organic' alone

Defining functional as a different kind of physical

Distinguishing between functional mental health and functional physical disorders

Distinguishing between functional neurological and bladder or intestinal symptoms

Functional combining physical body and life experiences

Labelling symptoms as functional when they don't disappear with the physiological trigger

Making distinction between emotional and physical symptoms in FND

Needing to put more thought into understanding 'functional' problems

Positioning 'functional' and psychiatric symptoms as having big overlap

Separating FND from functional psychiatric conditions

Separating functional symptoms from the brain

Supporting idea of 'functional' rather than structural problem via imaging

Synonymising functional and somatisation