VELO—X · PREDICTIVE ERROR INDUCTION SYSTEM

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When to Stop

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01 — Adverse Pattern Recognition

The following patterns indicate that the protocol should be paused or terminated. None of them are rare. Most users who push past the threshold experience at least one of them.

This document is not a diagnostic tool. If you experience severe psychiatric symptoms, consult a qualified professional. This guide addresses protocol-related patterns in otherwise healthy users.

MILD **Sleep onset difficulty**

Taking more than 30 minutes to fall asleep when baseline was under 15. Usually resolves with 3-night pause. If persistent, reduce cue frequency.

MILD **Mid-night waking (unexplained)**

Waking 2–3 times per night without obvious cause. Often accompanies calibration drift or intensity settings above personal threshold.

MILD **Daytime irritability**

Increased reactivity that correlates with heavier cue nights. Not acute enough to disrupt function, but persistent across multiple days.

MODERATE **Glossy fatigue**

A quality of tiredness described as 'polished' or 'varnished' — not sleepiness but a subtle dulling of sensory sharpness. First documented by the community. Not yet understood mechanistically.

MODERATE **Hypnagogic intrusion**

Dream imagery appearing involuntarily during daytime relaxation or just before sleep. Not unusual in isolated instances, but if frequent it suggests the boundary between sleep states is becoming permeable.

MODERATE **Anticipatory sleep monitoring**

Going to bed in a state of alert anticipation about the device. Lying awake waiting for the cue. This directly undermines the protocol and the device's effectiveness. Pause immediately for 5 nights.

HIGH **Persistent reality questioning**

Spontaneous, serious uncertainty about waking state during normal daytime activity. Distinct from deliberate reality checks. If this occurs more than once or twice, discontinue immediately.

HIGH **Dream-reality confusion on waking**

Being genuinely uncertain, for more than a few seconds on waking, whether recent events were real or dreamed. This is a stop signal.

02 — Sleep Debt and HRV Markers

The device HRV readings are not clinical-grade, but they are sufficient for trend monitoring. The following HRV patterns warrant pausing the protocol:

RMSSD declining trend: three or more consecutive nights where RMSSD is more than 10% below your personal 14-night baseline.

HRV gate triggered frequently: if the app shows the HRV gate blocking cues on more than 50% of REM windows, the protocol is likely running during a period of physiological stress. Pause until the gate opens.

Post-cue HRV suppression: if RMSSD drops consistently in the 30 minutes after a cue night compared to non-cue nights, this may indicate that the cue is producing a stress response even without arousal.

Sleep debt indicators (non-HRV):

- Sleep latency below 5 minutes every night for a week
- REM percentage above 30% of total sleep time (recovery REM)
- Difficulty waking at consistent time despite adequate sleep duration

Any of these is a reason to pause the protocol for 7 days before resuming.

03 — Dissociation and Threshold Signs

Mild dissociative experiences are not uncommon during intensive lucid dreaming practice. They are also a stop signal.

The threshold is not a specific symptom — it is the transition from experiences that are interesting to experiences that are destabilizing. Only you can identify that threshold for yourself. This section describes common presentations, not a clinical definition.

Common pre-threshold experiences (monitor, do not necessarily stop):

- Heightened vividness of ordinary sensory experience
- Increased awareness of background sensory detail
- Momentary derealization in low-stimulation environments
- Dreams that feel more 'real' than usual after waking

Stop signals:

- Sustained derealization (minutes, not seconds)
- Depersonalization: feeling detached from your own actions or identity
- Intrusive thoughts with dream-quality imagery during waking
- Loss of confidence in the reliability of your own perceptions

If any stop signals occur: discontinue device use. Give yourself 14 days minimum before reassessing. If symptoms persist for more than 72 hours after discontinuation, consult a mental health professional.

04 — Wind-Down Protocol

Do not stop abruptly if you have been using the device consistently for more than three weeks. A gradual wind-down reduces the chance of rebound effects (disrupted sleep, vivid nightmares, heightened REM pressure) in the nights following discontinuation.

Standard wind-down: 5 nights

- Night 1–2: Reduce cue frequency to every other night.
- Night 3–4: Continue every other night at 50% intensity.
- Night 5: Final monitoring-only night (passive, no cues). This gives the device a clean session log baseline for potential future resumption.

Accelerated wind-down (adverse symptoms present): 3 nights

- Night 1: Monitoring only, no cues.
- Night 2–3: Device off.

After wind-down, give yourself at least 7 cue-free nights before deciding whether to resume. Most users who pause and return report better outcomes than those who push through adverse periods.

Data from your sessions is retained in the device and app. Your baseline model will be re-used if you resume within 6 months. After 6 months, run a new calibration night before restarting.