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Streaming religious services during a public health crisis: how digital religion shapes population well-being and intergenerational learning

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ABSTRACT

This study employs the therapeutic landscape theory to explore how online religious services during lockdown restrictions shape experiences of well-being and intergenerational learning. We used qualitative data from in depth interviews and focus groups with older adults and pastors in five churches in Ghana to explore how online religious places are conceptualized as therapeutic landscapes for sustaining wellbeing goals amidst a global pandemic. We identified multiple pathways of meaning through which online religious services shape the lives of people in a faith community to sustain the experience of well-being in a difficult time. In addition, this paper reflects on the broader implications of COVID-19 in shaping a paradigm shift in digital religion and intergenerational learning experiences through a changing religious landscape precipitated by lockdown restrictions that have drastically altered traditional religious places.

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Introduction

COVID-19 is the ultimate life-altering agent and has upended all aspects of life. It has many dimensions, is embedded in multiple scales across space and time, takes many forms, and involves a wide range of stakeholders (including physical, social, emotional, symbolic, and spiritual institutions). The dynamics of COVID-19 present significant challenges for policymakers, that is what exactly is the challenge and how should it be addressed? Streaming religious services during COVID-19 has emerged as a leading instigating strategy for religious groups worldwide (Greenwood-Hickman et al., 2021; Kühle & Larsen, 2021; Oxholm et al., 2021). Globally, social gathering restrictions have included religious gathering restrictions (Ebrahim & Memish, 2020; Kowalczyk et al., 2020). Members may have adverse psychological effects because of this conduct. For instance, at the "closure" of the church, worshippers frequently feel heightened negative feelings (Portacolone et al., 2021). Some older adults who feel at home and welcomed in the church also harbour strong emotions like discomfort, anxiety, and rejection. Due to disconnections from other members, some may experience loneliness and isolation when

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taking refuge. People who formerly had access to counseling through the church are now unable to do so, which exacerbates their psychiatric problems and raises the danger of suicide and other coping mechanisms among certain members (Portacolone et al., 2021). The World Health Organization (WHO) warned that religious gatherings could attract large crowds and contribute to the spread of the virus (WHO, 2020a). The Government of Ghana formalized lockdowns as a strategy for containing the virus's spread in March 2020, forcing almost every human institution, including religious groups, to adopt alternative modes of engagement (Osei-Tutu et al., 2021; Agyekum and Mantey (Forthcoming)).

The WHO has raised concerns about the effects of the pandemic on psychosocial well-being and mental health (World Health Organization, 2020b). It is hypothesized that new policies such as self-isolation and quarantine have changed people's typical behaviours, schedules, and means of subsistence, which may have an impact on an increase in loneliness, anxiety, depression, insomnia, harmful alcohol and drug use, self-harm, and suicidal thoughts and actions (World Health Organization, 2020c). With the rise in cases of depression, suicide, and self-harm reported globally because of COVID-19, psychologists and other mental health professionals believe that the COVID-19 pandemic will have an impact on the mental health of the population globally (Li et al., 2020; Yao et al., 2020). Specifically, COVID-19 has been associated with a suite of psychological reactions, including emotional distress, maladaptive behaviours, and defensive responses (Cullen et al., 2020; Taylor, 2019). Populations susceptible to psychological problems, including older adults, are especially vulnerable to the psychological reactions to the COVID-19 pandemic (Cullen et al., 2020; Pan American Health organization, 2023).

Social distancing or being isolated would make it harder to adjust to this new circumstance. As older adults must also adjust to the biological, socioeconomic, and psychological risk factors of ageing, these new COVID-19 circumstances may have a greater psychological impact on them (García-Portilla et al., 2021). The psychological climate surrounding COVID-19 was already more detrimental to the older population than the younger ones. Additionally, the crisis's social isolation and alienation put older adults at higher risk of developing or worsening mental health issues, such as an increased rate of depression, anxiety, post-traumatic stress disorder, and suicide (Armitage and Nellums 2020). A barrier during a pandemic is getting access to mental health facilities. Most mental hospitals and outpatient clinics were not operating during the pandemic (De Sousa et al., 2020). Medical institutions launched online counselling portals to offer psychological treatments to patients, their families, and other pandemic-affected individuals. The demands of patients, their families, and medical professionals have, according to Xiang et al. (2020), not been well met. The actual execution of interventions receives scant consideration. Religion is a vital tool for overcoming challenges in life and has been strongly linked to resilience (Silva Júnior et al., 2019).

For many older adults, religion has been a significant source of resilience. The knowledge that religion is a psychological and social resource that can be used to cope with stress has led to studies showing a favourable link between religion and mental health (Agyekum, 2019; Agyekum & Newbold, 2016; Lee et al., 2020). Other studies have revealed that the relationship between religion and mental health of older adults is multifaceted, depending on the person and factors considered (Krause, 2004, 2012; Krause & Hayward,

2012; McElroy-Heltzel et al., 2022; Rodrigues et al., 2022; Willis et al., 2019). Positive constructs of religion on mental health, have been reported by several studies that put forth the argument that social support networks or relationships that thrive in religious settings tend to exert a beneficial effect on the mental health of older adults by fostering a sense of belonging, especially when social ties among family and friends are strong (Ellison & Levin, 1998; Krause, 2004). Additionally, social connections amongst religious communities serve as a crucial source of social support, particularly amongst seniors. With the onset of the COVID-19 pandemic, these resources were destroyed. While older adults typically experience psychosocial wellbeing that is equal to or better than that of younger age groups (Charles & Carstensen, 2010), it was predicted that due to the isolation rules that are specific to older adults and their increased risk of contracting the virus, older age groups would experience psychosocial consequences like loneliness that would be exacerbated (Holmes et al., 2020), having a negative impact on both mental and physical health (Santini et al., 2020). The COVID-19 pandemic has a detrimental effect on mental health overall (Xiong et al., 2020).

Krause (2004) specifically maintains that religious-based social ties are particularly important for older adults for two reasons. The first concerns the use of religion as a coping mechanism for loneliness. For many older adults, several life transitions, including retirement from one's employment, living alone, widowhood, and dependents moving out of home, could be accompanied by some form of loss of social relationships (Krause, 2004). Krause (2004) argues that religious-based social ties can fulfil this need. Concerning evidence on loneliness, social isolation and mental health, a plethora of studies have revealed that loneliness may be a causal factor for mental health problems (including depression) among socially isolated older adults (Cacioppo & Cacioppo, 2014; Cornwell & Waite, 2009; Ong et al., 2016). Second, religious-based social ties may serve as a social support system for older adults experiencing a decline in both physical and cognitive functioning owing to the nature of the aging process (Baltes, 1991; Krause, 2004).

However, Valtorta and Hanratty (2012) have been critical of cross-sectional studies that explore the association between loneliness or isolation and mental health or other health factors. They call for more longitudinal studies that consider the interactions of other variables associated with the mental health of older adults, including but not limited to loss of contemporaries, cognitive impairment, and disability (Valtorta & Hanratty, 2012). Furthermore, Valtorta and Hanratty (2012) affirm that a renewed research agenda on loneliness and social isolation in older adults needs to focus more closely on the risks to public health or employ public health principles at its core. Other authors (see Krause, 2004), caution on the generalizability or imperfection of the correlation between any facet of religion and mental health. Krause (2004) specifically alludes to the premise that although the religion-mental health connection has not been proven, the correlation is not necessarily false, and that sufficient research has been generated throughout the years to conclude that the relationship between religion and mental health problems is worth further consideration.

Within the context of Ghana, religion is a significant socio-cultural component of Ghanaian life, and religious gatherings occur every day in many Ghanaian settings, with 71 percent of Ghanaians professing Christianity (Ghana Statistical Service, 2012). As stated by Asamoah-Gyadu (2019), Christians have services on multiple weekdays and weekends for various activities, such as meeting the welfare needs of members. Although restricting

religious gatherings and encouraging streaming religious services may help reduce virus spread, streaming services have proven to be religiously difficult (Agyekum and Mantey (Forthcoming); Isetti, 2022). The allure of containing the virus and the potential flexibility gained by streaming religious services appears to have been useful for engaging many religious groups while avoiding virus spread. In-person participation in religious communities and activities, on the other hand, has been shown to impact congregants' positive mental health and well-being (Agyekum & Newbold, 2016; Irawati et al., 2023; Sharma & Singh, 2019).

The rapid growth of streaming religious services has sparked research in a variety of fields. Some of these studies have resulted in recommendations for improving people's lives. The WHO (2020a), for example, acknowledged the role of religious leaders in managing the COVID-19 pandemic. It emphasizes how religious leaders can provide spiritual and psychological support to their religious communities. Others have investigated traditional religious contexts (Bell et al., 2015; Finlay et al., 2019) as well as hybrid religious contexts (Campbell & Osteen, 2020; Son et al., 2021). This "alien" COVID-19 became monstrous for another reason: the online meetings were not "pure" religious engagement but "hybrid" (Agyekum & Mantey, Forthcoming; Isetti, 2022; Lorea et al., 2022) because the online streaming mixed the physical and social presence and crossed traditional spaces of worship amongst populations.

The implications of streaming religious services as a COVID-19 containment strategy are the focus of this paper. It explores how streaming religious services have shaped participants' well-being, including physical, social, emotional, spiritual, and symbolic well-being, as well as the broader implications of COVID-19 in shaping a paradigm shift in digital religion and a changing religious landscape through the lens of Therapeutic Landscape Theory. Therapeutic Landscape Theory is introduced in the first section of this paper. The following sections describe the methodology and findings of the study, followed by a discussion. The final section discusses the implications of COVID-19 in shaping a paradigm shift in the multi-scalar policy context of digital religion.

Therapeutic landscape theory

Within the literature, Gesler (1992) was one of the first modern humanistic/cultural geographers to raise concerns regarding the potential health effects of places on populations. He defined therapeutic landscapes as landscapes associated with healing and treatment (Gesler, 1992; 1996; Gesler & Kearns, 2002). In its most basic form, the concept serves "as a geographical metaphor for aiding in the understanding of how the healing process works itself out in places (or situations, locales, settings, milieus)" (Gesler, 1992, p. 743). Therapeutic landscapes are constantly changing places, settings, situations, locales, and milieus that include both the physical and psychological environments associated with healing or well-being; they are said to have a "enduring reputation for achieving physical, mental, and spiritual healing" (Gesler, 1993, p. 171). The therapeutic landscape concept has been expanded and enriched beyond Gesler's (1992) initial intentions because it facilitates connections between place, health, and well-being (Agyekum, 2019) and has sparked interest in the newer concept of therapeutic networks (Kearns & Milligan, 2020). According to Smyth (2005), therapeutic networks exist when "agents of support" such as family, friends, religious groups, and therapists provide care and support

(p. 489). These networks are frequently based on kinship (Smyth, 2005), which is defined by the length and depth of interactions and is maintained in various ways (Chakrabarti, 2010).

The therapeutic landscape literature has widely acknowledged the importance of social relationships, connections, and interactions linked to place-based experiences (e.g., Agyekum, 2019; Agyekum & Newbold, 2016; Bell et al., 2015; Doughty, 2013). According to a recent scoping review (Mossabir et al., 2021), engaging with social networks is a common theme in the literature on therapeutic landscapes in everyday geographies. Therapeutic networks are formed in communities and in places where people meet, interact, and socialize.

According to Tomalin et al. (2019), therapeutic networks formed within places are as important as therapeutic landscapes. Therapeutic landscape studies have examined material settings ranging from large-scale (countryside, coasts, and seaside) to mesoscale (urban parks and riverine spaces) to micro-scale (hospitals, churches, mosques, gardens, and the home) (Bell et al., 2017). Consequently, religious institutions such as churches and chapels provide opportunities for people to interact with one another, fostering trust and solidarity among members. Furthermore, positive interpersonal interaction is widely accepted to result in a positive sense of place or attachment, which leads to positive health outcomes. Thus, a therapeutic landscape is one in which people use their collective efficacy to achieve healthy outcomes (Alaimo et al., 2016; Marques et al., 2022). Places of worship in Leeds and Bradford, UK, according to Tomalin et al. (2019), served as both therapeutic landscapes and networks for Black, Asian, and Minority Ethnic communities. Religious spaces were discussed as places that promote health and provide kinship groups formed through social networks. Sharing daily life experiences with friends, families, and the community via social networks can help develop therapeutic experiences (Bell et al., 2015, 2017).

People's therapeutic landscape experiences were related to who they met and interacted with in other settings, such as parks, religious sites and places of worship, cafés, and libraries (Agyekum & Newbold, 2016; Bell et al., 2015, 2017; Tomalin et al., 2019). As a result, we argue that encountering therapeutic landscapes, forming social networks, and attempting to create restorative experiences frequently occurs concurrently and synergistically at the same location and time. These connections require further investigation. During COVID-19, lockdowns and the suspension of in-person engagements in the context of religious meetings and practices limited people's ability to build social networks, find social support, and engage with people who share a common interest. Isolation can occur for a variety of reasons, and older adults' lifestyle choices expose them to stress, loneliness, and poor mental health outcomes, as well as exacerbating their social and emotional vulnerabilities (Hall et al., 2019; Hwang et al., 2020; Wang, Chung, et al., 2018).

Few studies have examined how older adults interact with therapeutic landscapes and create and maintain social networks within them. Furthermore, because of the changes in religious gatherings and practices caused by COVID-19 and its associated lockdowns, the absence of physical and social networks may have an impact on physical, mental, and overall well-being (Agyekum, 2022; Son et al., 2021). During the Ghanaian lockdown, older adults' place of life and place of worship were both in the same place, their home. To find social support and build social networks, older adults require another

location (possibly a church or chapel – a place of socialization). A church or chapel has been defined as a place where people can socialize and form bonds away from their homes and workplaces (Agyekum & Newbold, 2016; Finlay & Kobayashi, 2018; Hickman, 2013). Furthermore, by facilitating social support, the church or chapel can play an important role in assisting older adults in overcoming loneliness, stress, and alienation (Finlay et al., 2019). Older adults require time to interact with friends and experience therapeutic landscapes because of their lack of activities compared with youth. Furthermore, religious institutions provide both expressive and instrumental resources such as economic assistance, job information, and spiritual support (Canizales, 2019; Qayyum et al., 2020).

COVID-19 has created a new type of religious space, prompting academics to consider strategic approaches to religious study (Tervo-Niemelä, 2021; Village & Francis, 2021; Yuen & Leung, 2022). Innovative approaches, such as virtual services, reveal ongoing changes in religion and shape social life in a wide range of contexts, from personal to public and global. The shift from physical space to virtual environments challenges rituals and spiritual worship as church leaders adapt their structures (Campbell & Evolvi, 2020; Capponi & Carneiro Araújo, 2020). As a result of this shift, people's attitudes toward congregation and spiritual worship have shifted, influencing religious gestures. Religion is important for the well-being of populations because it introduces new perspectives on the meaning of life and worship. The promotion of digital platforms for contributions and collections is critical; however, it poses difficulties for poorer individuals and communities because of limited access to electronic money transfers (Baker et al., 2020).

Religious institutions also provide opportunities for status and prestige that do not always exist in larger societies (Wilson, 2016) as well as political leadership (Fiebig & Christopher, 2018; Hayward & Krause, 2014). An important theme in this work is the investigation of whether the global pandemic and migration to digital religion impacted the experience of the church as a therapeutic landscape and its implications for well-being. Despite these significant contributions, little is known about the changes in the therapeutic landscapes and networks of older adults during the global pandemic. Due to lack of activities, older adults are vulnerable individuals with limited mobility and personal time. Furthermore, because of restrictions on in-person religious activities and the subsequent shift to digital religion, older adults frequently have few, if any, opportunities to interact and worship with members of their religious organizations. Thus, a shift in religious gatherings and practices as well as outside-of-church activities is critical to ignoring their physical, socioeconomic, mental, and symbolic well-being. This study fills a gap in the therapeutic landscape and network literature by investigating this understudied and vulnerable population. Furthermore, we contribute to the current therapeutic landscape research by demonstrating how therapeutic landscapes and religious activities are linked to intergenerational learning experiences.

Methodology

The research that underpins this paper was originally intended to build knowledge and capacity in religious research with adults in five churches in Accra, Ghana, to provide guidance on issues and challenges, develop a case study, deepen our understanding of therapeutic landscapes, and promote well-being among older adults. In Accra, Ghana,

research was conducted with various church organizations, including the Methodist Church, Christ Apostolic Church, Assemblies of God Church, Church of Christ, and an individual church (name withheld) during COVID-19 lockdowns. To create vibrant interactive spaces for religious leaders and members to share and develop their knowledge of the changing religious practices caused by the COVID-19 pandemic, semi-structured interviews and a focus group via phone and Zoom Video Conferencing were employed. In this way, the study was intended to be educational for participants who discussed what it meant to practice digital religion and its implications for their learning and well-being.

A total of 17 participants were found through existing networking and snowballing methods. There were five females and seven males among the participants. In addition, there were five pastors/church leaders. As most religious leaders are men, all five church leaders/pastors happened to be men. Participants' ages ranged from 63 to 76 years ($M = 68.2$). Their levels of experience varied from pastors to congregants, as did their years of service to their respective churches. Most of them were elderly people who had been members of their church for many years. Individuals agreed to participate via phone conversations after their eligibility was determined, with the interviewer explaining the research procedure, risks, and benefits. Interviews were conducted over the phone in English and Twi (a major Ghanaian language). The interviews took place between April and June 2020, and lasted between 40 and 55 min. In June 2020, a one-and-a-half-hour focus group discussion with pastors or church leaders were held. The Zoom platform was used to invite all five pastors who presided over the five churches where the research was conducted to the focus group discussion. However, only three of them were present during the focus group discussion, which went ahead as planned. Although only three people attended the focus group, the discussion provided new insights into the impact of the COVID-19 pandemic on church activities and members. The goal of the focus group was to hear the opinions of the pastors, who oversee the various churches' operations in addition to the congregation members. It also served as the starting point and further inquiries for the individual's interviews. Participants' (leaders') thoughts on how COVID-19 has affected religious activities and members' wellbeing were discussed in the focus group. It also looked at the backdrop of their congregation and other aspects of spiritual life, as well as how the leaders succeeded or failed in areas like rituals, financial and social assistance, and online activities. The focus group began with a broad question asking members to explain the COVID-19 experience in creating religious places of worship, and it then moved on from there. The focus group mirrored a conversation more so than a formal interview setting. Participants' interviews (members) and the themes that developed from the focus group discussions were combined, and they were presented as anecdotes.

Potential participants were invited through their church leaders and interviewed via phone to avoid in-person interactions. The inclusion criteria were as follows: (a) church leaders/pastors and (b) older adults aged 60 years and above who were members of a church and regularly attended church before COVID-19 and subsequent lockdowns and church suspensions. The current study was conducted during the initial COVID-19 outbreak in Ghana, and it was difficult to obtain protocols from any ethical board because all sittings were suspended during the restrictions. However, there was an urgent need to obtain empirical data to discuss findings that could aid in understanding the

transformation to digital religion and changing therapeutic landscapes. Despite this challenge, the study adhered to high ethical standards for data collection. For example, participants' informed consent was obtained verbally. There was full disclosure and voluntary participation. Third, participants were informed of their rights to refuse to answer questions that made them uncomfortable and to withdraw from the study if they so desired. Furthermore, quotes from participants were presented anonymously.

The member-check principle was used to ensure data credibility, whereby interviewees confirmed their narratives in the transcript before being included in the study. This was done to ensure that the study did not misrepresent participants' perspectives. In addition, each of the four collaborators made a significant contribution by thoroughly reviewing the papers for consistency. Furthermore, this study was guided by the therapeutic landscape theory which enables us to comprehend the connection between well-being and place. Finally, the findings of this study are consistent with those of other studies conducted worldwide. To better understand, the data from in-depth interviews and the focus group were analysed using a "range of interconnected interpretive practices", with each practice making "the world visible in a different way" (Denzin & Lincoln, 2005, p. 4). To specifically elicit themes and narratives about digital religion in changing therapeutic landscapes, transcripts of 12 interviews and a focus group discussion, as well as accompanying field notes, were analysed. This was done without any prior hypothesis, except that participants were aware of the transition from traditional to digital religion. The authors linked the themes to the more extensive literature on therapeutic landscapes as sites for physical, social, emotional, and symbolic well-being spaces, and investigated the nature of the new digital religious space.

Findings

The findings of the current study were based on primary and therapeutic landscape themes. Primary data has been linked to therapeutic landscape themes of agreement, disagreement, and bridging the gap between theory and practice in this regard. The themes identified in our analysis are consistent with Gesler's (1992) initial proposal of the concept's core material/physical, social, spiritual/emotional, and symbolic dimensions. Other themes, such as intergenerational learning experiences, were also introduced. Quotes from the interviews and focus group discussions were used to illustrate participants' experiences and perceptions of (changing) religious sites and their effects on well-being.

The material/physical dimension

Before discussing participants' changing religious places, many scholars have offered strongly held views on how religious spaces affect participants' well-being. Place defines the identity, significance, meaning, intention, and perceived value that people assign to places based on their interactions with them over time. People derive meaning from physical space in a variety of ways, including identity and feelings of security, as settings for spiritual life and employment (such as pastors), and as locations for aesthetic experiences. As a result, a change in physical space had a significant impact on participants' experiences and well-being.

> You frequently meet several members at church, so a bond is formed. On the contrary, when this COVID began, you hardly saw or heard from the brethren, members did not call, the youth did not meet, and you felt lost. It is a significant shift, and it is detrimental to our spiritual development. (Male Pastor, 62 years old #2).

> Previously, the church was run by elderly people. Now that the church has more legs … [It is] deconcentrated in the sense that smaller groups of people who can engage online meet (A 63-year-old man).

Moral, value, and aesthetic judgments are transferred to specific sites through lived experience, and as a result, they acquire a spirit or personality. This subjective knowledge is what gives such places significance, meaning, and emotional value to those who visit them. Religious sites and churches were closed because of COVID-19 and the subsequent restrictions on in-person meetings, and in-person meetings were replaced by digital or online meetings. These alternative spaces were unfamiliar to members, the majority of whom did not perceive or recognize them as religious or spiritual places of worship.

> Do you understand what I mean? It is much easier for me to concentrate on the sermon in church than it is in virtual meetings. However, virtual meetings are more like chatting with friends than serious business. I believe it has an impact on our religious life; we cannot grow with this type of worship (a 64-year-old woman).

> Some of us believe that God is everywhere and that He hears our prayers no matter where we are. The issue with this lockdown is that every Sunday, people gather to take the Lord's Supper. As the Bible instructs, we must remember our Saviour once a week. So, we encourage our members to gather in smaller groups at some of our members' homes to partake in the Lord's Supper (Male Pastor, 46 years old, #5).

Landscapes can be read and interpreted in the same way that a text can. When one understands a place or landscape through the conceived and perceived world, one recognizes that it is more than just a physical entity. As a result, places can have multiple meanings and representations, which affect the occupant's well-being. As a result, these changes raise serious concerns about whether online engagement can effectively restructure their relationships amongst themselves while maintaining the status quo in terms of their relationship with the Supreme Being.

The social dimension

The social dimension of the therapeutic landscape distinguishes religious sites, such as the church, as "care" settings. Social interactions that establish and sustain these relationships are common in places like churches.

> When we physically meet, we get to interact, which helps us settle in and feel like part of a family, especially for us older ones. Loneliness is a bad thing. You always have a headache when you're alone. It also helps to share problems through advice – this helps to avoid excessive pressure. Physical interaction allows people to forget about their problems for the time being. The church is a welcoming environment for all, which cannot be replaced by online engagements (A 68-year-old woman)

Perhaps most intriguingly, online social contacts may disrupt the trust-building process or be disliked because they depersonalize the relationship. As the quotes above suggest, increased loneliness is a negative mental health outcome caused by a lack of social

interaction. Participants' access to online religious engagements varied, as many were older adults who did not have smartphones or computers or were not technologically savvy. As a result, the church serves as a family gathering place and a physical meeting place for members.

> These kinds of relationships have limitations. Although online engagement has the potential to help us in these difficult times, church activities such as weddings, naming ceremonies, and other church social activities are no longer available. This will eventually rip the church's social and spiritual fabric. That kind of cohesion that holds people together has vanished (A 63-year-old woman).

Human ideas shape the landscape, and human intentions shape and sustain places, but our experience of space and place shapes human ideas. The latter part of this relationship, in which the experience of space and place shapes human ideas, is especially important when discussing therapeutic landscapes in religious place-making practice. This is because the landscapes that people can choose to experience, either physically or mentally, influence their overall experience and well-being.

> Members used to give generously in the run-up to COVID-19. Our contributions have been reduced significantly, which has a wide-ranging impact on the church. We still pay our bills, give to the poor and elderly at church, and so on. How can we do all of this if we don't get contributions from members? (Male Pastor, 53 years old, #4).

> The pandemic has had a significant impact on our operations. We receive very few contributions from members. The church must be supported, and everything involves money. What is the source of the funds? We speak for ourselves. I mean, this is the time for the church to show love to others, but we lack the resources to do so. It has had a significant impact on us, but God knows best (Male Pastor, 46 years old, #5).

A related concept to the social therapeutic landscape theme is that religious sites can be found as God's means of providing welfare to people. Religious sites are avenues for members' social welfare by providing material needs such as food, clothing, and finances. COVID-19 has primarily relegated collections and contributions to a small number of people who can send mobile money or cheques but not the kind of contributions they would receive in physical meeting places.

The symbolic dimension

Landscapes are also symbolic systems in that they help to construct cultural images and signs. The culturally defined health and healing symbols found in the church (building) are central to the therapeutic landscape concept because they influence the "way of seeing" the landscape. Once such a symbolic system is understood, therapeutic landscapes can be interpreted, defined, created, and applied in healing and health practices through religious practices. As some participants noted, the symbolic and social transformations of church activities are reflected in participants' place imaginaries:

> There is no high-quality worship here. We must gather in the church for quality worship. We need to look each other in the eyes and sing together. We need to shake hands and give people hugs. We know that when two or more people gather in His name, He is present. It's not about meeting online or over the phone (a 66-year-old woman).

> I initially despised the idea of going online. I had this boy who kept telling me, "We can arrange Zoom meetings for free for a limited time". I didn't want to because I didn't have access to the internet, computers, or phones. It wasn't true. I'm still on the fence about meeting online. You don't have a spiritual sense (Male Pastor, 66 years old #1).

Symbols such as the Lord's Supper or communion reflect the various ways in which congregation members express their faith. Participants regard the church (building) as a holy place where God and His Angels meet congregants for fellowship. As a result, anything outside the church is not as holy as what is inside.

> It was a real communion back then, not the one we are participating in now – real communion with our Saviour. It has changed dramatically. It has become routine (a 71-year-old man).

The symbols serve as a means of socialization into a specific material context. Symbolic practices were discovered to be a fundamental component of therapeutic landscapes. The physical location and practices demonstrated the significance of meaning, value, and experience in happiness. As participants in the church experience discussed, the concept of a sense of place enabled a better understanding of the psychological rootedness inherent in certain therapeutic environments. Why aren't there more members participating in [online meetings]? I don't think it's because they don't know how or don't understand it. It has to do with what they don't want to do and how they feel (a 67-year-old man).

Nonparticipating Christians are simply perplexed. Their decision to withdraw is understandable because the online environment is not "wholesome or holy" to them. The quotes above are haunted by an imagined poor (not holy) environment that is out of the ordinary.

The spiritual/emotional dimension

Religious sites' assemblage character as embodied-emotional-spiritual-social experiences. The symbolic and social environments of religious sites can foster a sense of community and belonging that is conducive to spiritual healing through rituals, prayer, and congregational singing.

> It's a haven for members and a sacred space for God. He [God] prefers that we meet Him in person rather than online. Online! It's a lower level of expectation (A 64 – year-old woman).

Religious settings are ideal for the formation of spiritual bonds. Indeed, a member's or believer's sense of comfort in their religious places was frequently related to their appreciation of religious places as "sacred places". For some, online interactions are more difficult than they anticipated:

> So, for better or worse … There have been several events that have … altered our spiritual lives. They have pushed some of our faith to the sidelines. One of my concerns is that everything feels like a youth gathering, especially with the Zoom meetings, where the youth post comments, show their faces, and laugh with friends here and there. I always say that this is a place of worship, not entertainment. In comparison to actual church worship, I believe it is not spiritual. (A 67-year-old man).

Meeting online for religious practices threatens older people and their spiritual imaginaries in these examples, revealing that they see spirituality and digital religion as mutually exclusive. An older adult arguing against digital religion emphasized the idea that service has an inappropriate spiritual mix:

> It's overrun with young people who want to stay at home. That kind of spiritual feeling has vanished. It's more like a secular group than a spiritual one. Virtual meetings, in my opinion, are simply a way for members to see each other and talk, not a replacement for church or worship. (A 76 years-old man).

This statement both gives younger people advantages and contributes to the poor spirituality of deserving older adults.

Opportunities for intergenerational learning and support

Furthermore, we consider religious places and practices to be dense sites of intergenerational learning opportunities, in which older adults and younger people collaborate as a complex bundle of learning processes. A number of these activities were cancelled as religious practices changed online. As one older adult puts it, "The social and material transformation of religious places is reflected in participants' place imaginaries".

> The Church [name withheld] is located on a small island … It used to be a learning environment [before COVID-19], but now it's the opposite! Older people have years of experience and are used to preaching, sharing personal experiences, reading to the young, and mentoring younger people in spiritual development (A 74-year-old man).

Another participant mentioned previous perceptions of the Church as a "learning place" through its various activities during physical meetings:

> We used to have small group meetings during Sunday school where older adults would volunteer to teach each group according to their needs, such as career choice and development, child rearing, bible studies, and so on (Male pastor, 61-year-old #3).

And elderly women expressed similar sentiments:

> I used to help the younger ones, and I used to take care of their babies at church. That is what we, the older generation, are supposed to do: support the younger generation. Some of them have called to say they missed me, but I can't see them now (A 70-year – old woman).

It appears that there is a lot to be gained for individuals, groups, and the church by promoting learning and support. Older adults with years of experience can benefit their communities in a variety of ways, including continued Bible teaching, volunteering, caregiving, and intergenerational activities.

Some pastors blamed the senior population's lack of interest in virtual worship on a lack of education. However, a lack of understanding makes it difficult to effectively enforce the promises made by virtual worship about quality and delivery. As a result, affiliation with online engagements is frequently viewed with scepticism.

> The older adults' lack of educational background is one of the reasons they do not want to engage in online activities. What I've discovered is that some older adults don't even know how to use analogue devices, let alone digital devices for online streaming (Male pastor, 62 years old #2).

> We're concerned about what will happen in the coming months … This government, with the new restrictions, claims to be changing the restrictions. They claim that they will allow churches to meet for everyone to meet (Male pastor, 53 years old #4).

Acquiring the technological skills required to participate effectively online for most older adults is difficult, and only a few and the youth can do so due to their relatively privileged backgrounds.

Discussion

According to the findings of the study, many church leaders and older adults are concerned about the changing spiritual dimensions of the church as a therapeutic landscape, including the challenge of worshipping and practising religion in a spiritually acceptable manner. Emotional distress results from a weak connection with God. Being confident in one's relationship with God was linked to an increase in religious conduct, fulfilment in one's prayer life, and the conviction that there is meaning to life. It appears that rising levels of these spiritual and religious factors are associated with decreased emotional distress (Freeze & DiTommaso, 2014; Hall, 2004). Furthermore, spiritual insecurity may be more difficult for older adults who have lost some of their traditional religious practices. As identified in this article, older adults face challenges related to religious change across all five themes. Though online availability in religious meetings where "spiritual" engagements are easily accessible may appear to be an alternative availability, older adults in this study expressed reservations about online religious practices.

Churches can be physical, social, and symbolic elements of the environment that are perceived to have healing powers (Agyekum & Newbold, 2016; Gesler, 1996). The physical space provides a location for people to gather and/or participate in worship-related activities. Members have access to the sacred physical space, which contains other symbolic elements. Churches, for example, have a positive reputation because members perceive that they provide qualities for human needs such as security, a sense of identity, and material wants (Gesler, 1998, p. 17; Agyekum & Newbold, 2016; Qayyum et al., 2020). A seismic shift in social culture (during COVID-19) opens the possibility and challenges of a new understanding of participation and well-being in religious communities (See Capponi & Carneiro Araújo, 2020). Churches have a crucial role in helping members and meeting their requirements in terms of safety, health, and spirituality. The strategies used by churches during the pandemic have a substantial impact on the mental health and wellness of their people (Farris et al., 2021). It is good that so many religious institutions handled the unique circumstances quickly. They changed the focus from face-to-face meetings to online meetings. Online meetings allow participants to continue their religious routines, which has been demonstrated to promote mental health and psychological resilience in the long term (Wood, 2017). However, this change might cause acute stress in certain older adults because of the lack of time for adjustment.

Culturally appropriate practices in their online meetings included not only sharing the word of God, but also those perceived to be more interactive, spiritual, social, and less virtual. According to other research, older adults are concerned about spirituality in virtual worship (Campbell & Vitullo, 2016; Dein & Watts, 2023). Virtual meetings also had an impact on the ability to participate in rituals such as the Lord's Supper. Our study's older adults noted that celebrating the Lord's Supper online was not possible because congregants could not partake of the bread and wine, which is an essential part of the ritual. Online worship is not spiritual for most of them. Dein and Watts (2023) discovered that while virtual services were better than nothing for participants

attending two Sunday virtual services in Cambridge, they had significant limitations in terms of participation, belonging, ritual participation, and the type of religious experience engendered. Even when there were no ritual constraints, older adults in Chatters et al. (2020) study were critical of the spiritual effectiveness of virtual meetings, noting that it deteriorated in the faith they served.

In our study, both pastors and some older adults believed that a lack of technological knowledge and access were significant barriers to embracing virtual worship. This is consistent with other studies that show that technological insecurity is strongly linked to a lack of interest in digital religion, particularly among older adults (Jokisch et al., 2020). Lower digital literacy has been linked to lower use and acceptance of digital media platforms, as well as lower participation in religious activities and fewer search for online religious materials (Tohara, 2021; Zapletal et al., 2023). Participants in our study expressed dissatisfaction with being denied more religiously specific and required symbolic rituals, such as communion.

Gesler's therapeutic landscape recognizes the importance of places in providing emotional and mental health benefits (Gesler, 1992). It captures the subjective ways in which people interpret religious sites. It includes feeling good about oneself as well as one's social relationships, among members/believers, between members, and in communities (Agyekum & Newbold, 2016). Other researchers have emphasized "the principle of the common good" and fellow feeling for members, promoting a concept of relief/happiness that embraces positive aspects of our social being (Canizales, 2019; Chatters et al., 2020). The church, for example, can be interpreted as creating "healthy spaces" that contribute to members' spiritual and mental well-being through its activities before virtual meetings. Many participants expressed dissatisfaction with their inability to participate in weddings, naming ceremonies, and other church activities, which influenced their perception of the church as a therapeutic landscape. Fear and isolation of those with multiple vulnerabilities, dissolution of social support networks, disruption of everyday life that we take for granted, and mental health impacts on individuals are real and anticipated outcomes of this pandemic, according to Manderson and Levine (2020). Furthermore, isolation and quarantine used as preventive measures might lead to loneliness, which can have detrimental impacts on mental health.

Though church leader participants reported using virtual meetings to cope with spiritual insecurity, older adults believed there was a stigma associated with the use of digital religion, like Isetti's (2022) findings from South Tyrol, implying that despite their familiarity with digital tools and technology-based solutions, Russian immigrants chose not to use digital media to search for religious content or attend religious services. The religious participants in our study did not mention stigma; instead, they cited being resentful of digital religion or believing that the practices were spiritually inappropriate or detrimental to their well-being as reasons for not using it. Mostly those characteristics of religion that exhibit attachment components, such as believing in a personal, loving God with whom one has a deep and secure relationship, are those that have the strongest links to mental health (Granqvist, 2014). Again, therapeutic concerns play a role in religious access, as many participants do not use digital religion, despite the need. Healing places, for example, achieve positive or negative reputations because people perceive that they do or do not fulfil basic human needs such as providing security, a sense of identity, material wants, or aesthetic pleasure (Gesler, 1998, p. 17; Agyekum, 2019; Canizales, 2019).

One of the study's most original and significant findings is the gap in opinions and perceptions of pure religion between church leaders and older adults. Many older adults were concerned about the lack of opportunities for church activities, such as caregiving, mentoring, and volunteering. With the knowledge that religion is a psychological and social resource that may be utilised to cope with stresses, studies have generally shown a favourable link between religion and mental health (Agyekum & Newbold, 2016; Nguyen, 2020). Additionally, social links among religious communities play a significant role in providing social support. It is argued that as older adults gain knowledge and become more socially engaged, their personal and community well-being improves (Merriam & Kee, 2014). Participants also felt that when religious services were available through virtual meetings, they were less spiritual and did not look good. Church leaders, on the other hand, saw low income, a lack of digital knowledge, and a lack of useful skills as the most pressing issues. Church leaders also emphasized the importance of teaching older adults about digital religion, online meetings, and contributions via mobile money platforms as appropriate, less expensive options. This finding is consistent with Brookfield's (2012) third learning task for developing communities, which is "learning to develop collective forms, movements, and organizations", which is "the interdependence tradition that holds that the wellbeing of the individual and the wellbeing of the collective can never be separated" (p. 880). Participants also expressed nostalgia for church weddings, naming ceremonies, and potlucks.

Most dissonances between older adults and digital religion were related to older adults' therapeutic perceptions and needs regarding the functional and/or symbolic significance of religious places, emphasizing the importance of considering digital religion's symbolic dimensions. Addressing the issues associated with each of the therapeutic dimensions of religious place-making from a therapeutic standpoint allows for a systematic understanding of how one may have access to digital religion, but not enough to satisfy traditional yet spiritually more satisfying practices (Campbell & Evolvi, 2020). Participants may not achieve spiritual security, and their health and well-being may deteriorate if governments and policymakers fail to recognize these therapeutic issues. The findings of our study lend credence to the theoretical literature on the mechanics of religion, which postulates that a variety of religious practises have both direct and indirect impacts on people's mental health and well-being (Agyekum & Newbold, 2016; Freeze & DiTommaso, 2014; Hayward & Krause, 2013). Theoretical studies view religion as a social and psychological resource that may be exploited as a stress reducer and buffer. Thus, religious practises, both public and private, can support mental health and assist avoid mental illnesses. They aid in overcoming feelings of inadequacy, anomie, worry, fear, frustration, rage, and isolation (Moreira-Almeida et al., 2006). For example, Agyekum and Newbold (2016) discovered that attending in-person religious services reduced stress and loneliness among Canadian immigrants. Through the consumption of ethnic nutritional foods, recreation, language support and training, and employment, they were able to restore positive emotional states and comfort (Qayyum et al., 2020). Participating in these religious activities provided a sense of belonging and served as an antidote to stress and loneliness. If religiously satisfying services are not available or are no longer enjoyed in the church, the emotional stress caused by the loss of religion may not be relieved, which can hurt mental health (See Dein et al., 2020).

Finally, when it comes to religious security, it is important to remember that maintaining traditional in-person services is not always the goal of all individual congregants. Rather, many congregants, particularly young people, may want to adapt to their new (virtual) religious practice while retaining elements of their in-person traditions. This is consistent with the findings of Ganiel's (2021) study of the Irish clergy, which found that online ministries have facilitated a renewed interest in religion, intensifying the commitment of stalwarts and even reaching those on the periphery of faith. Many of the study's participants expressed a desire to learn how to join services online and integrate them into their traditional in-person experiences, which include learning from the ground up. This relates to intergenerational and reverse mentoring, in which the youth take charge of nurturing older adults into digital transformation, such as training the older adults on how to incorporate digital religion into their lives. In our study, older persons who experienced social isolation because of COVID-19 were less likely to engage in online or digital religion. Social isolation is a precursor for mental health. Previous research has shown that social support is essential for emotional adjustment (Zhang & Schwartz, 2020). According to previous studies and our findings (Saltzman et al., 2018), social isolation is predicted to increase the COVID-19 pandemic's negative effects on mental health.

Conclusion, limitations of the study and some research & policy implications

The transition from in-person to digital religion involves both ruptures and continuations. The transformational shift from in-person to virtual space is embodied in this study by new religious place-making and the development of new forms of religious spaces, altering perceptions of the church as a therapeutic space. The changing therapeutic landscape of the church is reflected in issues such as perceptions of church space, continued separation and marginalization of older people, and unequal access to religious practices, which characterize many interactions between older and younger people. The church is a complex synthesis of traditional and emerging digital religions. The church reflects how changes in religious practices caused by a global pandemic affect local communities. First, it should be noted that this study used a Ghanaian sample, which introduces two new limitations. First, not all countries responded to the pandemic in a coordinated manner. Social distancing guidelines differed by country, with some areas allowing social gatherings for religious services. As a result, the findings may not apply to specific communities. Second, the pandemic's effects varied by country, so the effects may have been severe in other countries. As a result, the current findings may not apply to other countries. This study is also limited in that it excludes the perspectives of youth, who may have had different and more positive experiences with moving religious services online. In their study of new media for religious youth in Israel, Golan and Don (2022) propose this. More research should be conducted in Ghana to investigate the perspectives of young people in greater depth. Older people had been left vulnerable, necessitating policy intervention to improve their well-being. As a result of their unfortunate situation and the subsequent implementation of virtual engagements, the lives of older adults deteriorated in terms of meeting basic needs, providing respite from isolation, providing support, income, and contributions to the church, and the spillover

effect to the community and other family members (orphans and widows). Thus, isolation and online engagements used as preventive measures may result in loneliness, which can have a negative influence on mental health. Plans for mental health surveillance during and after this pandemic are required to enable an appropriate response to the perceived mental health difficulties (De Sousa et al., 2020). The decrease in collections, contributions, and support from members has had an impact on the socioeconomic transformation of members who at least have a beneficiary, resulting in social exclusivity and blockage development, reducing a more secure and resilient quality of life.

Beyond its theoretical significance, this analysis has important policy implications and implications for epistemological issues in religious place-making and the well-being of older adults. In terms of policy implications, the multiple and discontinuous networks that comprise digital religion raise significant concerns about how religious development programs should be targeted. That is, should they encourage online interaction with like-minded individuals or social groups as one way to promote members' well-being? However, it is clear from the current study that many participants who were religiously and socially isolated were not participating in virtual religious services. Some research has found that online religious community involvement benefits well-being in ways that in-person religious community involvement does not (e.g., Okun & Nimrod, 2020). Scholarship on how online communities meet people's religious needs during the pandemic is still emerging (e.g., Dein & Watts, 2023; Isetti, 2020). Other virtual religious groups, such as groups based on common interests such as adult classes, bible class networks, or informal virtual groups, could presumably be formed. Although such virtual interactions cannot completely replace face-to-face socialization, they may be able to provide some of the essential human interaction. To supplement these, this study suggests a reverse mentoring process in which younger people who are technologically savvy train older people on how to use digital tools to access virtual religious services. Adopting digital religion can help older persons mitigate some of the effects of social isolation, as loneliness and social isolation are linked to cognitive issues like dementia, immune system issues, and mental health issues. Additionally, increased social isolation and loneliness lead to behavioural problems that have a serious impact on one's physical and mental health.

Clinical implications of the study are also included. Religious practices and relationships should be taken into consideration in therapeutic practice with older persons, given the significance and relevance of religious practices and participation among older adults. Initial therapeutic evaluations, for instance, should gauge a client's level of participation in religion and their interactions with fellow believers. To assist in identifying the clients' available stress-coping resources, information on objective (such as frequency of interaction with church members) and subjective (such as fulfilment with relationships and subjective connectedness) relationship aspects should be gathered (See Nguyen, 2020).

Furthermore, religious leaders should not only educate older adults but also raise awareness of the importance of embracing digital religion as spiritually equivalent to traditional face-to-face religion. They are more likely to invest in digital religion if they see it as a potential site of religious revitalization, thereby hastening the transformation of religion from an event-based (weekends in a building) to something spread across multiple virtual and in-person networks (see Campbell & Osteen,

2020). The study advocates redefining religion's spiritual component in a multifaceted manner by including the physical, social, symbolic, emotional, mental and other factors that characterize religious place-making, as well as considering vulnerable religious places that jeopardize the well-being of populations, particularly older adults. The emphasis is on therapeutic landscapes. The (re)introduction of the therapeutic landscapes concept was a watershed moment in the process of re-examining the potential effects of place on the well-being of individuals and researchers. It focuses on gaining access to a socio-ecological sense of well-being rather than the biomedical aspects of health and well-being. A better understanding of therapeutic landscapes, on the other hand, is a significant precursor to more equitable attainment of older adults' well-being.

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