



Death, the Body, and Ritual Practice in the Northwest Territories of Canada: An Ethnographic Study of Long-Term Care Settings

Dr. Nicholas Chielotam Akas^{1*}

¹Department of Addiction and Community Health, Sundance College, Calgary, Canada.

Corresponding Author: Dr. Nicholas Chielotam Akas

Department of Addiction and Community Health, Sundance College, Calgary, Canada.

DOI: 10.67224/ioasdjmps.2026.v03i03.005

ABSTRACT		Review Article	
This study explores death rituals and cultural practices surrounding the preparation of the deceased in long-term care facilities in Canada's Northwest Territories. Drawing on ethnographic observation and interviews with caregivers and family members, the study examines how Indigenous cosmological beliefs shape post-mortem rituals. The findings reveal that death in long-term care is not merely a medical event but a culturally mediated transition involving ritual acts such as body cleansing, candle lighting, and spiritual guidance for the deceased. These practices reflect Indigenous understandings of the relationship among the living, the dead, and the ancestral world. The study contributes to scholarship in death studies, medical anthropology, and Indigenous cultural practices by documenting how traditional beliefs coexist with institutional healthcare settings. The study uses a qualitative ethnographic approach to examine death rituals in long-term care settings in Norman Wells, Northwest Territories. Data were collected through participant observation and informal interviews with caregivers, family members, and community participants involved in end-of-life processes. Field observations were conducted during the researcher's time in long-term care facilities. Interview data were supplemented by observational notes documenting post-death ritual practices, including body preparation, candle lighting, and pastoral visitation. Data were analyzed using thematic content analysis to identify recurring cultural patterns related to death rituals and Indigenous cosmological beliefs. The researcher's professional experience as a personal support worker in long-term care facilities in Norman Wells provided unique observational insight into caregiving practices and ritual responses to death within institutional settings. Keywords: Death rituals, Indigenous Cosmology, Long-term care, and end-of-life care. the long term.		Article History	
		Received: 22-04-2026	
		Accepted: 20-05-2026	
		Published: 10-07-2026	
		Copyright © 2026 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.	
			

INTRODUCTION

Long-term care is specialized care for seniors in the Northwest Territories of Canada. The children of these seniors always bring their parents into long-term care to be cared for by seasoned healthcare personnel, including doctors, registered nurses, licensed practical nurses, and personal support workers. Whenever these seniors are brought in, there is always an agreement on how long they will stay, either as a rest home or permanently. All of this is well documented. Long-term care in Norman Wells, Sahtu, follows these detailed processes to ensure seniors are well cared for.

Long-term care in Sahtu, especially in Norman Wells, a small community where all members know one another, centers on health centers that serve as the community hospital. People are referred outside their

community only when an illness is beyond the health center's capacity to manage. This paper, therefore, focuses primarily on the various ritual procedures performed before, during, and after a person's passing. Paul Ike observed that "the long-term care looks like a forgotten zone for some clients, whose families do not check up regularly, except when informed of a danger."

Akas Nicholas maintained that when older adults are brought to long-term care, it is always a two-sided coin; either they live long and die, or their families might want to take them back home to continue care. Long-term care always creates room for different types of workers whenever someone dies, and these workers will be discussed in this paper. The first set of people are the emotional staff; the second set are the business-as-usual; and the third set are the next set of people.

1. The Emotional Staff: Paul Frank observes that “this is the soft part of human weakness, irrespective of how they struggle to overcome.” Heck Wings maintained that the staff of long-term care. Unconsciously, non-emotions arise simply from caring for the seniors or the dead among them. Helen King's submission truly affects this group of staff in long-term care, using Norman Wells as a study. They have cared for these seniors so much that their death, or even the announcement of death, leaves them emotionally depressed or down, and they struggle to get back on their feet again. Someone might argue that they are professionals and should detach emotions from work. But Harry Code posited that emotions are not planned; rather, long closeness with someone triggers them, either for good or bad. This set of caregivers feeds, showers, and dresses them, and even reports whenever their health conditions become abnormal. These daily actions awaken unplanned emotions whenever a client or resident dies in long-term care. This set of caregivers goes as far as attending the funerals of their clients whenever they die.

2. The Business-As-Usual Caregiver: This group of caregivers, though professional in their work with clients, believes that everyone who enters long-term care is going to die, no matter how prayerful or religious they are. Mike Utah (interviewed) said that long-term care is a pathetic stage for every senior who lives in long-term care; all they are accounting for is just days to die. Sand Helen (interviewed) said, “Yes, I am a caregiver. Whether the seniors live or die is not my worry. I don’t want anything that will hurt my emotions.” Moreover, everyone must surely die one day. This set of caregivers does not care about the emotions surrounding the deaths of those they care for, since it is obvious that their death is not far from the first day of their arrival into the long-term care facility; therefore, there is no reason to cry when they are not related to the person, and their salaries are constantly paid. The business accepts this set of people, meaning that when someone dies, there is room to welcome a new client.

3. Whose is Next Caregiver: This set of caregivers in long-term care does not see death as scary; rather, they discuss it as their favorite show. They think that every senior has a foreboding sickness that will kill them one day, so they are always at ease whenever such clients are proclaimed to have a future or imminent death. They come to work to discuss the date given for the death of any of their residents anytime they want, joking about it. Jeremiah Ikem (interviewed) observed that he was just a caregiver who wished to die a less painful journey and therefore joked about the proclaimed death, which helps him stay professional. This is where most long-term caregivers belong because they are more concerned about their money, shifts, and vacation; death means nothing at all.

Perception of Death in Long-Term Care

The act of dying in long-term care, especially in the Northwest Territories, always evokes mixed feelings

among family members. Some see it as a welcome rest for their loved ones who have suffered prolonged illness. Others see it as a profound emptiness in their lives and families. When seniors fully enter long-term care, families are always open to whatever comes, whether death or partial recovery, which may not be the same as before. Families in the Northwest Territories of Canada who bring their aged parents to long-term care do so not to hasten their parents' deaths, but to ensure they are taken care of.

Wander B. (interviewed) said, “The reason we brought our mother to long-term care is for professionals to take care of her.” Frank H. (interviewed in 2026) points out that before bringing parents to long-term care in the Northwest Territories of Canada, the decision was a family one, not an individual one. He further adds that the family decision is not only about the children but also about extended families. The perception of death remains unresolved, depending on the manner of dying and when death occurred. Brown Philips suggested that any death in long-term care leaves the family heartbroken and rejected, especially when the person is cherished and loved by all.

The style of death determines the core ideology of families of the deceased in long-term care. Families are always exposed to two types of dying in long-term care: natural death and supportive death using palliative methods. At this point, the act of a loved one dying becomes very challenging and emotionally traumatizing. Some people in the Northwest Territories of Canada find the act of sleeping and not waking up less painful, knowing fully that the deceased did not struggle so much before dying, which they appreciate so much. Supportive death using medical palliative care is very traumatizing and depressing, especially whenever they receive that information through what is called “Conference Meeting.” The word conference meeting is the medium used by Northwest Territories professionals in long-term care to inform the families of the client or resident whenever they have started approaching the end of life, with symptoms such as difficulty eating, urinating, or breathing; reduced socialization; feeling weak; and sleeping too much. When all these things are happening, it automatically becomes the moment to alert the family before the last stage of the palliative process is introduced. At this stage, the perception of death becomes horrifying, depressing, and full of regret. All these psychological effects do not mean that they are against the person dying, but rather that the thoughts of knowing they are going to watch their loved ones die slowly become a problem. Joy Philip stated that the use of palliative care during the end of life in long-term care is not always like feeling the plug of death, as families assume, but is a way of assisting the dying not to be excessively in pain at that stage. This is always true medically, but the families fail to understand the acts of dying at that stage, thereby seeing death in long-term care as a punishment. The use of the word “punishment”

here is because they are aware it will happen, and watch it happen.

Caregiver and Cultural Diversity in Touching the Dead Body in the NWT

When it comes to caregiving jobs, front-line workers are personal support workers or residential care aides, as used in the Northwest Territories of Canada. This group of healthcare workers serves as the voice for clients who are seriously ill and cannot speak out. They do so by observing changes in their skin color and in their inability to respond to social activities. This high level of training embedded in personal support workers serves as the compass that RNs and LPNs use to reach a final verdict when dealing with clients.

One challenging aspect these professionals face is the trauma of touching deceased clients, even after they have passed, simply because the job requires it. Akas Nicholas observed that when it comes to touching the deceased, everyone should always try to understand the cultural implications surrounding doing so and the aftermath. Kelly and Marcella (2015) maintained that when caregivers are exposed to touching deceased clients or even preparing them to be moved to the morgue, management always fails to ask whether they are comfortable; rather, what they want is for the job to be done quickly, irrespective of cultural diversity.

Respecting cultural diversity always helps management understand the four stages of cultural diversity when it comes to touching the dead bodies of the client in long-term care.

1. The Culture Aware: The set of caregivers understands that dead bodies are not touched without performing the necessary cultural ritual of cleansing, no matter how Western ideology tries to make it look ordinary. But when examined from a cultural perspective, there are serious side effects, so they try to avoid touching or even claiming to be sick and walking home.

2. The Cultural Unaware: This group of caregivers does not understand the cultural implications of touching a dead body; to them, it is just a dead body. Maybe they have been influenced by Western ideology, which de-emphasizes cultural diversity or norms. Because their parents do not groom them, they cannot defend a culture they do not know.

3. The Cultural Hearsay: The set of caregivers is culturally confused. They are not aware of any cultural diversity beyond what they have heard on the radio or seen on television. They find it very difficult to identify with a particular cultural norm, belief, or ideology when it comes to touching the dead bodies in long-term care. Their major concern is getting the job done as directed by management or floor supervisors; this group of caregivers frowns on discussing culture and on doing

their jobs properly. Based on the group they belong to, they would like to listen just for the sake of it, and not much else.

4. The Cultural Referrals: This group of caregivers always refers back to a single cultural ideology when it comes to touching dead bodies. They will always say, depending on the culture, without taking a firm stand on where they belong. They act as cultural police when it comes to how cultures ought to be, especially when touching the dead bodies of clients who passed on in long-term care. They know cultural norms by association or reading, like cultural hearsay. They are the ones who always remind others to perform their cultural purification whenever they touch a dead body that is not a family member.

Managerial Mistakes When Managing Death and Grief Among Personnel Support Workers in the Northwest Territories.

Management is the heart of organizational processes in long-term care; it comprises trained registered nurses and licensed practical nurses, ensuring everything is managed effectively. They are responsible for training all staff in long-term care and ensuring they have the essential skills to care for seniors. But one thing they fail to do as part of the training is to help personal support workers manage their emotional grief and psychological semi-trauma whenever their clients die on their shifts. They are the ones who set them up, ready to be moved to the mortuary.

The language management understands that the job must be done. Doing the job is not the problem; how personal support workers feel after seeing clients die during their shifts matters a great deal. Steflox Katherine (2022) submitted that the major weakness of management in long-term care is the poor care of the emotional well-being of personal support workers, who are the frontline workers. She further added that many support personnel struggle to cope with the pain on their own without managerial support, which is unethical. Management should always seek to understand how personal support workers cope, especially when they encounter unexpected deaths during their shifts. The various core areas where managerial mistakes are made in long-term care in the North West Territories or any other long-term care in Canada are as follows:

1. Psychic Evaluation: The management of long-term care in the Northwest Territories, especially in Norman Wells, should always try to engage the personnel support workers who were on shift whenever someone dies to check that they are coping with the shock or grief of the death. They should not assume all is well, or they ought to know that death must occur once they are employees in long-term care. The essence of psychic evaluation is to understand the state of mind of those witnessing such a demise and how to help them recover.

2. Cultural Awareness: This is where management must always strive to understand and represent people's cultural beliefs regarding touching dead bodies, as cultural differences must be respected. Knowing an individual's personal support worker's cultural beliefs helps determine whether they are not breaking cultural norms or engaging in unknown aftermath simply because they are being professional and dishonoring the cultural mythology.

3. Fear Management: Many personal support workers experience unwanted fear simply from seeing or touching the bodies of deceased clients in long-term care. This inability to manage fear has led some personal support workers to become depressed or to have difficulty sleeping at night, due to the sudden death of clients during their shifts. The ability to manage fear is not part of training during or after the hiring process.

What Is Death Among Indigenous People In Canada?

The Aboriginal people of Canada, like their counterparts in Africa, believed that death is not the end of life but a continuation of existence in an ancestral world, where the spirit lives on. They believed that when someone is about to die, that person is automatically regarded as one of the good spirits of their forefathers. When it comes to handling the deaths of their relatives in long-term care, they always believe that crying is judging the dead and accusing the creator of allowing the person to be created. The ideology of death among the Indigenous people of Canada makes ceremonial practices important, especially if the person has reached a certain age in life.

When their loved ones are about to die in long-term care, they are always prepared to witness the death and perform all other required ceremonial rituals. One might argue that the long-term care facility space might be a limitation in performing such rituals when it comes to the dead bodies of these loved ones. But this is not a barrier, and the custodians of ritual rites, irrespective of gender, are always ready to perform the final ritual to allow the spirit of the dead a peaceful transition to the ancestral world. The indigenous people of Canada are known as the owners of the land, so both the land and the water are sacred to them, and the spirit of the dead can travel through either the land or the water once the ritual is performed.

During workshops or seminars, management should always ask this question about fear management and suggest coping strategies for those who find it difficult to manage fear. Management does not understand what happens when personal support workers are off duty and alone in their quiet moments; these fears do not go away so easily.

The Ritual Procedure for Respecting the Dead Body at the Long-Term Care NWT

The death of any loved one in long-term care is deeply painful, heartbreaking, and unbearable for the

family. Families always feel empty whenever they lose loved ones in long-term care. Indigenous people of Canada, like other cultures in Africa and beyond, who respect the dead and their bodies, have an idealized way of honoring the bodies of their loved ones. They call it a ritual procedure because it is required; otherwise, the deceased cannot join the ancestral world peacefully. Any close relative of the deceased can perform the rites to ensure the spirit has a safe, decent journey. Some of the ritualized procedures are as powerful.

The Preparation for the Death

This is the height of everything in long-term care, the point at which both the personal support workers and the client's family (as addressed) are informed by the doctor that the client is approaching the end-of-life stage. They have developed the following signs: inability to move properly, inability to socialize properly, and fatigue. The doctor, through the long-term care supervisor, informed the caregiver of what was about to happen. The family members were also informed through a conference meeting about what was happening and when it would happen, including whether there was a possible date. At this point, the family is fully aware, which always evokes sadness.

There has been a situation where a doctor has given a date for the client's death. Some worked on the exact date, while others did not. Once the family members are aware that the client is coming soon, the first visitation will start. At this stage, people you have not seen or do not know who are related to the client who is about to die will start coming to the long-term care to see the client while alive, before they finally die.

Family members are to pay their last respects with kisses, kind words, and photos to preserve the person's memory upon their death. At this point, the indigenous people speak more of their indigenous language to the dying person for easier communication and understanding.

The Full Presence

This is the irony of presence in the life of a client who is about to die. The irony is that most people coming to see the dying client might not have visited for the first time during their stay in long-term care in the Northwest Territories of Canada. Some believed that once they were being taken care of by the personal support worker in long-term care, everything was okay, and they didn't need regular visits, only calls. Some of the deceased children or extended families can stay about 10, 18, or 20 years without visiting long-term care to see their sick parent or relations, which might be totally different when compared with African or Indian ideology, where it is a must that the children or relatives of the deceased must be fully present from the beginning to the end. But in the Northwest Territories, the ideology of full presence begins with the person's death. Immediately, the children or the relatives will decide to stay with the dying client

throughout the entire process. This is where you will see different forms of affection and attention to the dying person. When this full presence begins, the children or relatives of the person about to die in long-term care can stay days, weeks, or even months until the person finally takes the last breath. At this point of full presence, emotions are totally irresistible.

The Pastoral Visit

It is important to note that most Indigenous people in the Northwest Territories of Canada are devout Catholics; therefore, they place great importance on the Bible and the rosary. In long-term care, the sick always have other rosaries, a Bible, and a statue of Mother Teresa around them, before and during the dying process. During the pastoral visit, the Rev. Fr. will be notified in the community about the dying person at the long-term care facility. The priest immediately visits the dying person to offer the final prayer and communion to those who can still receive it. Some of them, because of illness, cannot confess, but the priest, through prayer, forgives their sins.

The death

This is where the ritual begins immediately after the person's passing is announced. The members of the family will gather immediately to pay their last respects to the dead body, such as:

a. The Body Adjust: This is where the family members adjust the body of the deceased as they wish. If the deceased died with the mouth or eyes open, or with legs bent, it is the duty of the family members to do the needful. They take their time while adjusting the body of the deceased, touching every part of the body. They have a worldview that properly aligns the body, helping the deceased associate with their forefathers in the ancestral world.

b. The Washing of the Body: This is where the deceased's direct siblings use warm water and a clean white towel to wash the body of their loved one in long-term care. During this body-washing, only family members are allowed in the room. While the cleaning is underway, they offer prayers in their native language, telling the deceased that "they are washing the body just to make sure they arrive in the ancestral world looking clean and nice." The cleaning also symbolizes that "any burden the person died with is dropped in their room, so the person is joining the ancestral world with a more relaxed mind." The use of warm water is also symbolic because it helps relax the body. I believe that since the Northwest is very cold, the journey to the ancestral spirit might be cold as well, so the warm water will help keep the body warm throughout the journey.

c. Not Crying: It is forbidden to cry in the room where the dead body is. The reason is that crying is seen as the living judging the person who has died. So, the family members and the children of the deceased always hold back their tears whenever paying their last respects to the

dead. The spirit of the dead needs to ensure that family members are happy after the deceased joins the ancestral world. In other cultures, the ability to cry shows that one feels the pain, but to the indigenous people of Canada, not crying shows strength instead of weakness.

d. Three Days of Lighting a Candle: According to the beliefs of Indigenous people of Canada, when a person dies, the children of the deceased must keep a candle lit so the spirit of the dead can see while traveling to the world of the dead. Christian B. (interviewed) said that the essence of the candle is to guide the spirits of the dead, not to disturb the living. It is believed that if the deceased is confused while traveling to the ancestral world, the candle helps. The lit candle also reminds the spirit of the dead that they don't belong in the world of the living again. The essence of lighting a candle for three days is that, for three days, the spirit of the deceased will be completely confused about where to go, but the candle serves as a guide.

e. The Opening of the Windows: Opening the windows when someone dies in long-term care is a significant ritual among Indigenous people in Canada. The purpose is to allow the spirit to leave the room peacefully, without obstruction. Opening the windows tells the spirit that the living are not keeping it from leaving the room. However, at times, long-term care facilities do not have open windows; the door can also be opened for the spirit to travel.

f. The Good Wish of the Living to the Spirit of the Dead: It is believed that a few hours after a client dies, the client's spirit is released. The spirit of the deceased remains in the room. At that point, the living can make a good wish while the spirit is still in the room. The belief is that the spirit of the deceased will ensure such wishes manifest. It is believed that those who care for the deceased are blessed in everything they do.

CONCLUSION

Death in long-term care settings in the Northwest Territories is not solely a clinical event but a deeply cultural and spiritual process shaped by Indigenous cosmological beliefs. The ritual practices observed in this study show how families and communities actively guide the spirit of the deceased into the ancestral world. Through acts such as body cleansing, candle lighting, pastoral visitation, and ceremonial presence, death is transformed from a medical event into a meaningful cultural passage. These findings underscore the importance of recognizing Indigenous ritual traditions within institutional healthcare settings. Long-term care environments must acknowledge that culturally embedded death practices remain essential for both the deceased's spiritual transition and the emotional well-being of families and caregivers. By documenting these practices, this study contributes to broader discussions in death studies and medical anthropology

about the coexistence of traditional belief systems and modern healthcare institutions.

REFERENCES

- Akas, N. (2013). The sociological elements of music in funeral: An analysis of Akwa Oke mourning in Chumukem community in Imo State. *African Journal of Arts and Humanities*, 2(1), 83–93.
- Chan, K., Leclerc, A., Bernard, S., Siong, A., Purgat, J., & Rodney, P. (2020). Death in long-term care: Focus groups and interviews identify strategies to alleviate staff burnout. *Journal for Long-Term Care*, 131–143.
- King, H. G. (2023). Indigenous funeral traditions in Canada: Honoring cultural practices. *Funeral Services*, 4(1), 1–3.
- Longboat, D. M. (2022). Indigenous perspectives on death and dying. *Continuing Education and the Joint Center for Bioethics*, 10(1), 1–22.
- Marcella, J., & Kelley, M. L. (2015). Death is part of the job in long-term care homes: Supporting direct care staff with grief and bereavement. *SAGE Open*, 5(1), 1–15.
- Stelfox, K. B. (2022). Death, dying, and credibility in long-term care: How healthcare aides were the voiceless other during the COVID-19 pandemic. *Journal of Applied Hermeneutics*, 5(1), 1–22.
- Ikem, J. (2026, March 25). Personal interview.
- Ike, P. (2026, March 28). Personal interview.
- Phillips, C. B. (2026, April 18). Personal interview.
- Sand, H. (2026, April 2). Personal interview.
- Wander, B. (2026, February 3). Personal interview.