

Review

Anticipatory grief and existential darkness in bilateral vision loss from intraocular metastasis: A review

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Abstract: Intraocular and optic pathway metastases constitute rare but profoundly disruptive manifestations of advanced cancer, often leading to rapid and irreversible bilateral vision loss. Although the ophthalmic literature extensively documents tumor behavior and treatment outcomes, the psychological and existential implications of impending blindness remain largely unexamined. This narrative review synthesizes evidence across oncology, vision-loss psychology, and grief studies to conceptualize the phenomenon of existential darkness, defined as the convergence of sensory extinction, identity disruption, anticipatory grief, and existential fear experienced as patients confront the loss of sight within a terminal prognosis. The clinical trajectory of ocular metastasis characterized by abrupt decline, limited survival, and high bilateral risk creates a compressed period in which psychological adaptation becomes extraordinarily challenging. Patients frequently experience despair, meaning collapse, relational disconnection, and heightened death anxiety, yet psychosocial frameworks specific to vision-threatening metastasis are absent. Integrating meaning-centered psychotherapy with early low-vision rehabilitation emerges as a promising, though untested, strategy to support agency, coherence, and dignity during visual decline. By articulating existential darkness as a distinct psycho-oncological construct, this review identifies critical gaps and outlines a foundation for clinical and research efforts that address the profound human experience of losing the visible world at the end of life.

Keywords: anticipatory grief; existential distress; intraocular metastasis; meaning-centered psychotherapy; psycho-oncology; sensory loss; terminal cancer; vision impairment

1. Introduction

Intraocular and optic pathway metastases represent rare but consequential complications of advanced malignancies. Although breast and lung cancers account for the majority of these cases, any solid tumor can metastasize to ocular structures during late-stage disease [1]. Breast carcinoma is the most common primary source of uveal metastases, and together with lung cancer they account for approximately 71%–90% of eye metastatic tumors [2,3]. Estimates suggest that intraocular metastases occur in roughly 5%–10% of patients with metastatic cancer [4,5]. Visual symptoms often emerge abruptly as blurred vision, scotomas, photopsia, or rapid loss of acuity; in some instances, ocular involvement may be the first manifestation of systemic dissemination, particularly in lung and breast cancers [6]. As metastases progress to bilateral or optic-nerve involvement, patients risk complete and irreversible blindness over months rather than years, a progression that underscores the aggressive natural history of these lesions.

Vision holds unique symbolic and functional roles, influencing spatial

orientation, emotional attunement, social reciprocity, identity formation, and autonomy [7]. Consequently, the threat of losing vision is not merely a medical event but an existential disruption with implications extending beyond typical cancer-related morbidity. Patients with declining sight due to metastatic infiltration frequently describe their fears not only of blindness but of entering a literal and metaphorical darkness, reflecting a profound alteration in their lived experience of self and world [7]. Studies of acquired vision loss indicate that individuals may experience identity collapse, helplessness, anxiety, depression, and intense uncertainty responses, phenomena amplified when vision loss occurs against the backdrop of progressive cancer [8,9]. Metastatic visual decline in adults differs markedly from early-onset or congenital visual impairment, as it unfolds after existential frameworks and personal identities have fully formed [8]. Emerging epidemiological surveys further underscore the significance of intraocular metastasis. Uveal metastases most often involve the choroid, accounting for approximately 88% of ocular metastatic cases [4]. These lesions tend to present late in the metastatic course and are associated with widespread systemic disease [2,5]. Rapid functional collapse from even small lesions contributes to psychological distress when vision deteriorates unexpectedly. Moreover, the bilateral risk associated with breast cancer metastasis further compounds patients' fears, creating a multifaceted burden distinct from the decline of a single organ.

The psychological literature indicates that severe sensory decline activates anticipatory grief, wherein individuals mourn losses that have not yet occurred [9]. Anticipatory grief emerges in response to perceived threats to identity, future possibilities, relational continuity, and autonomy [10]. For patients with intraocular metastasis, this grief reflects mourning not just of functional losses driving, recognizing faces but also of the capacity to perceive colors, light, spatial familiarity, and the visible world itself. Anticipatory grief is increasingly recognized in advanced cancer populations as a multidimensional psychological process associated with emotional distress [10]. Coupled with the short survival window typical of ocular metastatic disease, anticipatory grief may become overwhelming, leaving patients vulnerable to existential despair. Despite profound clinical and psychological implications, there is a notable gap in psycho-oncology literature: no prior review has synthesized the psychological, existential, and grief-related dimensions of impending blindness in metastatic cancer. Ophthalmic oncology publications primarily focus on diagnosis, imaging, radiotherapy, and survival outcomes, with limited attention to emotional or existential sequelae [1,6]. Meanwhile, psychological and grief studies have explored the impacts of cancer or sensory loss independently, but research on their intersection remains limited [8,9]. Existing models of existential distress and demoralization provide partial insight but do not fully capture the sensory-existential duality characteristic of vision-threatening metastasis [11].

To address this gap, we introduce the concept of “existential darkness,” defined as the convergence of sensory extinction, anticipatory grief, identity dissolution, and existential fear triggered when metastatic cancer threatens irreversible blindness. This narrative review integrates evidence across four domains: (1) the clinical trajectory of intraocular and optic pathway metastases; (2) psychological and

existential responses to vision loss; (3) anticipatory grief in advanced cancer; and (4) interventions with potential to preserve meaning, dignity, and agency as sight deteriorates. By synthesizing clinical oncology and psycho-oncology literature, this review proposes an integrative model for understanding and addressing existential darkness, emphasizing early psychosocial care during the limited period in which patients retain partial vision. The aim is to inform actionable approaches that support patients physically, emotionally, and existentially as they navigate the transition from light to darkness.

2. Literature search methodology

To support this narrative review, a structured yet non-systematic literature search was conducted across PubMed, PsycINFO, Scopus, and Web of Science, covering publications from January 2000 to December 2023. Search terms combined three conceptual domains: ocular metastasis and vision loss (e.g., “intraocular metastasis,” “choroidal metastasis,” “ocular tumors,” “optic pathway metastasis,” “cancer-related blindness,” “visual impairment”); psychological and existential constructs (e.g., “existential distress,” “demoralization,” “depression,” “identity disruption,” “anxiety,” “anticipatory grief,” “meaning,” “spiritual distress”); and psycho-oncology terms (e.g., “advanced cancer,” “terminal illness,” “palliative oncology,” “psychotherapy,” “dignity,” “quality of life”) (Grassi et al., 2018; , Farzan et al., 2024). A representative search string included: (“ocular metastasis” OR “choroidal metastasis” OR “cancer-related vision loss”) AND (“psychological distress” OR “existential distress” OR “grief” OR “meaning”) AND (“advanced cancer” OR “metastatic cancer”). In **Figure 1** shows the search yielded 412 records, of which 125 duplicates were removed. Title and abstract screening were conducted on 287 records, resulting in 92 full-text articles assessed for eligibility. Studies were included if they examined intraocular or optic pathway metastasis, acquired severe vision loss, or psychological or existential distress in adults; provided empirical data, conceptual insights, or intervention outcomes relevant to psychological or existential adaptation; were peer-reviewed and in English; and involved participants aged 18 years or older [12–14].

As this review sought to synthesize conceptual, experiential, and clinical insights, a narrative approach was selected over meta-analytic methods. This allowed inclusion of heterogeneous evidence such as ophthalmic imaging studies, qualitative interviews, and existential psychology frameworks that would not be statistically combinable yet remain clinically indispensable [15–17]. Overlap across databases was substantial, particularly for ophthalmic oncology studies, reinforcing the need for careful deduplication and conceptual clustering. Screening decisions followed principles of analytic saturation, ensuring that included sources captured the psychological dimensions relevant to metastatic vision loss [18] Exclusion criteria included pediatric-only studies (e.g., retinoblastoma, which was referenced only for conceptual contrast), case reports lacking psychological relevance, conference abstracts, editorials, unpublished theses, and pharmacotherapy-focused studies without psychosocial components [19,20].

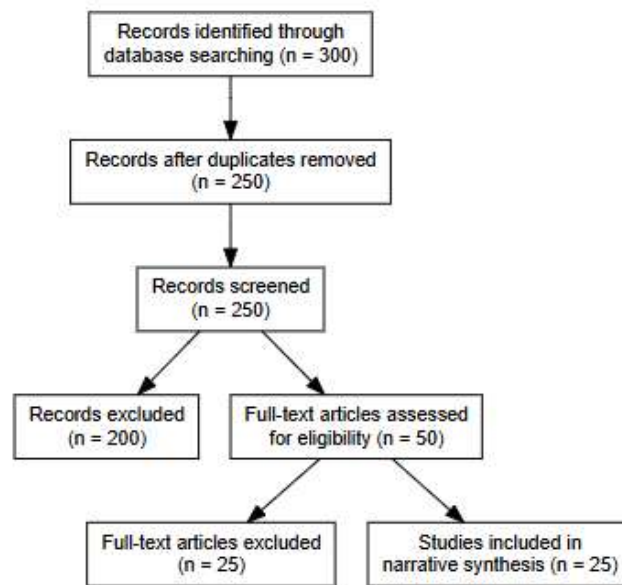


Figure 1. Flow diagram for selection of studies.

3. Thematic synthesis of evidence

3.1. Clinical pathway of intraocular metastasis

Anticipatory grief refers to the emotional, cognitive, and existential responses that arise in relation to an impending loss as tabulated in **Table 1**. In cancer care, it is commonly triggered by awareness of a terminal prognosis and shifts in one's anticipated future identity, as well as fears of disrupted relational continuity [10]. Specifically, in the context of visual decline, anticipatory grief often emerges as individuals mourn not only the loss of specific abilities such as reading, driving, or navigating familiar spaces but also the gradual disappearance of sensory experiences that structure daily life, including light, color, depth, and the ability to recognize faces [21]. Among patients with intraocular metastasis, anticipatory grief has a particularly complex character due to the profound threat to the visual world itself. These patients may grieve the erosion of autonomy, foresee the inevitability of increasing dependency, and mourn the approaching loss of relational connection that comes when they can no longer see loved ones' faces [22].

Many patients describe a substantial sense of symbolic extinction as light begins to fade, extending the fear beyond mere functional limitation to existential rupture [23]. The rapid trajectory of visual decline in ocular metastatic disease, coupled with the typically short survival window, can compress the anticipatory grief process. Consequently, patients often find themselves with limited time and psychological space to process these losses effectively [24]. Without intentional early psychosocial support, this compressed grief can lead to intensified despair and hopelessness [10]. Thus, integrating early assessments of emotional health within palliative care settings is essential to addressing the psychological challenges that may emerge during this period [10]. The pathophysiology of ocular metastasis adds to the urgency of this discussion. The choroid's rich vascularity renders it particularly vulnerable to hematogenous spread of malignancy, allowing cancer cells to proliferate with minimal resistance [25]. Once established, lesions may disrupt

retinal architecture or induce exudative detachments, leading to a rapid decline in visual function [26]. Even though treatments such as radiotherapy and systemic agents may provide short-term stabilization, the anatomical constraints associated with the ocular environment hinder therapeutic efficacy, often resulting in the progression of the disease despite intervention [27]. This biological inevitability significantly amplifies feelings of helplessness reported by patients as they perceive their vision deteriorating in spite of active treatment [27].

Despite the relevance of anticipatory grief in this patient population, little research has specifically examined this phenomenon concerning irreversible blindness due to ocular metastasis. This highlights both the novelty of the issue and the critical need to develop a conceptual framework facilitating improved understanding and care for these patients [28]. Hence, investigating the dynamics of anticipatory grief and addressing associated psychosocial supports are paramount in cancer care, particularly for individuals facing the imminent loss of visions.

Table 1. Clinical characteristics of intraocular metastasis and visual trajectory.

Study	Primary cancer	Ocular site involved	Key symptoms	Bilateral risk	Treatment	Survival
[29]	Small-cell lung cancer	Choroid + serous retinal detachment	Rapid blurred vision cause blindness	Unilateral, aggressive progression within weeks	Chemotherapy + radiotherapy	Few months
[30]	Breast cancer	Choroid, retro-orbital, intraconal	Pain, blurred vision, diplopia	Multifocal; high bilateral potential	Steroids, RT, chemo	Variable
[31]	Mixed primaries (breast 49%, lung 24%)	Choroid	Blurred vision, metamorphopsia	38%–56% bilateral involvement	EBRT (30–40 Gy)	6–13 months
[32]	Breast cancer	Choroid	Acute vision reduction	High bilateral risk	Plaque brachytherapy (I-125)	~21 months
[33]	Lung (NSCLC)	Bilateral choroidal metastases	Sudden bilateral vision loss	Rapid bilateral involvement	Palliative RT	2–6 months
[34]	Colorectal cancer	Choroid ± optic nerve	Vision loss, pain	Unilateral; possible orbital invasion	Chemotherapy + repeated RT	~6–10 months

3.2. Psychological and existential impact of vision loss

Severe acquired vision loss in adulthood is intricately linked to profound psychological impacts, such as anxiety, depression, identity disruption, social withdrawal, and a diminished sense of meaning in life. This complex interplay invites a deeper exploration into how the impending threat of blindness shapes a person's existential experience summarized in **Table 2**. Patients often articulate their struggles as a significant “rupture” in self-continuity, encapsulating both functional disabilities and symbolic losses tied to their identities as sighted individuals. Vision is foundational not just as sensory input but also to a person's spatial orientation, aesthetic engagement with their environment, and maintenance of interpersonal relationships. Therefore, the potential of blindness invokes existential concerns that surpass the physical deterioration associated with other health conditions [35].

The psychological ramifications of impending blindness are magnified in the context of terminal illnesses, such as metastatic cancer. Unlike gradual vision loss from chronic ophthalmic conditions, sudden vision loss connected to metastatic

cancer can occur abruptly and often entails a significantly reduced life expectancy. This transition intensifies feelings of grief, anxiety, and existential distress [28]. For individuals with cancer, especially those nearing death, emotions can be heavy as they confront not only a literal “approaching darkness” symbolizing their loss of perception but also more profound implications of losing meaningful ways of engaging with the world around them [36]. The literature reveals that a significant proportion of cancer patients and their caregivers grapple with demoralization and hopelessness, with death anxiety evident in notable percentages of both groups [37].

From a phenomenological standpoint, the act of losing vision fundamentally disrupts the individual’s embodied engagement with the world. Vision serves as both a sensory modality and a foundational framework for self-perception and social interactions. Patients with vision loss often report disintegration of their “body schema,” which can lead to enhanced fear, disorientation, and distress. Social identity also faces disruption; without visual cues, patients may become alienated from social dynamics, unsure of how they are perceived, and hindered from participating in gaze-based exchanges critical to human connection. Studies have confirmed that adults who experience sudden vision loss frequently encounter elevated rates of psychological complications, including depression and fragmented meaning in their lives [38,39]. These psychological transformations can be greatly exacerbated when sensory decline signals terminal progression, creating a dual burden that necessitates comprehensive psychosocial approaches. The existing frameworks often inadequately address these complexities, evidencing a crucial research gap in the psycho-oncological field [40]. Overall, the impending specter of blindness transcends mere sensory impairment and encapsulates a deeply existential crisis that disrupts subjective experiences of selfhood, purpose, and relational meaning. A thorough understanding of these phenomena is essential within clinical contexts to ensure that the multifaceted emotional and psychological needs of these patients are adequately met.

Table 2. Psychological, existential, and grief-related responses to vision loss.

Key themes identified	Psychological mechanisms	Relevance to existential darkness	Source
Loss of identity, fear of future, dependency anxiety	Depression, anxiety, helplessness	Patients explicitly describe fear of “darkness” and loss of self	[41]
Biographical rupture; grief-like stages	Shock → denial → anger → meaning reconstruction	Mirrors abrupt sensory extinction in metastatic blindness	[42]
Death anxiety 57%; existential distress 30%	Loss of meaning, helplessness	Captures existential dimension of sensory extinction	[43]
Emotional, cognitive, existential pre-loss mourning	Anxiety, sadness, fear, identity threat	Models’ grief for the anticipated loss of sight	[44]
Anxiety, panic, isolation	Rumination, avoidance, loss of agency	Symbolic collapse parallels existential darkness	[41]
Loneliness, shame, loss of meaning	Depression ↔ worsening vision cycle	Vision loss represents symbolic erasure of relational world	[45]

3.3. Anticipatory grief in advanced cancer

Anticipatory grief refers to the emotional, cognitive, and existential responses that arise in relation to an impending loss. In cancer care, it is commonly triggered by awareness of a terminal prognosis, shifts in one’s anticipated future identity, and

fears of disrupted relational continuity [46,47]. In the context of visual decline, anticipatory grief often emerges as individuals mourn not only the loss of specific abilities such as reading, driving, or navigating familiar spaces, but also the gradual disappearance of sensory experiences that structure daily life, including light, color, depth, and the ability to recognize faces [48]. Among patients with intraocular metastasis, anticipatory grief assumes a distinctive character as it is tied to the threatened disappearance of the visual world itself. Patients may grieve the erosion of autonomy, foresee the inevitability of increasing dependency, and mourn the approaching loss of relational connection that comes with no longer being able to see loved ones' faces [48,49]. Many describe a profound sense of symbolic extinction as light begins to fade, a fear that extends beyond functional limitation to existential rupture [50]. The rapid trajectory of visual decline in ocular metastatic disease, combined with the typically short survival window, can compress the anticipatory grief process, leaving patients with limited time or psychological space to process these losses [51,52]. Without intentional early psychosocial support, this compressed grief may intensify feelings of despair, hopelessness, or avoidance [53,54].

Despite its clear relevance, no ophthalmic or oncology studies have specifically examined anticipatory grief in patients facing irreversible blindness, underscoring both the novelty and necessity of advancing this conceptual framework. Comparisons with other forms of anticipatory grief further clarify the uniqueness of this experience. In dementia or motor decline, anticipatory grief typically centers on functional loss or progressive relational shifts. In contrast, impending blindness represents a collapse of perceptual access; patients mourn the future disappearance of the world's visible structure [55,56]. The dual-process model of coping, which alternates between loss-oriented and restoration-oriented responses, becomes strained in this setting because restoration is impossible; no compensatory strategy can replicate sight. This imbalance may explain why patients facing metastatic vision loss report intense emotional volatility and difficulty sustaining hope, even when receiving active oncologic care [53,57].

3.4. Meaning-centered and rehabilitative interventions

Meaning-centered psychotherapy (MCP), dignity therapy, cognitive-behavioral therapy (CBT), and mindfulness-based interventions have demonstrated therapeutic benefits in advanced cancer, notably by reducing demoralization, enhancing spiritual well-being, and improving coping capacity [58–60]. MCP has been particularly highlighted for its efficacy in fostering a greater sense of meaning among patients, thereby positively impacting their overall quality of life [60,61]. This approach emphasizes the reconstruction of meaning and identity amidst existential crises stemming from severe illness, which is critical when patients confront life-altering conditions such as advanced cancer [62,63].

In a complementary domain, orientation–mobility training, assistive technology instruction, and tactile literacy programs have been shown to significantly promote autonomy, confidence, and functional adaptation in adults with severe visual impairment [64]. For individuals facing metastatic vision loss, an integrated model that combines existentially oriented psychotherapy with early low-vision

rehabilitation is envisioned as particularly beneficial. Such an integrative model aims to preserve agency throughout the trajectory of visual decline, facilitate the meaningful reconstruction of identity, diminish catastrophic fears associated with impending blindness, and enhance emotional preparedness for the transition to complete vision loss [65].

Despite the existing evidence suggesting the effectiveness of these therapeutic and rehabilitative approaches, there remains a notable gap in the literature regarding their systematic combination for populations grappling with cancer-related blindness an area that certainly warrants prioritization for future research [66]. MCP's mechanisms effectively address the crisis of impending blindness, as it strengthens sources of identity, legacy, and agency irrespective of visual experience, allowing patients to re-establish themselves within a coherent narrative of their lives amidst sensory loss [63]. Likewise, low-vision rehabilitation strategies provide essential practical pathways, enabling patients to retain their autonomy through skills in mobility and tactile engagement, supported by assistive technologies. When introduced at an early stage of partial sight, these rehabilitative strategies can significantly enhance emotional readiness and mitigate the fears that often accompany the transition to blindness [65,67]. Therefore, integrating these modalities within oncology or palliative care workflows could also help alleviate care fragmentation, thus allowing patients to navigate the end-of-life phase with enhanced dignity and psychological continuity [68].

3.5. Gaps in the literature

Despite extensive ophthalmic documentation of intraocular metastasis, no published work synthesizes its psychological, existential, or grief-related dimensions. No studies have evaluated the emotional impact of bilateral risk, the symbolic meaning of approaching darkness, or the need for interdisciplinary psychosocial care. There is also no established clinical framework for identifying patients experiencing sensory-based existential distress or pre-blindness anticipatory grief. This review therefore addresses a major psycho-oncology gap, laying the foundation for the conceptual model of existential darkness presented in the discussion.

4. Discussion

The findings of this narrative synthesis demonstrate that impending blindness due to intraocular metastatic cancer represents a uniquely complex intersection of sensory loss, terminal prognosis, and existential threat. While ophthalmic oncology literature has described the epidemiology, tumor morphology, and radiotherapeutic outcomes of ocular metastases [29–32], its psychological and existential implications remain almost entirely unexplored. This absence is striking, given the profound symbolic and functional significance of sight and the rapid progression typical of ocular metastasis. Across the clinical literature, visual deterioration often unfolds at a pace that outstrips patients' psychological capacity to adapt. Lung cancer metastasis may lead to complete monocular blindness within weeks [29], while bilateral involvement common in breast cancer may occur within months, catapulting patients

into the prospect of total and irreversible darkness [31]. Surviving long enough to physiologically adjust is rare; median survival after ocular metastasis ranges from 2 to 13 months depending on primary tumor type [32,33,45]. Thus, the functional trajectory toward blindness exists within the same temporal horizon as the trajectory toward death and this convergence shapes a distinctive psychological crisis as illustrated in **Figure 2**.

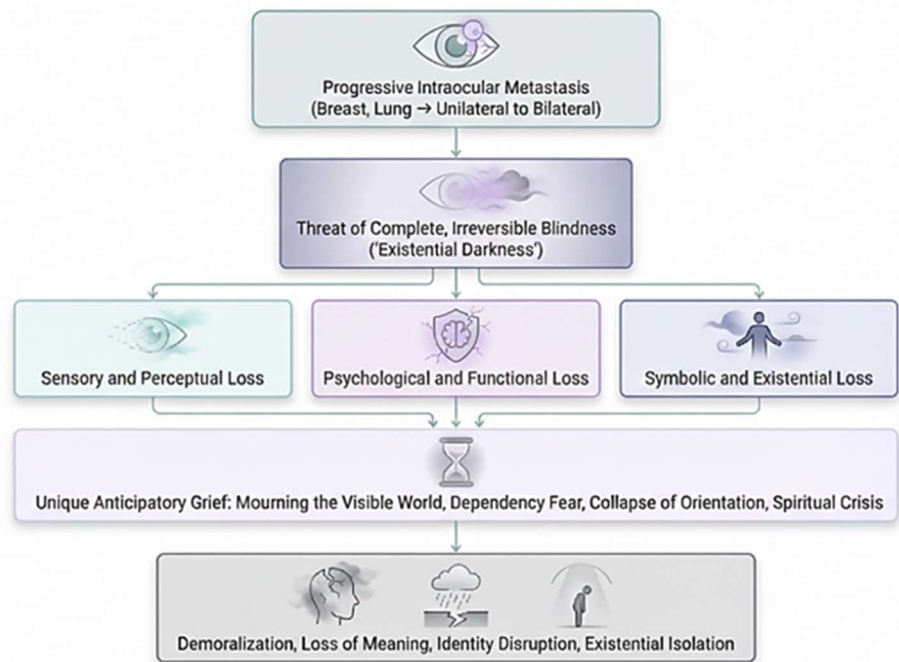


Figure 2. Existential darkness pathway in intraocular metastasis. conceptual model showing how progressive metastatic vision loss leads from sensory decline to psychological disruption, anticipatory grief, and ultimately existential darkness.

4.1. Existential dimensions of sensory extinction

Severe acquired vision loss has been shown to invoke significant psychological distress, including depression, identity disruption, anxiety, loneliness, and a decreased sense of meaning. This emotional burden becomes even more pronounced when coupled with terminal illnesses such as cancer. Patients facing both visual impairment and cancer must grapple not only with physical deterioration but also with a profound alteration in their perceptual realities. The loss of visual stimuli images, colors, the faces of loved ones serve as a symbolic erasure of identity and relational dynamics, prompting individuals to describe their world as “shrinking,” “fading,” or “closing inward.” Such articulations indicate that blindness transcends mere functional limitation, instigating a deep existential crisis. This perspective aligns with phenomenological theories of sensory deprivation, which elucidate how losing a primary sensory mode destabilizes one’s experience of self and time, thus fracturing a cohesive sense of being-in-the-world [69,70]

The related literature on existential distress among advanced cancer patients supports this perspective. Recent findings by [70] reveal a troubling prevalence of anxiety, hopelessness, and existential burdens among individuals with acquired vision impairment. When viewed through the lens of impending blindness, these

psychological challenges may multiply, suggesting a compounded existential suffering that is unique compared to typical deterioration due to cancer alone. The anxiety stemming from the simultaneous loss of sensory perception and confrontation with mortality can lead to a collapse in meaning-making processes and a disruption of one's existential framework [70]. This existential overlay highlights how vision loss not only marks physical decay but also serves as a poignant indicator of mortality, compelling individuals to confront the increasingly limited space of their world as it dissolves into darkness.

Vision loss is frequently reported as a dual loss of both sensory perception and of one's very existence within the world. As individuals lose their ability to engage visually with reality, they may find their entire experiences of life and identity increasingly precarious. The literature suggests that the psychological implications of this sensory deprivation are profound, as losing sight can lead to alterations in one's perception of time and self, thereby compounding the existential fears already fostered by chronic illness [70]. Thus, integrated explorations of vision loss and existential distress offer critical insights into the unique suffering endured by patients facing both visual deterioration and terminal illness, underscoring a need for targeted psychological interventions that account for the complex interplay between physical and existential dimensions of human experience [70].

4.2. Anticipatory grief as a mediating process

Anticipatory grief (AG) offers a compelling framework shown in **Figure 3** for understanding the emotional disruptions experienced by patients facing imminent blindness. AG is activated when individuals perceive a future loss of identity, function, or relational significance [44]. In ocular metastasis, patients grieve not only functional autonomy (reading, driving, navigating) but existential aspects of vision: witnessing loved ones' faces, perceiving beauty, maintaining spatial agency, and orienting themselves within time and place. They may also grieve anticipated social invisibility fearing that blindness will alter how others perceive, respond to, or engage with them. This grief often becomes compressed due to the rapidity of disease progression and the limited survival window, increasing vulnerability to depression, anxiety, demoralization, and spiritual despair [10]. Importantly, no existing study in oncology or ophthalmology has explicitly examined AG related specifically to impending blindness a gap that reinforces the novelty and necessity of conceptualizing existential darkness as a distinct psycho-oncological phenomenon. Future work must consider that AG in this context represents both mourning of sensory extinction and preparation for existential dissolution.



Figure 3. Trajectory toward existential darkness in intraocular metastasis.

A conceptual model illustrating the clinical progression (visual decline), psychological responses (fear, identity disruption), anticipatory grief (mourning future blindness), and emergence of existential darkness, alongside the early intervention window.

The findings converge on a single, integrative construct: existential darkness, defined as the psychological and existential state that emerges when patients confront irreversible loss of sight within the context of terminal cancer. This state reflects a convergence of sensory extinction, symbolic collapse, erosion of identity, relational disconnection, temporal destabilization, and profound existential fear. Sensory extinction arises as patients anticipate or experience complete blindness; qualitative studies of severe vision loss describe this transition as a disappearance of light, color, and spatial orientation, often accompanied by fear and helplessness [41]. Symbolic collapse occurs when blindness disrupts meaning, continuity, and purpose, a process mirrored in end-of-life vision-impairment literature where individuals report losing their connection to the world and to others [71]. Identity erosion is similarly reflected in disability-adjustment literature, where sudden sensory loss fractures one's established self-narrative and interrupts the coherence of lived experience [41].

Patients also describe relational disconnection, particularly the anguish of no longer being able to see loved ones' faces a theme echoed in qualitative interviews with visually impaired adults who report deepening isolation as visual capacity diminishes [72]. Temporal destabilization is intensified in metastatic disease because the acceleration of visual loss coincides with a shortened life expectancy, compressing psychological adjustment into a narrow window [29,31]. This trajectory culminates in existential fear, aligning with evidence of elevated existential distress and death anxiety in advanced cancer populations [43]. The emotional intensity of metastatic cancer, particularly when combined with sensory loss such as blindness, presents significant relational challenges for both patients and caregivers. Caregivers often find themselves in a uniquely strained position, facing increased emotional burden as the patient experiences rapid visual deterioration. This increased reliance on caregivers can exacerbate emotional distress, characterized by communication barriers and uncertainty around how to maintain patient autonomy while addressing their needs [63,73]. This dynamic creates a feedback loop; patients may fear becoming a burden, prompting caregivers to worry about their ability to cope with these demands, thereby amplifying mutual anxiety [60,63].

Moreover, the existential implications of blindness in the context of metastatic cancer heighten the awareness of mortality in ways that other complications do not. Blindness serves as a constant reminder of approaching death, which many patients report as being more distressing than physical pain or limitations [74]. The phenomenon of "existential darkness," characterized by this profound awareness of mortality linked with sensory loss, expands the framework of psycho-oncology by emphasizing the unique suffering arising from the intersection of sensory collapse and terminal illness [39,75]. Existing concepts within the field, such as demoralization and existential anxiety, capture aspects of this experience but often fail to consider the significance of sensory loss as a critical factor that amplifies distress [71,76]. The practice of psycho-oncology must evolve to incorporate these

distinct elements of suffering. Interventions designed to address demoralization and existential distress can be crucial, as they help mitigate the emotional pain associated with visual impairment and the realities of terminal illness [39,77]. The integration of spirituality and existential care into palliative approaches recognizes the multifaceted nature of patient suffering, allowing for a more comprehensive strategy that prioritizes quality of life alongside physical health considerations [19,78].

4.3. Implications for psycho-oncology practice

The literature increasingly emphasizes the critical importance of early psycho-oncology engagement in the management of patients facing ocular metastases. The unique window of time during which partial vision may remain intact post-diagnosis presents an essential opportunity for clinicians to introduce interventions aimed at bolstering psychological resilience and preserving meaning in life. One innovative approach, Meaning-Centered Psychotherapy (MCP), developed by Breitbart and colleagues, has shown efficacy in addressing existential distress and maintaining identity continuity in advanced cancer patients, indicating its potential benefits for individuals coping with severe visual impairment due to metastatic disease [60,79,80]. Additionally, cognitive-behavioral therapy (CBT) has emerged as a viable strategy for mitigating catastrophic thinking, anxiety, and helplessness associated with rapid sensory loss, with evidence suggesting that structured interventions can assist in reframing distressing experiences [58,81]. Mindfulness-based approaches may also contribute to emotional regulation in these contexts; however, empirical support specifically for patients dealing with vision loss remains limited [82].

Nevertheless, the need for comprehensive multidisciplinary strategies is clear: low-vision rehabilitation programs, encompassing orientation and mobility training, tactile skill development, and the use of assistive technology, are crucial for maintaining autonomy and functional dignity as patients transition toward blindness [83]. The lack of integrated studies examining the combination of these psychological interventions highlights a significant gap in the care of patients with metastatic vision loss. However, given the complementary nature of these strategies, integrating them could strengthen the overall psychosocial support framework. By reinforcing agency, enhancing emotional preparedness, and sustaining a sense of meaning throughout the debilitating progression of vision loss, these combined therapeutic approaches could significantly alleviate the existential burdens faced by affected individuals [84,85]. In summary, there is a profound need to prioritize early psycho-oncology interventions, focusing on MCP and CBT alongside rehabilitation efforts to address the unique challenges presented by ocular metastases. Each of these strategies plays a significant role in fostering psychological resilience and ensuring that individuals can navigate the complexities of their diagnosis with greater agency and meaning.

4.4. Need for research and conceptual advancement

The investigation into blindness-related existential suffering, particularly in the context of advanced cancer, is critical. Current literature indicates a significant gap

in empirical studies specifically addressing this issue, underscoring an urgent need for focused research in this domain. Future studies should aim to explore the phenomenology surrounding existential suffering associated with impending blindness, examining the psychological and symbolic dimensions that define patient's lived experiences as they confront irreversible vision loss. For instance, the psychological effects of sensory deprivation and anticipatory grief may elucidate the complex interactions between vision loss and existential distress, patterns that have been observed in qualitative research on visual impairment and documented levels of existential vulnerability in patients with advanced malignancies [86,87]. Moreover, it is imperative that research encompasses not only the experiences of patients facing vision loss but also those of their caregivers, who concurrently endure significant existential burdens, as reported in various studies [88,89]. Understanding the duality of suffering in patients and caregivers through qualitative explorations could illuminate shared experiences and coping mechanisms, enriching our comprehension of this existential strain in the metastatic setting [90].

Further exploration is required to identify the optimal timing and integration of psychosocial and rehabilitative interventions tailored for patients with ocular metastasis, as visual deterioration often occurs rapidly within a compressed survival timeframe [91]. Previous findings suggest that structured interventions, including meaning-centered therapies and sensory-adaptation training, can significantly affect emotional well-being in visually impaired individuals [86,87]. Systematic evaluations of these interventions are essential to determine their efficacy in buffering against the existential collapse often faced by this vulnerable population [90]. In synthesizing these insights, it is evident that advancing the construct of existential darkness within psycho-oncology necessitates comprehensive investigations that recognize the multifaceted experiences of those whose existential suffering is compounded not only by terminal illness but also by the gradual loss of their perceptual lifeworld [92].

5. Conclusion

Progressive bilateral vision loss due to intraocular metastatic cancer represents a profound and understudied psychological crisis. By conceptualizing this experience as *existential darkness*, this narrative review illuminates the unique anticipatory grief, symbolic loss, and existential suffering faced by patients as they confront the impending extinction of sight. Early, integrated psychosocial and rehabilitative care rooted in meaning-centered principles may transform this traumatic trajectory into one marked by agency, preparation, and preserved dignity. Routine psychosocial screening for sensory-related distress should be incorporated into oncology practice, particularly when patients exhibit visual symptoms suggestive of metastatic spread (x). Developing interdisciplinary pathways that link ophthalmology, psycho-oncology, and rehabilitation services would further ensure that patients receive timely, coordinated support during this high-risk transition. Future research should develop and evaluate interventions tailored specifically to this population, ensuring that blindness in advanced cancer is recognized not only as a medical event but as a deeply human experience requiring compassionate, structured support.

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