Conference ***3***

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VERY GOOD CONNECTION, VERY POOR COMMUNICATION. THE PROBLEM OF LONELINESS IN A DIGITAL SOCIETY

Introduction: Alone in the Crowd

"Many people today experience the strange sensation of being surrounded by people and yet feeling profoundly alone"

This was the central idea of Paul Tournier, still admired and remembered, when he wrote "*From Loneliness to Community",* one of his most celebrated books. Tournier's insight sixty years ago was remarkably perceptive. Today it has become one of the defining paradoxes of modern civilization: loneliness is not simply the absence of people, but the absence of real communication between people.

We are living in the most technologically connected society in history, and yet many people experience an unprecedented degree of emotional isolation. Never before have human beings had so many opportunities to communicate instantly across continents. Never before have we possessed such sophisticated tools for connection. Yet at the same time, loneliness has become one of the great epidemics of our age.

As doctors, we are increasingly confronted with this reality in our consulting rooms. We see patients with anxiety, depression, exhaustion, insomnia, addiction and relationship breakdown. Often beneath these symptoms lies a silent wound: loneliness. Sometimes it appears in elderly patients abandoned in apartments despite having children who message them every day. Sometimes in adolescents with hundreds of online followers but no trusted friend. Sometimes in married couples who coexist in the same home while communicating primarily through screens.

The paradox is striking: our society enjoys excellent connection but very poor communication.

The problem is not merely sociological. It has a deeper dimension that reaches down into existential and spiritual roots. Human beings were created for relationship. We are relational creatures by design. John Donne, one the most outstanding metaphysical poets of the 17th century, wrote, "No man is an island." This famous dictum summarizes in a remarkable way one of the deepest needs of human beings: the need for real communication.

Increasing evidence now confirms what Scripture and human experience have long taught: relationships are not optional luxuries for human flourishing. They are essential components

of health. The biblical idea of shalom—human wholeness and well-being—includes harmonious relationships with God, with others, and with oneself.

My main thesis this morning can be summarized this way:

We live in the most connected society in history, yet also in one of the loneliest. *Technology has multiplied our connections while weakening the quality of our relationships.*

We are witnessing the paradox of loneliness in a hyperconnected world.

In approaching this issue, I would like to follow the familiar steps we use in medical practice. Every physician asks four questions:

- What is happening?
- Why is it happening?
- How does it affect the person?
- What can we do to help?

Let us begin with the first one.

1. THE GREAT PARADOX: VERY GOOD CONNECTION, VERY POOR COMMUNICATION

What Is Happening?

We are immersed in a cultural transformation that has altered the very nature of human interaction.

For most of human history communication required presence. People spoke face to face. Tone, silence, tears, gestures, pauses, touch, and eye contact formed part of communication itself. Relationships were built slowly, often imperfectly, but deeply.

The digital revolution has radically changed this landscape. Communication is now immediate, constant, and technologically mediated. We carry in our pockets devices capable of connecting us instantly with almost anyone on earth.

At first glance, this appears to be a triumph over loneliness. Social media platforms promised connection. Messaging applications promised closeness. Video calls promised presence despite distance.

And yet something unexpected happened. The lyrics of Simon and Garfunkel's The Sound of Silence seem strangely prophetic:

"*People talking without speaking, people hearing without listening."*

We have more communication tools than any previous generation, yet genuine conversation appears increasingly rare.

People text more than ever but speak less than ever.

Families sit together physically while each member inhabits a separate digital universe. Friends document experiences online instead of fully living them together.

As a physician, I have repeatedly observed a peculiar phenomenon in consultations with adolescents and young people. They are capable of sending hundreds of messages daily yet struggle profoundly with direct emotional conversation. They can communicate continuously online but feel paralyzed when confronted with vulnerable face-to-face interaction.

“I feel connected all day long, but I don’t feel I matter to anyone.”

That sentence captures the heart of the problem: *we are digitally connected but emotionally disconnected.*

This distinction is essential. Connections may give us contacts, but contacts are not the same as meaningful relationships.

Technology can transmit information with extraordinary efficiency, but it cannot transmit the warmth and love that comes from the encounter of two persons.

Case One:

Some years ago, I saw a 42-year-old woman who kept making appointments because of panic attacks and anxiety episodes. She had already visited several specialists: cardiology, neurology, and emergency departments on multiple occasions. She described palpitations, chest tightness, shortness of breath, and an intense fear of dying. All investigations were normal.

Gradually, another reality emerged during the consultations. She was married, had two teenage children, and spent much of the day connected to her phone. She was constantly active on social media, continuously replying to messages and following the lives of dozens of people. Yet she confessed something striking:

“I have nobody I can truly talk to.”

She had not had a deep conversation with her husband for years. She had no close friendships. Her emotional life had gradually been reduced to rapid, superficial, and functional interactions.

What was most revealing was a sentence she spoke during a particularly emotional consultation: “I spend the whole day talking to people, and at the end I feel that nobody really knows me.”

Her anxiety could not be explained simply as a neurochemical imbalance. Beneath the symptoms there was a profound relational emptiness. Anxiety is often not only the result of excessive stress; it may also arise from the absence of human refuge.

2. THE RIGHT DIAGNOSIS: A BROKEN TRIANGLE

As physicians we know that a correct diagnosis is already part of the treatment. Hence the second question: ***Why Is this happening?***

The challenge before us is to arrive at the right diagnosis without demonizing technology. Our aim is to provide a way out in the jungle, not to destroy the forest. *Technology itself is morally neutral.* And digital technology has meant a real positive breakthrough in many ways. It can be used for really good purposes. Many of us are grateful for digital tools that facilitate medical treatments, educational opportunities and communication with distant loved ones.

Where and how did things go wrong?

Today we are witnessing **a profound shift in the nature of communication.** For centuries relationships were in essence personal encounters between “I” and “you.” Human beings communicated directly through words, gestures, and presence. The relational foundation was personal and immediate.

The digital age introduced a third element into this relationship: technology. Now communication frequently occurs through a technological intermediary. Instead of a direct line between persons, we have a triangle where technology is right in the centre:

Person → Technology → Person

The problem comes from the fact that *technical connection does not necessarily produce meaningful communication.* The triangle breaks down at several critical points that we need to identify.

A. The Illusion of Connection

One of the greatest dangers of digital society is the illusion of connection.

An illusion is a false perception of reality. Social media often creates the *sensation* of intimacy without the *substance* of intimacy.

- Likes are mistaken for affection.
- Followers are mistaken for friendship.
- Visibility is mistaken for being known.

Obviously human relationships cannot be reduced to metrics. Many people today possess hundreds or thousands of contacts yet very few genuine encounters.

We see each other constantly online while rarely meeting deeply in person.

A patient once described this paradox painfully well: “Everyone knows what I ate yesterday, where I travelled last month, and what music I like. But nobody knows I’m depressed.”

This is one of the tragedies of digital exposure. *Information about a person increases while knowledge of the person decreases.* We know what people are doing, but not how they truly are.

Digital communication favours brevity, immediacy, reaction, and performance rather than reflection, vulnerability, and depth. Thus, superficial interactions gradually replace real conversation.

As physicians, we understand that the body can consume calories while remaining nutritionally deficient. Similarly, modern society consumes enormous quantities of interaction while remaining relationally starved. The final outcome is “*emotional malnutrition”.*

B. The Distortion of Identity

Digital culture not only alters communication, it also alters identity.

Case Two:

A 38-year-old senior executive in a technology company came to see me because of extreme exhaustion, insomnia, and depressive symptoms. From the outside she embodied the modern ideal of success: financially secure, active on social media, physically attractive, and professionally admired.

Yet during one consultation she suddenly burst into tears and said: “I can’t remember the last time somebody asked me how I was… and actually waited for the answer.”

Her life was full of meetings, emails, video calls, and professional contacts, yet empty of human intimacy. Gradually, she had replaced deep relationships with performance and productivity.

We as human beings naturally desire acceptance and recognition. Social media platforms amplify this desire by encouraging continuous self-presentation. The consequence is the creation of **edited identities.**

People present idealized versions of themselves with carefully selected photographs, carefully managed emotions and carefully constructed narratives to such an extent that *the digital self often becomes increasingly disconnected from the real self.*

This distortion may appear in opposite forms, from fantasies of omnipotence to insecurity due to constant comparison.

The fantasies of omnipotence

Some individuals cultivate an image of success, beauty, competence, spirituality or happiness that masks deep fragility. They become giants with feet of clay.

As physicians, we occasionally encounter highly admired individuals who privately collapse under unbearable emotional exhaustion. Their online image appears triumphant while deep inside they experience emptiness, anxiety, or despair.

I remember a young professional with a substantial online presence who came to the consultation with panic attacks and insomnia. Publicly she appeared confident and fulfilled. Privately she confessed: “I’m terrified someone will discover I’m not the person they think I am.”

Her identity had become performative rather than authentic.

The Culture of Comparison

At the opposite extreme we may see those who constantly compare themselves with idealized images of others. *Comparison generates insecurity, envy, shame, and isolation.*

A generation raised within permanent exposure to curated perfection increasingly feels inadequate. Many adolescents today do not merely compare themselves with classmates or neighbours. They compare themselves continuously with carefully filtered global standards of beauty, success, intelligence, and lifestyle.

The result is often chronic dissatisfaction. One teenage patient told me: “*Everyone else seems happy except me.”* Of course, this perception was false. But digital culture constantly reinforces the illusion that others are living fuller, happier, more meaningful lives. This is psychologically devastating.

C. The Danger of Addiction

Digital connection easily becomes addictive. This is not accidental. Modern digital platforms are intentionally designed to capture and retain human attention. Their economic model depends upon prolonged engagement.

The neurobiological mechanisms behind this addiction are increasingly understood. Intermittent rewards - likes, notifications, messages - stimulate dopamine pathways associated with anticipation and gratification.

Case Three:

A 16-year-old boy was referred to me by a colleague because of depressive symptoms, social withdrawal and progressive academic decline. He spent between eight and ten hours a day connected to video games and social media.

His parents were confused: *“But he’s talking to friends all day long.”*

However, deeper exploration revealed another reality. Outside school he had almost no face-to-face social interaction. He struggled to sustain prolonged conversations. He had gradually lost basic relational abilities: eye contact, attentive listening, emotional expression.

When asked whether he had any close friend, he answered after a long silence: “Not really”. He had hundreds of digital contacts and not a single solid emotional bond.

This case illustrates an important principle: there is a difference between social interaction and emotional attachment. Many young people today live surrounded by constant social stimulation while being deprived of real intimacy.

The result resembles other behavioural addictions. We increasingly prefer immediate stimulation over difficult but meaningful relational work.

- A quick message replaces a difficult conversation.
- Scrolling replaces reflection.
- Distraction replaces silence.

Technology also offers something psychologically seductive: controlled vulnerability. Face-to-face relationships involve unpredictability, emotional exposure and risk. *Digital communication feels safer because it allows editing, delay, avoidance, and control.*

It is easier to send a message than to look someone in the eyes. A young man once admitted during counselling: “I can tell people intimate things online that I could never say in person.”

That statement reveals both the potential and limitation of digital communication. Technology may facilitate disclosure, but genuine relationships usually require embodied presence.

Question for reflection: are we using technology to get closer to people or rather to avoid true closeness?

D. Digital Overload and Social Fatigue

Digital society bombards us with unprecedented levels of stimulation: messages, notifications, videos, news, advertisements, updates, emails, alerts… The nervous system was not designed for perpetual stimulation!

This is the reason why we as physicians see an increasing number of patients with symptoms of cognitive and emotional overload: difficulty concentrating, mental fatigue, irritability, fragmented attention, sleep disturbances leading ultimately to social exhaustion.

Younger generations are especially vulnerable because many have never experienced sustained silence or uninterrupted attention. *Multitasking has become normalized despite overwhelming evidence that it reduces cognitive depth and relational presence.*

One of the saddest modern scenes is a conversation interrupted every few seconds by glances toward a phone. People are physically present but psychologically absent. The body remains in the room while attention lives elsewhere.

Again, this eventually produces social fatigue. Relationships begin to feel demanding because sustained attention itself has become difficult.

We must be watchful here. This issue is not only “about our patients.” It is also about ourselves. We physicians are not immune to this relational poverty. *Modern medicine runs the risk of transforming human encounters into technical processes.* Many healthcare professionals live hyperconnected professionally while remaining emotionally disconnected.

Case Four:

I remember a technically brilliant colleague, highly efficient, permanently connected to hospital systems and digital communication, yet progressively emotionally exhausted. One

day he confessed: “I am surrounded by patients and colleagues all day long, yet I feel terribly alone”.

Question for reflection: are we ourselves also losing the capacity to listen, to pause, and to be truly present?

3. DIGITAL CULTURE AND ITS EFFECTS

How Is This Affecting Us?

Having explored the diagnosis, we now consider the symptoms. The consequences of digital loneliness affect every dimension of human life: emotional, relational, cognitive, physical, and spiritual.

We will focus our attention on three of these consequences:

A. The Increase in Loneliness

We have already referred to the great paradox: loneliness has increased in the age of hyper connection. This is especially evident among two vulnerable groups**: the elderly** and **the young.** As physicians, we must recognize loneliness as a genuine health risk factor.

Case Five:

A 78-year-old widower attended the clinic frequently because of poorly controlled hypertension, insomnia, and vague physical complaints. Technically, he was receiving appropriate treatment. His family doctor had adjusted medications, reviewed diet, and controlled cardiovascular risk factors… yet he continued to deteriorate.

Over time, something important became evident: his real problem was not merely medical, but social and existential: he lived completely alone. His children lived in other cities. They spoke through video calls once a week and sent messages daily. From the outside, he appeared connected. In reality, he was profoundly lonely.

On one occasion he commented: “The problem is not that nobody calls me. The problem is that nobody comes.” That sentence reminds us of the limits of digital connection.

Many elderly people receive information and contact, but not presence. And human presence possesses a therapeutic value that cannot be replaced.

Remarkably, his general condition improved more after he began participating regularly in community activities and companionship groups than after multiple pharmacological adjustments.

As physicians, we must remember that some patients need antihypertensive medication, but they also need shared meals, conversation, and a feeling of belonging.

Many older adults now experience profound isolation despite digital contact with family members. Children may send messages regularly while rarely visiting. Video calls partially alleviate distance but cannot replace physical presence.

An elderly widow once told me: “My children call me often. But when the call ends, the silence in the house becomes even louder.” Indeed, digital communication can remind us of connection while simultaneously highlighting absence.

Loneliness among older adults also has medical consequences. Research increasingly associates chronic loneliness with cardiovascular disease, cognitive decline, depression, and increased mortality.

At the other end of life, as we already pointed out, many young people experience emotional isolation despite continuous online interaction. They often inhabit environments saturated with communication but poor in intimacy.

One university student described spending entire evenings exchanging messages while simultaneously feeling intensely alone. This form of loneliness is particularly painful because it occurs in the presence of apparent connection.

B. Weaker Relationships

Digital culture tends to weaken relational depth. This is especially worrying **within families.**

Case Six:

A young couple once consulted because of communication difficulties and anxiety symptoms in their children. Both parents worked from home and maintained constant digital activity.

During the interview, a revealing detail emerged: they spent many hours physically together, but almost no time truly present with one another. Every pause was absorbed by screens. Meals were interrupted by notifications. Conversations were rapidly displaced by emails or mobile phones. The wife commented sadly: “For years we have been sharing information, but we no longer share life.”

Their children had begun developing behavioural and emotional difficulties. Children often perceive relational poverty within the home before adults themselves recognize it.

Technology does not merely affect individual relationships; it alters the emotional climate of entire families. Relationships require time, attention, patience, shared experiences, forgiveness, and vulnerability. These qualities develop slowly.

Digital communication favours speed rather than depth. As a result, conversations become shorter, listening becomes superficial, empathy weakens and attention fragments.

This is especially concerning within families. We now encounter strange domestic situations unimaginable decades ago:

- family members texting each other from different rooms
- couples eating meals while simultaneously scrolling
- children competing with screens for parental attention

A paediatric colleague once remarked: “Many children today are not competing against siblings for attention; they are competing against devices”.

This has enormous developmental implications since children learn emotional regulation, empathy, and communication primarily through human interaction. Screens cannot substitute for attentive presence.

C. A Socially Deaf Generation

Perhaps one of the most serious consequences of digital culture is the deterioration of listening. *Modern society suffers not only from attention deficit, but from listening deficit.*

Hearing and listening are not the same: hearing is passive whereas listening requires silence, patience, reflection, and empathy. Yet these qualities are increasingly rare in a culture dominated by immediacy. Without exaggeration we could say that we are becoming socially deaf.

Case Seven:

One immigrant woman repeatedly sought help because of abdominal pain and overwhelming fatigue. Every investigation was normal. Eventually the true diagnosis emerged: severe social isolation.

She had left her country, lived alone, worked long hours, and sometimes spent entire weeks without a meaningful conversation with anyone. During one consultation she made a remarkable statement: “Sometimes I think my body speaks because I no longer know how to speak.”

That sentence reflects well how emotional and relational suffering may become somatized. The body often expresses the loneliness that the soul cannot verbalize.

Many conversations today are not genuine dialogues but alternating monologues. People wait impatiently for their turn to speak rather than truly listening. *The speed of digital culture trains us to react rather than reflect.* Reflection requires a pause, and pausing has become uncomfortable.

Silence itself now feels threatening to many people. Phones immediately fill every empty moment: waiting rooms, public transport, meals, even brief pauses in conversation.

We need to remember that some of the deepest human encounters emerge precisely from silence and attentive presence.

As physicians, we have experienced that some of the most important moments in our medical praxis occur not during technical intervention but during active and empathic listening. A patient may reveal crucial information only after several moments of silence. Emotional trust often emerges gradually.

As Paul Tournier always emphasized, good medicine requires more than diagnostic efficiency, it requires listening. Unfortunately, healthcare itself is not immune to digital fragmentation. Electronic records, administrative demands, and technological systems increasingly compete with direct patient attention.

Many physicians feel trapped between screens and suffering human beings.

Question for reflection: Do I spend more time looking at the computer than at my patients?

D. Mental Health Impact

We have already pointed out many of the psychological and emotional effects of digital loneliness. Let's now review and group them as a sort of summary:

- **Anxiety**

Continuous stimulation and social comparison contribute significantly to anxiety. Many individuals now experience fear of missing out, fear of exclusion, fear of invisibility, fear of inadequacy.

The nervous system remains in a chronic state of alertness. Exhaustion is the outcome.

- **Depression**

Emotional isolation is strongly associated with depressive symptoms. No wonder since, as we have considered, human beings need to belong. We all need to feel seen,
known, valued and loved.

Digital interaction frequently fails to satisfy these deeper relational needs.

- **Low Self-Esteem**

Constant exposure to idealized images erodes self-worth.

Many individuals increasingly evaluate themselves according to external validation:
likes, attention, visibility, approval. Identity becomes externally dependent and emotionally fragile.

Some illnesses arise from the silent erosion of human connection. This is why in our practice we should always try to do a “translation exercise” to understand the “language” the patient is speaking through their symptoms:

- Sometimes behind insomnia lies loneliness
- Behind anxiety, emotional abandonment
- Behind somatic complaints, relational emptiness
- Behind depression, absence of belonging.

4. A DEEPER CONNECTION IS NEEDED: EXISTENTIAL LONELINESS

When we try to answer our last question, “*What can we do to help?”,* we need to remember that human loneliness is a multidimensional problem. We can compare it to a building with several floors. So far, we have considered some aspects related to the “upper floors”, the sociological and psychological dimensions.

Now we go a step further, or even better, a step deeper to the base of the problem: loneliness has an existential and spiritual dimension that cannot be overlooked. Digital culture sometimes functions as an attempt to fill spiritual emptiness with perpetual stimulation, but **distraction cannot cure existential loneliness.**

As Christians we have an important contribution to make in this society of digital loneliness. The Christian understanding of the human person offers profound insight into the roots and treatment of digital loneliness.

We can be salt and light by reminding the lonely that:

= Our need for relationships is two-dimensional: with our neighbour and also with our Creator. A double connection is needed to fill our existential void. The psalmist expressed this reality with memorable words: “*My soul thirsts for God”* (Psalm 42:1-2)

= The spiritual and existential thirst persists and even increases in a technologically saturated society. Many forms of modern loneliness reveal not only relational disconnection from people, but spiritual disconnection from God.

= The deepest loneliness is separation from God. This is why the most poignant words ever uttered by Jesus were related to this spiritual loneliness. When agonising on the cross, Jesus cried: “*My God, my God, why have you forsaken me?”.*

= The therapeutic value of Christian communities. The Church has a meaningful role to play in this digital age by offering something technology cannot provide: a source of shelter and a sense of belonging.

The conviction that “we are one body in Christ” and that we belong to a new family generates strong community roots and provides meaningful relationships.

In the society of digital loneliness, authentic Christian fellowship can become profoundly therapeutic because it is able to give hospitality, belonging, mutual care, shared suffering and shared hope.

= The need for quietness, meditation and prayer. We must learn not only from what Jesus did, but from the times he paused. This was actually one of the key resources in Paul Tournier’s Médecine de la Personne: **"*le recueillement intérieur”.*** He prescribed this inner reflection before God, listening to God, as one of the keys to recover health, peace and meaning in life.

5. HOW SHOULD WE THEN LIVE? PRACTICAL SUGGESTIONS

If the diagnosis is serious, what practical steps can we take?

Technology is deeply integrated into modern life and offers undeniable benefits. **The challenge is not technological rejection but relational recovery.**

As I close this reflection, I would like to make five suggestions: My desire is that they may be like seeds planted in our hearts. We need to water them if we want them to grow and bear fruit. Remember also that small changes can produce significant effects.

Notice that each suggestion is followed by a statement that reflects my main conclusions.

1. Rediscover the difference between being online and being together

Being connected is not the same as being present.

Relationships require investment. We must intentionally prioritize meaningful relationships over endless interaction.

This may involve shared meals without phones, conversations with no distractions, intentional visits, slower communication, sustained attention.

2. Recover the art of listening

We don't need more connections; we need better conversations.

We desperately need to relearn listening in depth.

Listening is one of the most therapeutic human acts. Patients often remember less about what physicians said than about how they were listened to.

3. Cultivate real friendships

Loneliness is not merely the absence of people, but the absence of meaningful connection.

Friendships require time, trust, consistency, vulnerability. Such relationships cannot be mass-produced digitally.

Some questions may help here: Who truly knows me? Who do I truly know? Who would feel comfortable calling me at midnight? Who could I call?

4. Become masters rather than servants of technology

Technology is a tool, not a substitute for human presence.

Used wisely, it can enrich relationships. Used poorly, it can replace them.

We need intentional limits: digital fasts, protected family time, screen-free conversations, moments of silence.

The issue is not simply how much technology we use, but whether technology serves human flourishing or undermines it.

5. Rebuild Communities

Modern loneliness cannot be solved only individually.

We need communities capable of fostering belonging. Communities become healing spaces when people feel seen and valued.

This includes families, churches and friendship circles.

Conclusion: The Human Choice

Technology allows us to remain in contact with almost everyone, but real connection remains - and will always remain - a profoundly human choice.

The future of society will not depend merely on technological innovation, but on whether human beings preserve the capacity for presence, empathy, listening, and love.

As physicians we must resist the reduction of human relationships to mere digital exchange.

The challenge before us is not simply to communicate more, but to communicate better.

Not simply to increase contacts, but to deepen encounters.

Not simply to avoid loneliness through distraction, but to cultivate genuine communion.

And perhaps the healing of our lonely society will begin not with another technological breakthrough, but with something much older and simpler:

One human being truly listening to another.

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