



Ban of Religious Gatherings during the COVID-19 Pandemic: Impact on Christian Church Leaders' Well-Being in Ghana

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Abstract

This study was conducted during a period of lockdown and ban on social gatherings, including religious gatherings, in Ghana. The restrictions were instituted in response to the COVID-19 pandemic. The purpose of the study was to understand how the well-being of Christian church leaders was impacted during the prohibition in terms of aspects of their vocation and religious practices. Fourteen Christian church leaders located in urban and rural settings in Ghana, with 5 to 32 years of experience, discussed how they and their families were impacted by the ban on religious gatherings in Ghana. Findings revealed negative impacts of the COVID-19 restrictions, including *spiritual slacking*, *loss of fellowship*, *disruption of normal routine*, *pandemic anxiety*, and *financial stress*. Positive impacts included *increased faith*, *relief/reduced stress*, and *increased family time*. These findings are discussed from psychological trauma and disaster response perspectives.

Keywords COVID-19 · Mass gatherings · Religious restrictions · Religious leaders · Psychological trauma · Ghana

Coronavirus disease 2019 (COVID-19) was declared a pandemic by the World Health Organization (WHO) on March 11, 2020 (World Health Organization, 2020). In response, governments across the world enacted public health measures with the aim of controlling death and infection rates. One of the measures introduced to reduce transmission was the banning of mass gatherings (Ahmed & Memish, 2020; Ebrahim & Memish, 2020). As mass gatherings, religious gatherings have been cited as hot spots for the transmission of COVID-19 (Mat et al., 2020; Singh, 2020). For religious leaders, the ban introduced

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restrictions on their vocation and religious practices since many of their duties require in-person contact. Notable among these include disruptions of their duties such as visiting sick congregants and face-to-face religious worship and changes in rituals such as Holy Communion, mass public prayers, and wedding and funeral ceremonies (Asamoah-Gyadu et al., 2020; Greene et al., 2020).

Research in psychology suggests that the unanticipated disruptions pose a risk to religious leaders (Greene et al., 2020; Milstein, 2019). Greene et al. (2020) suggest that religious leaders may be at unique risk of experiencing moral injury and psychological trauma. They may feel morally guilty for failing at a time when the congregants needed them the most. Religious leaders may also experience role depletion as restrictions on their work may prevent them from fulfilling their pastoral obligations and duties.

Trauma literature also suggests possible ways that religious leaders may be impacted. On the one hand, the restrictions may expose and exacerbate the vulnerabilities of religious leaders (Harris et al., 2010; Milstein, 2019). Potentially traumatic events, such as the COVID-19 pandemic, can trigger vulnerabilities including physiological changes, biological disruptions, and relational disconnections and, for religious people, faith struggles (Greene et al., 2020; Harris et al., 2010). On the other hand, the challenges associated with the COVID-19 pandemic and the ban on religious gatherings may facilitate personal and spiritual growth (Calhoun & Tedeschi, 1998, 1999; Harris et al., 2010). Religious leaders may view the pandemic and the related ban on religious gatherings as an opportunity to improve their relationship and faith in the divine (O'Rourke et al., 2008). Limited empirical studies have examined how religious leaders have been impacted by the COVID-19 pandemic. We investigated the experiences of a sample of Christian church leaders in Ghana to showcase how the religious restriction occasioned by the COVID-19 pandemic has impacted the well-being of religious leaders. Religious leaders play a critical role in spiritual, physical, and mental health support to many Ghanaians. They are the main custodians of religion and liturgical practices. Additionally, they provide emotional and psychological support in diverse forms to people during times of crisis (Asamoah et al., 2014; Benyah, 2020; Osei-Tutu et al., 2019, 2020).

In Ghana, the Ghana Health Service (2020) announced the first two cases of COVID-19 on March 12, 2020. Since then, the government has continued to announce measures to control the further spread of the virus (e.g., Communications Bureau, 2020, 2021). Beginning in March, the government announced a lockdown of large metropolitan areas (Accra, Tema, Kasoa, and Kumasi) that had recorded infections and were prone to spreading the virus in Ghana (Communications Bureau, 2020). People could go out only to access essential services. This was later extended to cities and regions as and when they recorded a case. Public and private organizations in these cities decided to work from home, and to date some are still working from home. In addition, all schools and educational institutions in the country were closed. Some universities and basic schools (those in the cities) continued their academic work online. The government also placed a ban on public gatherings, including religious gatherings. Churches with critical masses of computer-literate congregants moved their weekly services online, while those who did not have this information and communications technology advantage closed their places of worship.

The well-being of religious leaders

Research suggests that mental health challenges such as high levels of stress, burnout, and emotional exhaustion are on the rise among religious leaders and the clergy (Proeschold-Bell et al., 2011; Ruffing et al., 2020). The causes of these mental health problems are often

multifaceted and diverse in scope. For instance, Ruffing et al. (2020) have identified that issues related to conflicts in relationships and providing care for people in crisis within the context of limited resources could trigger and/or exacerbate stress levels among religious leaders. By the nature of their work, religious leaders are constantly faced with tasks in existentially charged situations that often require their attention and resources. This may pose a significant challenge to their mental health and well-being (Hendron et al., 2012).

Karasek's (1979) job demand-control model explains that there is a direct relationship between work-associated stressors and the ability to make decisions in relation to work. In instances where an individual is overwhelmed by work-related stressors and loses control, they could experience mental strain. The challenges confronting the mental health and well-being of religious leaders could be more pronounced because they are less enthused than others about seeking help from mental health professionals (Hodge et al., 2020; Salwen et al., 2017).

Aside from the adverse psychological challenges associated with pastoral duties, religious leaders also encounter tensions in meeting the demands from family and church (Rowatt, 2001). The restrictions in movement and public gatherings due to COVID-19 heightened the need for biopsychosocial, economic, and spiritual care across every sphere of society (Tanhan et al., 2020). Given that the family system is the basic unit of society, Christians are told in 1 Timothy 5:8: "If anyone does not provide for his relatives, and especially for his immediate family, he has denied the faith and is worse than an unbeliever" (NIV). This biblical text clearly places a responsibility on Christians to take care of the needs of their family members. The challenge of effectively combining family responsibilities and the work of God could be a real test for most committed Christians and religious leaders, even as the Bible also enjoins Christians to love God more than any family member:

Anyone who loves his father or mother more than me is not worthy of me; anyone who loves his son or daughter more than me is not worthy of me; and anyone who does not take up his cross and follow me is not worthy of me." (Matthew 10:37–38 NIV)

The demands from both family and church have been a source of mental strain for most religious leaders and full-time clergy (Han & Lee, 2004; Lee, 2007). The restrictions on public gatherings during the pandemic meant that religious leaders spent more time with their families at home. At the same time, religious leaders more than ever before had to adopt alternative means (e.g., telephone, Internet) of offering pastoral care from the home environment (Bryson et al., 2020; Swift, 2020). This has significantly contributed to framing a new meaning for religious participation, community, and belongingness (Parish, 2020). The implications of these changes on the well-being of religious leaders need further investigation. In this study, we sought to answer the following question: How did the restrictions on public gatherings as well as religious gatherings impact the well-being of Christian church leaders in Ghana?

Methods

Study design

We adopted a phenomenological approach in this study (Creswell, 2007). We considered this approach appropriate because we sought to understand the experiences of Christian

church leaders in Ghana who were experiencing restrictions on their religious practices and vocation due to the COVID-19 pandemic.

Participants

Fifteen Christian church leaders from four regions of Ghana—Greater Accra, Eastern, Ashanti, and Western—took part in the study. Twelve of them were men and the remaining three were women. Even though 15 interviews were conducted, we only analyzed 14 for this study because one of the recordings was corrupted. Eleven participants were married, two were unmarried, and one was widowed.

Participants served mainly Pentecostal/Charismatic churches (e.g., Assemblies of God, Treasure House). A few were engaged with mainline Protestant churches (e.g., Methodist, Presbyterian) or other denominations (e.g., Seventh-day Adventists, neo-prophetic). Participants' ages ranged between 34 and 60 ($M=45.86$; $SD=8.81$). They had served as religious leaders for between 5 and 32 years ($M=16.54$; $SD=8.35$) and managed congregations ranging between 50 and 600 members ($M=237.67$; $SD=161.74$). Eleven of the participants were serving congregations in urban communities; three served in rural communities; and one participant oversaw one rural and one urban congregation.

Procedure

This study is part of an ongoing project on well-being in religious contexts in Ghana. The Ethics Committee for the Humanities of the University of Ghana, Legon, issued the ethical approval for the project.

Two of the study's authors conducted the interviews. Both have experience in conducting qualitative interviews. Both interviewers were living in locations of the country where the lockdown was in effect. We therefore contacted prospective participants from religious leaders who had participated in a previous study. Other participants were reached through snowball techniques. Approximately 40 potential participants were contacted and invited to the study. We communicated with the prospective and actual participants through phone calls and WhatsApp messages. Of all the prospects contacted, 16 agreed to participate in the study. One of them later withdrew. Hence, we interviewed 15 participants in all.

During the initial contact with prospective participants, we informed them of our interest in studying the impact of restrictions on religious activities on their well-being. Other aspects of the study also asked about the well-being of their congregants, but the current study focused on the questions about the religious leaders' well-being.

Participants who agreed to contribute to the study were interviewed by appointment. We conducted individual phone interviews with the 15 participants. Interviews were conducted between May 15 and 29, 2020. The president of Ghana announced a partial lifting of the ban on religious activities effective May 31, 2020 (Communications Bureau, 2020). We anticipated that the partial lifting of the ban would introduce different experiences and responses, relative to the experiences under the ban. We were interested in the impact of the full ban on religious gatherings on the well-being of the religious leaders.

A semi-structured interview guide developed by the authors was used. Sample prompts relevant to this study are: "The coronavirus pandemic is affecting everyone. I would like to know how your own well-being has been impacted." "One of the areas of

life being impacted by the pandemic is family life. I am wondering how the pandemic has impacted your immediate family, that is, spouse, children, and members in the same house with you.” We used follow-up questions to elicit detailed information. Interviews lasted between 24 and 71 min.

Interviews were conducted in Twi and English based on the preference of the participant. Twi is a widely spoken Ghanaian language, and English is the official language of Ghana. The interviewers are proficient in both languages.

Data analysis

One interview transcriber proficient in English and Twi transcribed the data. The interviews in English were transcribed verbatim, and those in Twi were translated and transcribed simultaneously. The interviewers reviewed the transcripts and found them to be accurate. The recording of one interview was corrupted and thus could not be transcribed. Therefore, the study is based on transcripts from 14 participants.

Data was analyzed inductively following Braun and Clarke’s (2006) thematic approach to qualitative data analysis, with some minor modifications. The original steps proposed by Braun and Clarke (2006) include these six sequences: familiarization with all the transcripts, generation of initial codes, organization of codes into themes, review of themes, defining and naming of themes, and production of results.

One of the authors of the current study who has experience in conducting thematic analysis reviewed the transcripts to familiarize herself with the data. As the coder, she reviewed and acquainted herself with the transcripts. Next, instead of reviewing all the transcripts for initial codes, the coder reviewed five transcripts to identify initial codes reflecting how the Christian church leaders’ well-being had been impacted. Sample initial codes include “change in prayer routine,” “feeling relaxed,” and “unpaid salary.” The purpose was to develop a coding frame to be applied to the rest of the data. Hence, after identifying the initial codes from the five transcripts, the coder organized the initial codes into initial themes. The coder assigned similar codes to one theme. For example, initial codes related to reduction in the leaders’ personal finances were grouped together under one theme. Next, the coder used the codes and themes to develop a coding frame for the rest of the data. The coder applied the coding frame to the rest of the data. Concurrently, the coder searched for new codes that had not been identified in coding the frame.

The next stage of thematic analysis following Braun and Clarke’s (2006) method is the review of themes. For validation purposes, this step was completed by another author. The review found that the codes and themes were consistent with the data. Next, the coder and the reviewer defined the themes such that they were distinct from each other. For example, the theme on *spiritual slacking* involves a decline in personal spiritual rituals and routines. Finally, the coders shared the findings with the research team. All agreed to the findings presented below.

Findings

Findings revealed eight themes: (1) *spiritual slacking*, (2) *loss of fellowship*, (3) *disruption of normal routine*, (4) *pandemic anxiety*, (5) *financial stress*, (6) *increased faith*, (7) *relief/reduced stress*, and (8) *increased family time*. Consistent with the literature on

psychological trauma and disaster response (Greene et al., 2020; Harris et al., 2010; Milstein, 2019), we observed positive and negative impacts of the ban on religious gatherings. The first five themes focus on the negative impacts on the psychospiritual functioning of the religious leaders, including assault on spirituality, disruption to daily routine, and pandemic-related anxiety. Other negative impacts include loss of fellowship and increased financial stress. On the positive side, the Christian church leaders reported increased faith, stress reduction, and improved family functioning. The following paragraphs expand on the themes.

Negative impacts

Spiritual slacking The temporary halt on religious gatherings in Ghana significantly altered the religious routine for most religious leaders. In response, the Christian church leaders we interviewed reminisced about the ‘normal times’ when they were able to discharge their mandate without any hindrance. Some recounted that the restriction was a source of challenge to their faith in the sense that they found it difficult to prepare and deliver sermons to their congregations. One area that had been affected was prayer. One participant narrated:

My prayer life has not been as it used to be. . . . The prayer is not adequate. One thing is that you are encouraged more when you [inaudible]. So, when I pray here and I am tired, what do I do? I sleep or I relax, or I can even watch TV, any other thing, but when you are with the group, let’s say with the prayer tower, you can pray for over 2 hours, 3 hours, 4 hours.” (#A3, male, 37 years old, married, 6 years of experience)

Another area that had been affected was preaching. One participant raised a concern: “The excitement has gone down now, our preparation has decreased a little, it’s good to tell the truth. We learn our Bible, but preparing sermons and the others have gone down, it has reduced drastically” (#W1, male, 54 years old, married, 26 years of experience). Another participant had a similar experience: “Being a priest, as you are preparing your sermon, preparing your topic and all that, it’s helping you. But now you are not doing all these things, so you are losing. You’re losing all these because you eat and sleep, you eat and sleep, and it’s an issue” (#AS, male, 49 years old, unmarried, 23 years of experience).

These findings are consistent with the evidence suggesting that pastoral effectiveness is enhanced by factors such as social comparison and social support from the congregation (Miles & Proeschold-Bell, 2013). Also, part of the preaching done by religious leaders is a performance. Hence, the absence of organized congregations contributes to boredom and low morale in the discharge of their mandate. Further, as identified by Greene et al. (2020), some of the religious leaders may experience moral injury when the restrictions do not permit them to fulfill their pastoral routines as they would desire.

Loss of fellowship Loss of fellowship pertains to the absence of face-to-face interaction and religious assembling. It also refers to the lack of community felt by the religious leaders. The transitioning process from conventional church attendance to virtual meetings was still ongoing for most churches during the initial stages of the ban on religious gatherings in Ghana. As a result, most of the Christian church leaders we interviewed were still in the process of devising ways and acquainting themselves with new ways of engaging with their

congregants. Lack of in-person contact contributed to a loss of the social benefits derived from face-to-face meetings:

We don't meet in groups at church, greet people, converse with people. The elders say, "One takes consolation from human beings," it's true. . . . The sense of association and meeting with people is no longer there, that thing is no longer there. So, in a way, there's a shortcoming. (#K4, male, 39 years old, unmarried, 10 years of experience)

The concept of community and fellowship among members of Christian communities is enhanced through in-person, face-to-face interactions (McIntosh, 2015). Our study participants reiterated that the situation also affected their interactions with their members, contributing to feelings of despair:

Yesterday they called [and told] me that one of my church members is sick at the hospital. I wanted to go there but I don't know how to make it. When you go, you can't go near the person . . . so I just said, "Oh, I will pray for you." The person should see you standing near his or her bed, but you can't do that. (#AS, male, 49 years old, unmarried, 23 years of experience)

Disruption of normal routine This theme focuses on impairment of daily routines occasioned by the COVID-19 pandemic as well as the restrictions on religious gatherings. The announcement of the ban on religious gatherings in Ghana in the wake of the COVID-19 pandemic triggered mixed reactions from many quarters, especially as nothing of the sort had been experienced in the recent past. Among the Christian church leaders we interviewed, the main concern was how to navigate this imposition that had interfered with their usual routine. To some, their ability to discharge their duties was impeded. One participant described the jolt and emotional effects: "Just all of a sudden, I cannot do my routine work, um, I was somehow down a little" (#A1, male, 44 years old, married, 18 years of experience).

Another participant shared the changes to their dressing routine: "As a pastor, your normal routine of going to church dressed [well], hmm, now I hardly dress, my suits have been hanging in my wardrobe for quite a long time" (#K5, male, 35 years old, married, years of experience not specified). Likewise, another participant reported bouts of boredom: "Now that I have come to stay in the house, it's not, um, like I said earlier on, it's not part of my normal way of doing things" (#A5, female, 34 years old, married, 5 years of experience).

The work of religious leaders often requires an embodied presence that involves the visiting of church members on a regular basis and, when necessary, making use of appropriate rituals, gestures, and touch (Byrne & Nuzum, 2020). The sudden disruption of these routines may have implications for the emotional well-being of the religious leaders.

Pandemic anxiety Pandemic anxiety as used in this theme refers to the fear of being infected by the coronavirus. During pandemics, anxiety may arise because of adjusting to health and safety measures that may include but are not limited to social distancing and hygiene protocols (Taylor, 2019). Our participants often expressed feelings of anxiety and emotional distress, mainly because of the constant necessity to comply with the health and hygiene protocols and the threat of COVID-19 infection. The response of one participant shows changes in sleep and appetite, suggesting a significant level of emotional distress:

It's not that I'm scared that I per se will get it. I was thinking and praying so much in the day and night so that we can get solution to this thing. . . . So, I did not even feel for food. I could not sleep, it felt like I should get up every morning and pray. (#K3, male, 42 years old, married, 14 years of experience)

Explicit concerns about being infected by the virus were also shared by some participants. One participant shared the following concern:

And then also having it in mind that the virus I can also get it anywhere, in the bank, from the barber shop, from this, I'm walking with [inaudible]. And I am not that normal person that I used to be, as I used to walk around this time. Everybody is a suspect; anybody can give it to you. (#A3, male, 37 years old, married, 6 years of experience).

Financial stress Financial stress refers to the sense of uneasiness and angst experienced by the Christian church leaders interviewed due to a loss or reduction in their income. In Ghana, several churches engage the services of lay preachers and ministers who receive little or no remuneration for their services (White & Ntsiful, 2018). In our study, almost all the participants we interviewed were full-time religious leaders with no additional jobs. In fact, it is likely that they received a monthly income from their respective church administrations. The temporary ban on religious gatherings had a major financial implication for most of the religious leaders we interviewed. Some received little or no money from the sources they relied on, and this affected their financial planning. The result was desperation, as narrated by one participant: “In March, for example, I desperately asked [about] my allowance and, er, you know, it's not easy when you have planned a budget and then all of a sudden half of it is gone” (#A4, female, 60 years old, married, 14 years of experience). For others, the sudden change in their financial situation heightened awareness of their vulnerability:

As a pastor, um, part of my income also comes from, let's say, a church member will come and bless me, a church member will tithe, a church member will say, “Pastor take this.” Now, for some time now, all these things have ceased, and so if you're the pastor, there's nothing supporting you and [if] you don't take care you will do what you're not supposed to do. (#A1, male, 44 years old, married, 8 years of experience).

The various responses from our participants are largely corroborated by available evidence in the wake of the COVID-19 pandemic. For instance, the pandemic and its associated restrictions and measures have significantly increased the level of poverty in Ghanaian households and worsened living standards (Bukari et al., 2020). The adverse effects of the pandemic on the standard of living of religious leaders may be far-reaching considering that religious leaders cater to the needs of their church members, who call on them for financial support (Benyah, 2020). Indeed, one of our participants lamented, “Even as a pastor, you don't have [money], but someone else want[s] yours [money] as well” (#K4, male, 39 years old, unmarried, 10 years of experience).

Positive impacts

Increased faith This theme refers to increased participation and engagement in religious beliefs and practices. The ban on religious gatherings in Ghana implied that the ban on regular church attendance and personal spiritual development might have been a temporary challenge. However, a few participants in our study emphasized that the situation afforded them the opportunity to commit more time to building their personal spiritual faith, devotion, and prayers. One participant admitted, “Spiritually, it hasn't affected me, to be frank... since the COVID came, it has increased [my] prayer” (#K4, male, 39 years old, unmarried, 10 years of experience). Another participant stated that she had redirected time previously

used for group Bible studies to prayers: “We were not doing that [Bible study], so we are praying more” (#A4, female, 60 years old, married, 14 years of experience).

Relief/reduced stress This theme refers to the sense of relief that results from reduction in workload. Besides benefits to their spirituality, some participants described a reduction in their stress level. One participant said, “It [the ban] has made us a little relaxed. It’s like you’re not so tense, you are not so worried as if, ‘Oh I’m not done with this, I’m not done with this, I have to do this, I have to go and see this, I have to attend this engagement’” (#A6, male, 43 years old, married, 17 years of experience). Another participant explained, “The first two weeks it was some kind of relief... most of us were very tired.... So, it’s like it was free, let’s say you’re not so busy” (#A6, male, 43 years old, married, 17 years of experience). One participant noted that the time afforded the opportunity for developing other interests: “I believe that it’s now less stressful than before, okay.... We have more time to [inaudible], more time to read, to read other things. We need more time to take care of your body too.... Exercise, you eat better.... For me, I think it is a refreshing time” (#K6, female, 60 years old, widowed, 18 years of experience).

Increased family time As used in this theme, family time refers to the time spent with spouse, children, or members of one’s household. The rigorous demands of pastoral ministry pose a challenge to many full-time religious leaders to the extent that they sometimes do not spend adequate time with their immediate family; which may result in stress (Han & Lee, 2004; Lee, 2007). The announcement of the ban on religious gatherings implied that most scheduled church programs and events were suspended. As a result, religious leaders could spend more time with their family members and strengthen existing family ties. The participants stressed some of the benefits of the increased family time. One participant described that his family had benefited from being home: “I think while the church is suffering, the family side is prospering.... Yeah, the family side is prospering such that now you have time” (#K5, male, 35 years old, married, years of experience unspecified).

Another participant shared, “In fact, you have no place to go, so it has also brought that family something, spending quality time with your family... a lot of time is spent in the house and with my family; it’s very, very encouraging and very good” (#A2, male, 40 years old, married, 7 years of experience). A specific benefit was related to improvement in family cohesion and unity through effective communication and fun activities. Time that had been dedicated to attending church services had been repurposed for the benefit of married couples and children, as the following participants noted:

Those days [pre-COVID-19 pandemic] when my wife or my spouse returns from work, all she has to do is get something for us to eat. And then to church, [and] I think we come back late around 9 or 9:30 [in the evening]. We have limited times for ourselves, and then the following day in the morning she is gone. So, that has been the old nature, but with this one we get to stay in the house for the whole day, watch TV together, we eat together, we pray together, we talk, we do everything together. So, this one has rather helped improve the family life in terms of communication. (#A3, male, 37 years old, married, 6 years of experience)

Now it’s like they [her children] have us at home. Daddy is always at home; Mummy is always at home.... So, Mummy is at home, Daddy is at home, they are happy. And then, like, “Daddy is not there, where has Daddy gone to, where has Mummy gone to, where has Mummy gone to, we want to go with you.” So, it’s like they are

happy to have us at home, [and] we're also happy to enjoy them as our children.
(#A5, female, 34 years old, married, 5 years of experience)

Discussion

We conducted this study to understand how the COVID-19 pandemic and related religious restrictions have impacted the well-being of Christian church leaders in Ghana. Consistent with the literature on trauma, disaster, and well-being, we observed positive and negative impacts of the pandemic on Christian church leaders (Greene et al., 2020; Harris et al., 2010). Related to the negative impacts, we observed psychospiritual challenges. Christian church leaders experienced a decline in some aspects of their spirituality. Greene et al. (2020) identified acts of omission, such as the inability to fulfill pastoral duties during the COVID-19 pandemic, as a potential source of struggle for religious leaders. In the current study, some religious leaders were apologetic that they had not kept their pastoral routines of praying and offering religious messages to their congregants. Religious leaders also faced challenges regarding their sense of belonging. A similar sense of loss has been reported among religious congregants in Ghana (Osei-Tutu et al., 2021). Another challenge was related to financial stress. In Ghana, religious leaders are often viewed as benefactors. Beyond their obligations to their immediate family, religious leaders have obligations toward relatives, community members, and total strangers. The financial strain religious leaders experienced might affect their dependents. These experiences could contribute to an experience of moral injury on the part of the religious leaders.

Consistent with the literature (Calhoun & Tedeschi, 1998, 1999; Harris et al., 2010; Milstein, 2019), we also observed positive impacts of the religious restrictions. Christian church leaders reported an increase in their faith. This is not paradoxical despite the earlier indication of a decline in spirituality. Rather, it suggests that people respond differently to challenges. Some Christian church leaders experienced a decline, perhaps, as an initial response. However, after reorienting themselves to the challenge, they were able to make sense of events and thereby strengthen their faith.

Previous studies show that religious leaders have significant stress levels given the demands of their work (Proeschold-Bell et al., 2011; Ruffing et al., 2020). During the period of the lockdown in parts of Ghana, as well as the national ban on religious gatherings, duties such as commuting to church and pastoral visits were halted. This freed up time for religious leaders to engage in forms of self-care. Besides the personal benefits, families of religious leaders were afforded opportunities to spend longer periods of uninterrupted time together. This pattern has been observed in other family settings in Ghana (Salifu Yendork & James, 2020). Unlike some segments of the population who struggled with the extended time with family (Osei-Tutu et al., 2021), the religious leaders in this study only reported this as a positive development.

Major limitations of the study include the small sample size. Also notable is the fact that the study involved only Christians. Ghana is a multireligious country; other religions include Islam and African traditional religion. The religious practices of these groups differ. Religious leaders in these other religious groups may have had different experiences. The relative proportion of men to women in the study does not permit us to analyze gendered impacts. Further, the study focuses on impacts within a short time frame. This limits our ability to understand long-term implications.

Conclusion

This study shows that the COVID-19 pandemic and related restrictions on religious gatherings have had a mixed impact on the well-being of Christian church leaders in Ghana. On the one hand, the pandemic has been an assault on the spiritual practices of these Christian church leaders. Notable effects include a decline in spirituality and loss of fellowship. Other areas impacted negatively include daily routines and finances. On the other hand, the pandemic has contributed to an increase in faith and family time and to decreased stress among Christian church leaders.

The findings suggest areas for psychological intervention. Rather than focusing only on spiritual support, religious leaders might benefit from psychological interventions given that the negative impacts are both spiritual and psychological. Acute distress is a normal and adaptive response to traumatic events (Harris et al., 2010). In the current study, we observed that distress contributed to impairment in sleep and eating in a few of the Christian church leaders we interviewed. Others also reported boredom and fear. It is not within the scope of this study to determine whether the responses required clinical intervention. Rather, they alert us to areas for future study.

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Data availability The data that support the findings of this study are available upon request from the corresponding author.

Code availability N/A.

Declarations

Ethical approval Ethics certificate for the study was issued by the Ethics Committee for the Humanities, University of Ghana.

Consent to participate Participants provided verbal consent.

Consent for publication Authors consented to the submission of this manuscript for review and publication.

Conflict of interest The authors declare no conflict of interest.

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