

The Health and Heartiness of Waldorf Graduates

Douglas Gerwin

Do Waldorf graduates enjoy better health as they age, compared to others in their peer group?

A recently published survey of graduates aged 21 to 82 from Waldorf schools across Germany concludes that former Waldorf students suffer fewer incidents of chronic ailments such as high blood pressure, diabetes, heart conditions including angina pectoris, and “arthrosis” or a general hardening of the organism. According to the survey, Waldorf graduates report a significantly lower number of these ailments even when compared to the top socio-economic stratum of German society, in which these conditions are generally less prevalent.

The survey forms part of a wider study of 1,124 Waldorf graduates published last year by two German research professors, Prof. Heiner Barz from the Heinrich Heine University and Prof. Dirk Randoll of the Alanus Hochschule.¹ It shows that 33% of the general German population between the ages of 50 and 60 suffer from high blood pressure, compared to 3% of Waldorf graduates in this age group. In another striking contrast, 45% of the general population complains of arthrosis in their joints, compared to just 5% of Waldorf graduates.

These statistical differences—one in nine or ten—were so striking that the authors of the survey decided to test their numbers against a more selective population with a demographic background similar to the Waldorf graduates. For this purpose, the researchers chose data that the Robert Koch Institute (RKI) had gathered from a group of 866 people aged 20 to 68, whose profile in terms of age, gender, and marriage status most closely matched a comparable group of 871 Waldorf graduates. In this comparison, the differences were less extreme but still statistically significant. Of the RKI group, just over 25% reported problems with arthrosis, compared to just under 10% of the Waldorf graduates. In regard to ailments of high blood pressure and angina pectoris, Waldorf graduates reported about half as many cases as the RKI group. The only condition for which both groups reported comparable levels was for hay fever, which just over 20% of the RKI group reported as having, compared to around 18% of the Waldorf group (see Table 1).

A more detailed analysis of the RKI and Waldorf groups revealed a further difference in trends when they were compared in three age groups: ages 30–37, 50–59, and 62–66. As illustrated in Table 2, the onset of these ailments

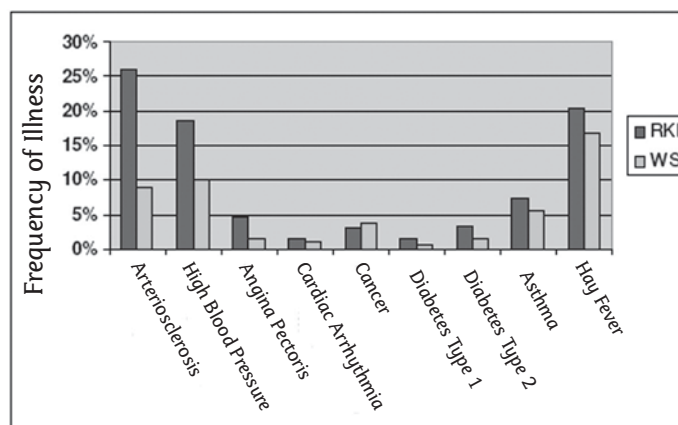


Table 1—Relationship to Various Illnesses Comparing Public and Waldorf Graduates

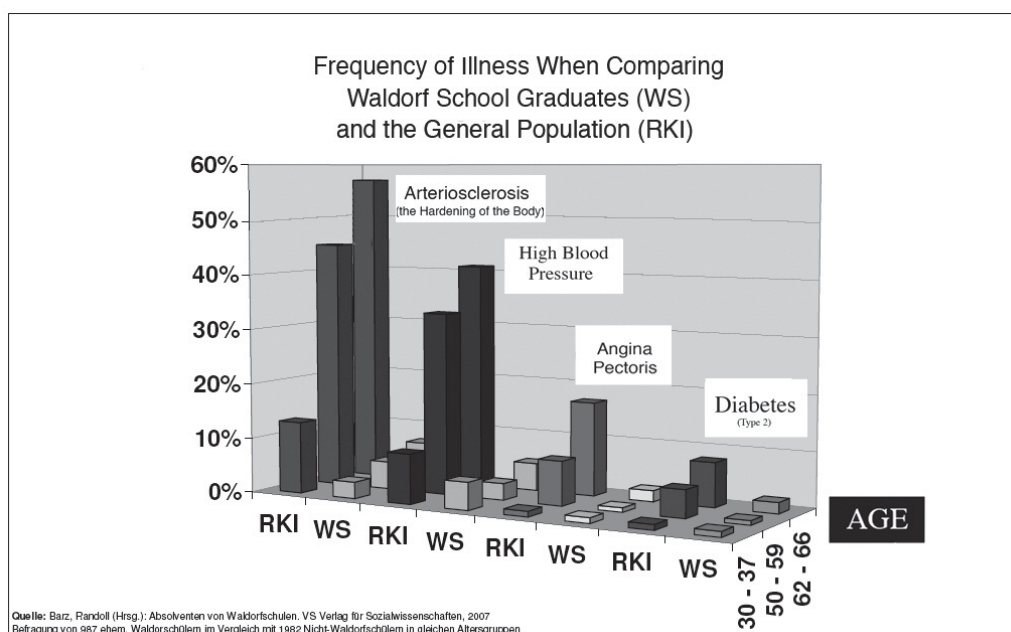


Table 2—Frequency of Illnesses Comparison

increases exponentially from one age group to the next among the general population, whereas for the Waldorf graduates the increasing trend towards onset is gradual—or in the case of blood pressure even reduced—as they grow older.

The researchers point to certain factors that may have influenced the data without however eliminating these striking differences. Among these factors:

1. The formulation of questions on the Waldorf survey was less specific and may therefore have generated fewer responses; by contrast the RKI survey included more synonyms for these medical conditions and may therefore have prompted more responses.

2. In both surveys, the incidence of illnesses were self-reported, rather than being diagnosed by a physician or health care professional.

3. The frequency of reported illnesses varied among different socio-economic backgrounds. Specifically, those with less education (lesser social status) report more cases of high blood pressure and general arthrosis. In this context, it is worth noting that 63% of the Waldorf group had taken the state Abitur exam at the end of high school, whereas only 3% of the RKI group had reported sitting for this exam.

4. The Waldorf graduates participating in this survey came exclusively from the former West Germany, whereas the RKI survey polled people from both former East and West Germany.

A more recent RKI survey in 2003–04 of Germans from both parts of the country provided a more nuanced picture of the nation's general health by separating responses both by gender and according to three social strata (see Table 3). In addition, the survey asked whether a physician had diagnosed various conditions, rather than simply asking the respondents to name the illnesses they suffered. Generally this latter survey showed that

- a) in both men and women, the higher the social stratum, the lower the reported incidence of these illnesses.

- b) women in all three strata reported higher levels of these illnesses than men, with the exception of high blood pressure, a condition in which the results are reversed.

Results from these three social strata were then compared with Waldorf graduates. Even if one were to assume that Waldorf graduates fell mostly in the top social stratum by virtue of their generally higher levels of education, the Waldorf graduates still scored significantly lower in the number of each illness compared to any of the three strata.

As Tables 4a and 4b show, about 18% of women in the top social bracket reported high blood pressure, compared to 9% among the female Waldorf graduates. Among men the difference is even more pronounced: nearly 30% of men in the top social bracket reported high blood

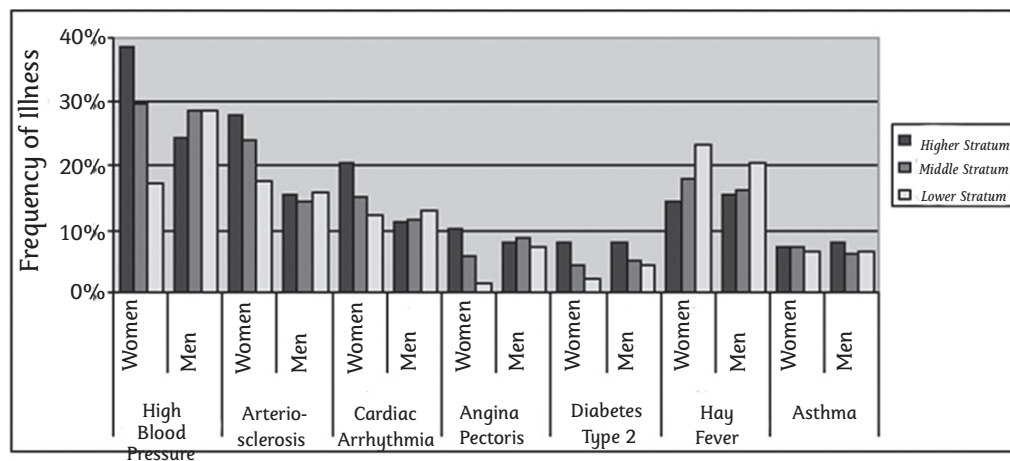
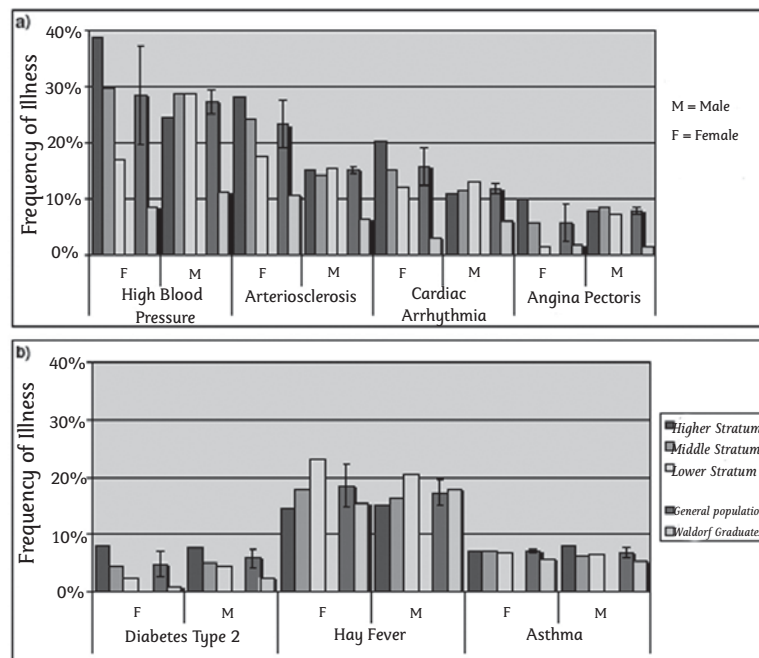


Table 3—Frequency of illnesses among men and women in the higher, middle, and lower social strata of the general population

pressure, compared to around 10% of the male Waldorf graduates. For conditions of general arthrosis, Waldorf graduates reported about half the number of incidents compared to respondents in the top social bracket. Likewise incidents of angina, diabetes, and asthma were fewer in the Waldorf group compared to all three social strata of the general population.

Interesting exceptions to the general trend could be observed in conditions of heart distur-

bances and hay fever. Among women, those of the higher social strata reported fewer incidents of heart circulation problems but among men the trend was reversed. However, in both ailments the number of Waldorf graduates reporting this condition was well below all of the general results. In the case of hay fever, the higher social strata reported higher levels of this condition, but the Waldorf graduates still reported fewer incidents of this ailment. Only among males did the



Tables 4a and 4b—Frequency of illnesses among men and women in three social strata of the general population (RKI) compared to former Waldorf students (WS). The bars showing average frequencies for the general population indicate the middle standard deviations with a vertical line ("I").

Waldorf graduates report slightly higher levels of hay fever than the average of all three strata among the general population.

Finally a comparison of Waldorf graduates to the general population in both the former East Germany and West Germany showed that, overall, Waldorf students reported fewer incidents of these ailments than the population from either the eastern or western portions of the country.

For those familiar with Rudolf Steiner's statements about the healthy effects of Waldorf education, these survey results will come as no surprise. From the very beginning, Steiner indicated that education promotes health to the degree it cultivates a balance of intellectual, emotional, and volitional life in the human being, and it risks promoting illness not only in the child but later in the adult to the degree it does not. Indeed, in a lecture four years after the founding of the first Waldorf school, Steiner warned that "if we allow the child to think abstractly too much, then we encourage in the human organism the predisposition to premature sclerosis, an early arteriosclerosis."² In addition, Steiner suggested that the practice of the arts in education—or, more precisely, the practice of teaching artistically—would also contribute to more robust health both among students and, in the longer view, among school graduates.

The researchers themselves raise questions about other factors that might contribute to the health of Waldorf students, including the emphasis among Waldorf parents on a healthy home life, restricted access to television and computers, a more organic diet, longer periods of sleep, and possibly a lower consumption of cigarettes, alcohol, and other drugs. These factors, according to the researchers, may also play a significant role in the overall health of Waldorf students and therefore deserve further study.

Nonetheless, at a time of rising chronic illnesses among children—including the onset of adult-style diabetes—and reduced artistic practice at school due to greater emphasis on the testing of basic academic skills, these survey results merit serious examination. At a minimum they draw attention to the risks inherent in one-sided educational practices and reinforce other research (reported elsewhere in this issue of the *Research*

Bulletin) that shows just how crucial the practice of the arts is even in the formation of bodily organs such as the brain.

Endnotes

1. Heiner Barz and Dirk Randoll, *Äbsolventen von Waldorfschulen: Eine empirische Studie zur Bildung und Lebensgestaltung* (Wiesbaden: VS Verlag für Sozialwissenschaften, 2007). Elements of this study were reported in Volume XII Number 2 of the *Research Bulletin*. This present report is drawn from an article by Christoph Hueck on the health section of the survey.
2. Rudolf Steiner, lecture of November 8, 1923, *A Modern Art of Education*, GA 307.