

Doctor, Reverend, Sex Educator: Medicine and Religion in Early Sex Education

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Abstract

From its beginning in the early twentieth century, the American movement for public sex education was characterized by alliances between physicians and Christian reformers. These unlikely partners came together to forge the movement because each group believed that breaking the conspiracy of silence around sexuality would support its goals. For the religious leaders, who were predominantly Protestant, sex education provided a way to spread the message of sexual purity to American youth, with the ultimate goal of preserving Christian morals. For medical professionals, instruction about sexual health offered a method for curbing rampant venereal diseases, especially syphilis and gonorrhea. Within national sex education organizations like the American Social Hygiene Association (ASHA), these groups worked together to develop conceptions of sex educators as moral guardians and protectors of public health within schools, the military, and the community at large. This paper traces the early development of this partnership, which I argue was made possible by the vision of Prince Albert Morrow, whose leadership of the early sex education movement led to the creation of ASHA. The cooperation between religious leaders and physicians within mainstream organizations for public sex education shaped and legitimated the moral claims of American sex education, helping this controversial movement gain a wider acceptance and evade censorship.

Keywords: sex education, American Social Hygiene Association, Prince Albert Morrow

The movement for sex education in America was born out of the strategic alliance between physicians and Christian reformers at the beginning of the twentieth century. These “medical men” and “moralists,” as they were sometimes called, came together to create the first national organization dedicated to educating the public about sexuality, the American Social Hygiene Association (ASHA), which was incorporated in 1914. While these sex educators hoped to influence young people through schools and, later, the military, more often their early efforts aimed to convince parents and community leaders of the necessity for sex education. Their collaboration included negotiations of the roles of religion and science in relation to campaigns

I would like to thank the Social Welfare History Archives at the University of Minnesota for its support of this research.

for sex education. This article traces the early development of this partnership, which I argue was made possible by the vision of dermatologist Prince Albert Morrow, who led the early movement with his belief that sex education required a combination of moral and medical expertise. The cooperation between religious reformers and physicians within mainstream organizations for public sex education shaped and legitimated the moral claims of American sex education, helping this controversial movement gain a wider acceptance and evade censorship.²

At the most basic level, physicians and religious reformers joined in campaigns for sex education because each had their own stake in combating the spread of these diseases and proving that their strategies could solve America's social problems. Those involved in the early movement for sex education believed that breaking the conspiracy of silence around sexuality was the key to combating the American venereal disease crisis. Many sex educators assumed that ignorance about sexuality had caused rising rates of gonorrhea and syphilis, and that this ignorance could be ameliorated through sex education. Without an effective cure, physicians were motivated to dispel the prevailing myths surrounding these ailments, including the belief that gonorrhea was no worse than a common cold and the myth that men needed frequent sexual activity to maintain health.³ They also wanted to wield the cultural authority of their medical expertise in a way that would legitimate the increasing professionalization of medical fields. Religious reformers, influenced by liberal trends within American Protestantism that embraced scientific advancements, wanted to stop the spread of gonorrhea and syphilis because, to them, it meant curtailing the sexual sins associated with venereal disease transmission.⁴ Their main examples of sexual sins included prostitution and extramarital relations, both of which they believed had increased within urban settings and among those who embraced flapper culture. They were also interested in protecting the future of the heterosexual, monogamous Christian family and, in the face of widespread fears that religion's influence on mainstream culture was waning, demonstrating Protestantism's ability to improve modern society.

These groups had a history of mutual mistrust when it came to sexual reform: medical men accused religious reformers of ignoring the physical side of sexual diseases, and religious reformers criticized medical men for overlooking the moral dimensions of the same maladies. For example, they clashed in the late nineteenth century over the issue of prostitution. Protestants of the social purity movement—many of whom went on to influence early sex education—fought against state-sponsored medical measures to regulate prostitution that were endorsed by some doctors of the era.⁵ Social purity reformers equated the regulation of prostitution with

² In her study of early twentieth-century sex education, Robin E. Jensen argues that many scientifically framed discussions of sexuality were considered “beyond reproach,” which enabled them to evade obscenity charges. I suggest that this “scientific exemption” from censorship was strengthened by a “moral exemption” that religious sex educators contributed through their claims to Christian authority. Robin E. Jensen, *Dirty Words: The Rhetoric of Public Sex Education, 1870-1924* (Urbana: University of Illinois Press, 2010), 18, 21.

³ Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880* (New York: Oxford University Press, 1987), 33.

⁴ In the context of post-Civil War American religious history, the term “religious liberals” refers to those who embraced modernism, scientific advancements, historical-critical readings of the Bible, and interfaith dialogue—in direct contrast to Protestant fundamentalism and its literal approach to the Bible. See Leigh E. Schmidt, “Introduction: The Parameters and Problematics of American Religious Liberalism,” in *American Religious Liberalism*, ed. Leigh E. Schmidt and Sally M. Promey (Bloomington: Indiana University Press, 2012), 1-14.

⁵ While late twentieth-century abstinence campaigns were initiated by conservative Christians, the nineteenth-century purity movement aligned more with the liberal Protestants of the day, mainly progressive Quakers and Unitarians. It was also inspired by aspects of the women's movement and insisted upon equal sexual standards for men and women, defined as abstinence outside of marriage. For a closer look at how the social purity movement

condoning, if not endorsing, extramarital sexual behavior. They believed that if the government and its medical inspectors gave a brothel or an individual prostitute an official clean bill of health, then the threat of contracting a venereal disease from a prostitute would diminish and sexual vice would increase. In other words, they feared that regulation amplified permissive attitudes and behaviors. The anti-regulation campaign evolved into a movement to purify society by abolishing prostitution altogether through legislative and, later, preventive measures.⁶ For their part, medical professionals who supported regulation believed that extramarital sexual behavior was inevitable and that authorities had the responsibility to make society more sanitary, in whatever form sanitation took. Although only a few cities enacted such regulations, and each for only a short time, physician endorsements circulated enough to keep alive a constant threat of the possibility of legalized prostitution.⁷

Early leaders of the sex education movement overcame some of the animosity between the groups by legitimating the medical and the moral perspectives on venereal disease, capitalizing on each group's authority within the public sphere. They accomplished this alliance primarily through the careful integration of religion and science. They agreed that the manifestation of the social problem was venereal disease, its solution was secular sex education, and that there needed to be a division of labor between medical and moral sex educators within the movement. This led to a variety of separate projects, leadership roles, and departments within ASHA. The division became most obvious within military sex hygiene programs during World War I, which charged physicians with lectures on the physical side of venereal disease and Christian chaplains and YMCA sex educators with moral education on sexuality and ideals of purity.⁸

Prince Albert Morrow and the Vision of Cooperation

Prince Albert Morrow, a Kentucky-born dermatologist considered to be the founder of American sex education, set the tone for the negotiations between religion and science with his insistence that both physical and immoral impulses caused venereal diseases, requiring the cooperation of the medical man and the moralist. He argued that “this problem is most difficult and delicate and requires for its solution not only a thorough knowledge of existing evil conditions, but a largeness of ideas and a breadth of view which is not possible to those who look at it from the sanitary side alone.”⁹ In the early twentieth century, Morrow founded several of the first organizations dedicated primarily to sex education and broadcast his vision for a national movement as an influential author and speaker. While the earlier purity reformers had made

influenced the development of early sex education, see David J. Pivar, *Purity and Hygiene: Women, Prostitution, and the “American Plan,” 1900-1930* (Westport, CT: Greenwood Press, 2001) and Kristy L. Slominski, “An American Religious History of Sex Education” (PhD diss., University of California, Santa Barbara, 2015).

⁶ David J. Pivar, *Purity Crusade: Sexual Morality and Social Control, 1868-1900* (Westport, CT: Greenwood Press, 1973), 158.

⁷ John C. Burnham, “Medical Inspection of Prostitutes in Nineteenth-Century America: The St. Louis Experiment and Its Sequel,” *Bulletin of the History of Medicine* 45 (June 1971): 203-18; Jeannine Cole, “‘Upon the Stage of Disorder’: Legalized Prostitution in Memphis and Nashville, 1863-1865,” *Tennessee Historical Quarterly* 68, no. 1 (Spring 2009): 40-65; Joel Best, *Controlling Vice: Regulating Brothel Prostitution in St. Paul, 1865-1883* (Columbus: Ohio State University Press, 1998).

⁸ William Aspenwall Bradley, “Work with Chaplains in the Army and Navy,” *Journal of Social Hygiene* 4, no. 4 (October 1918): 449; John Donald Gustav-Wrathall, “From Urban Pietism to Sex Education” in *Take the Young Stranger by the Hand: Same-Sex Relations and the YMCA* (Chicago: University of Chicago Press, 2000), 9-44.

⁹ Prince A. Morrow, “A Plea for the Organization of a ‘Society of Sanitary and Moral Prophylaxis,’” *The Medical News* (June 4, 1904), 2, ASHA Records, box 1, folder 7.

significant gains in educating the public about abstinence, it was the physicians' campaigns against venereal disease led by Morrow that formulated a plan for formal sex education and brought it to national attention. Although he could have easily taken the route of other medical organizations that limited membership to their profession, Morrow personally reached out to religious reformers. Although his own religious affiliation is unclear, his actions opened the door for liberal religious trends to shape sex education.

Morrow first became interested in sex education through his study of venereal disease. Most doctors were unenthusiastic about studying or treating syphilis and gonorrhea in nineteenth-century America. This was partially because of the moral opprobrium attached to them and the lack of effective treatments, the latter of which threatened doctors' growing reputations for disease control. Dermatologists often ended up treating venereal disease patients, who were turned away by many general hospitals and whose symptoms often included rashes and other skin abnormalities. Morrow's interactions with French dermatologist Alfred Fournier sparked his interest, since French doctors had devoted more attention to these conditions as a result of their country's system of regulated prostitution, or *reglementation*. Morrow translated Fournier's *Syphilis and Marriage* into English in 1880, and five years later he published *Venereal Memoranda: A Manual for the Student and Practitioner*. In 1893, he edited the three-volume manual *A System of Genito-urinary Diseases, Syphilology, and Dermatology*. Although these medical writings showed his professional concerns and circulated information about venereal diseases, they revealed little of the reform spirit for which he later became known.¹⁰

Morrow's growing expertise occurred during a period of groundbreaking medical advancement. Louis Pasteur's and Robert Koch's 1876 formulations of "germ theory," which posited that specific germs caused specific diseases, had far-reaching effects. Once scientists isolated the source of a disease to a particular microbe, they had a better understanding of how that disease was transmitted and how to fight it. As doctors waged massive public health campaigns against tuberculosis and cholera, society began to reconceptualize the meaning of contagion. The term became associated with a sense of personal and social responsibility for the transmission of diseases and the maintenance of personal and public hygiene.¹¹ Such command of disease contributed to an increased expectation of medical efficacy and the rising prestige of, and changing standards for, the medical profession.¹² Some physicians began to express confidence that most health problems could be eradicated, including sex-related ones.¹³ Medical conviction in inevitable progress paralleled, and would merge with, liberal religious optimism. The embrace of modernism meant that many liberal Protestants saw scientific advancements as ways to learn more about God's creation and improve society.

Medical advances occurred within the specific study of venereal disease. As Michael Imber summarizes, between 1880 and 1904 scientists discovered

¹⁰ John C. Burnham, "The Progressive Era Revolution in American Attitudes toward Sex," *The Journal of American History* 59, no. 4 (March 1, 1973): 892.

¹¹ Nancy Tomes, "Moralizing the Microbe: The Germ Theory and the Moral Construction of Behavior in the Late Nineteenth-Century Antituberculosis Movement," in *Morality and Health*, ed. Allan M. Brandt and Paul Rozin (New York: Routledge, 1997), 271-94.

¹² Charles Rosenberg, "Banishing Risk: Continuity and Change in the Moral Management of Disease," in *Morality and Health*, ed. Allan M. Brandt and Paul Rozin (New York: Routledge, 1997), 41.

¹³ Michael Imber, "Toward a Theory of Educational Origins: The Genesis of Sex Education," *Educational Theory* 34, no. 3 (1984): 276.

that syphilis could be inherited, that gonorrhea was infectious, that gonorrhea was caused by bacteria, that many pelvic inflammations in women were actually gonorrhea, that gonorrhea was very serious (it had been considered no worse than a cold), that venereal disease was prevalent among the young, and that venereal disease was a middle-class problem, not just a disease of the poor.¹⁴

Between 1905 and 1910, specialists identified the bacteria that caused syphilis, devised an effective test for it (the Wasserman test), and produced a more effective drug (arsphenamine, an arsenic compound sold as Salvarsan) to replace dangerous and largely unsuccessful mercury treatments.¹⁵ These discoveries also highlighted areas of weakness. The new test produced more accurate statistics on syphilis victims, revealing the “embarrassing fact” that the disease was more prevalent in the U.S. Army than in any major European military force.¹⁶ Progress on syphilis also drew additional attention to the doctors’ bewilderment and powerlessness against gonorrhea. The disease continued to be treated with painful—and largely ineffective—injections of chemicals into the urethra until the discovery of sulfa drugs in the 1930s.¹⁷

Morrow’s 1904 book, *Social Diseases and Marriage*, laid out the agenda for the sex education movement in America, and its suggestions for sex education were followed for several decades. Inspired by his attendance at European conferences on venereal peril, Morrow’s book described the physical symptoms and modes of transmission of gonorrhea and syphilis. As the title suggests, it focused on the introduction of these diseases into marriage, challenging the popular myth that they only affected female prostitutes and the men who visited them. Morrow claimed that “the public does not know that these diseases are often conveyed in the sacredness and what should be the safeguard of the marriage relation; that they embrace among their victims a vast number of virtuous wives and innocent children; that the chief sufferers are by no means the greatest offenders against morality.” With this message, he partially challenged the moral etiology of venereal diseases, which included the view that “venereal diseases were a merited punishment—a divine chastisement for the sin of unchastity.”¹⁸ To replace this belief in venereal disease as a just penalty for sexual sins, he proposed that the main source of the spread of venereal diseases was mass ignorance and the religious neglect that gave rise to it.

Although he challenged the moral etiology of the diseases, Morrow still believed that the *prevention* of gonorrhea and syphilis required a combination of moral and hygienic education on sexuality, and he therefore called for the cooperation of physicians and religious leaders. In order to do this, he needed to overcome the perceived and actual hostilities between these professions. At a basic level, these groups disagreed on what the fight against venereal diseases was primarily *about*, as the following passage from Morrow acknowledges:

There has always been until recently an irreconcilable conflict between the moralists and the hygienists. The former look upon vice as far more disastrous to society and the individual than its resulting physical maladies; that it is a moral evil that should be combated by moral means alone. The hygienists look upon the effects of vice, the diseases that it engenders, their menace to the public health, their morbid irradiation into the family and social life, and their pernicious effects upon the descendants and the race as the great evil. What has been termed the fundamental

¹⁴ Ibid., 277.

¹⁵ Ibid., 278.

¹⁶ Mary C. Gillett, *The Army Medical Department 1865-1917* (Washington, DC: Center of Military History United States Army, 1995), 459.

¹⁷ Brandt, *No Magic Bullet*, 12.

¹⁸ Prince A. Morrow, *Social Diseases and Marriage* (New York: Lea Brothers, 1904), 347-48.

opposition between moral and sanitary control should no longer exist. It is not a question as to which is the greater evil, vice or its diseases, nor which should be the exclusively appropriate remedy. The medical man and the moralist are both interested in the correction of the social evil; instead of working independently and often antagonistically, there should be co-operation and concert of action.¹⁹

Although Morrow could have easily restricted his vision of sex education to medical professionals and education experts, his insistence on the interdependence of medical and moral instruction encompassed the multi-layered nature of the problem in a way that ensured religious leaders an important role in the movement.²⁰

He further justified this alliance by arguing for the fundamentally dual nature of the sex act that spread venereal diseases. He claimed:

Whatever may be said of the practical unwisdom of attempting to mix morals and medicine, it cannot be denied that in the causation of sexual vice two factors, one a physical the other an immoral impulse, are intimately involved. The act is prompted by a physiological impulse and takes place under conditions which are qualified as immoral, and has also invariably as a pathological concomitant or accessory, disease. It is distinctly within the province of hygiene to teach control of the sexual function and warn against its exercise under conditions which cause disease. It is no less the province of the moralist to condemn a vice which has a demoralizing effect upon the individual and upon society.²¹

The potency of Morrow's vision came from his acknowledgement of the differences between those motivated by science and those motivated by religion; his legitimation of both perspectives by portraying venereal disease as a physical, mental, and moral problem; his insistence that the groups shared a common goal; and his division of labor of the task of sex education so that there was room and need for each group at the table. Largely, this formulation persisted through the 1950s.

Alliances within Sex Education Organizations

Morrow began to enact his vision through the formation of a local New York sex education organization called the Society for Sanitary and Moral Prophylaxis. He began with a meeting of his physician colleagues, but it was not until he enlisted help from other community leaders that the organization began to grow. He especially reached out to the Protestant reformers of the social purity movement, who had long drawn attention to America's sexual immorality. In order to decrease the purity reformers' suspicions of the hygienists, Morrow joined an advisory council for one of the largest social purity organizations, the Woman's Christian Temperance Union.²² Through an aggressive campaign of public lectures and published essays, he promoted the Society for Sanitary and Moral Prophylaxis as a model for others. Soon local societies of physicians, religious reformers, and educators dedicated to raising awareness about venereal

¹⁹ Morrow, *Social Diseases*, 360-1.

²⁰ *Ibid.*, 362.

²¹ *Ibid.*, 363.

²² Jeffrey P. Moran, *Teaching Sex: The Shaping of Adolescence in the 20th Century* (Cambridge, MA: Harvard University Press, 2000), 31-2.

diseases proliferated. By 1910, Morrow formed the American Federation for Sex Hygiene as a coalition of the local societies dedicated to preventing venereal disease through sex education.²³

Following Morrow's death in 1913, his successor, physician Edward L. Keyes, Jr., carried on his vision. Keyes used the first Morrow Memorial Lecture to address the relationship between morals and venereal disease. He worried about overconfidence in scientific approaches to sex education and warned against the belief that treating the hygienic side of venereal disease would resolve its underlying moral cause. He concluded that until those with the most knowledge—medical students—were free of syphilis and gonorrhea, then

we must grant to moral education the first place in the campaign against venereal disease. The bright light of our new and wonderful science of hygiene must not blind us to the fact that we are still human, that in youth at least the sexual appetite is indeed man's strongest passion, that this passion is indeed the essential cause of venereal disease, and that for the control of this passion we have but one weapon,—the education of the will, moral prophylaxis.²⁴

“What is lacking in the exclusively sanitary program,” he claimed, “is only a spiritual flavor, only the little leaven than leaveneth [sic] the whole lump.”²⁵ In this sense, religious contributions in the realm of morals and spirituality were additives that transformed the scientific components of sex education, supposedly producing a more effective overall program.

By 1914, the largest organizations promoting sex education merged to create a national organization, the American Social Hygiene Association (ASHA), which remained the dominant sex education organization through the 1950s. To honor Morrow, they named him as a founder. Its leadership included physicians, educators, and prominent religious leaders such as Bishop Walter Sumner, Reverend John Peters, Reverend George Dodson, and Reverend Anna Garlin Spencer.²⁶ ASHA even cited Catholic Cardinal and Archbishop of Baltimore James Gibbons as an honorary Vice President, a symbolic role to help further legitimate the message of sex education among religious Americans. The movement's embrace of Gibbons may seem strange considering that ASHA named Catholics among its strongest opponents during local sex education projects. However, because of Cardinal Gibbons' broad appeal as a Christian leader respected by many Catholics and Protestants in the United States, this proved to be an effective strategy to gain prestige and moral authority for the organization's controversial campaigns.²⁷

As ASHA's goals of sex education progressed, the organization continued to take advantage of the marriage of science and religion to turn sex education into a broad, multifaceted campaign relevant to many types of Americans. ASHA partnered with organizations representing each sphere, including the U.S. Public Health Services, the Young Men's Christian Association, and the Federal Council of Churches. ASHA sent its sex educators to speak on the topic of sex education at medical conferences and religious conferences, and ASHA's own annual conferences included speakers and topics representing each area. The articles within ASHA's journal, *The Journal of Social Hygiene*, often elaborated upon the physical, mental, and moral aspects of sexuality, especially venereal diseases. These articles produced discourse that further

²³ Michael Imber, “Toward a Theory of Curriculum Reform: An Analysis of the First Campaign for Sex Education,” *Curriculum Inquiry* 12, no. 4 (1982): 343.

²⁴ Edward L. Keyes, “Morals and Venereal Disease,” *Social Hygiene* 2, no. 1 (January 1916): 55.

²⁵ *Ibid.*, 52.

²⁶ “Editorial: Common Ground in an Uncommon Time,” *Journal of Social Hygiene* 36, no. 5 (May 1950): 177.

²⁷ Kristy L. Slominski, “Cardinal Gibbons as a Symbol for Early Sex Education,” *U.S. Catholic Historian* 34, no. 1 (Winter 2016): 1-25.

legitimated physicians and religious leaders as key players in sex education and defined the roles of each group in relation to ASHA's various projects.

Negotiating Religion and Medicine within Early Sex Education

The movement's goal of implementing national programs through public institutions received federal support in 1918 when the government began to fund sex education in the military. During World War I, ASHA continued to address purity reformers' desire to abolish prostitution. The anti-prostitution agenda took on additional significance during wartime, leading to legislation shutting down red-light districts in cities near military bases to distance soldiers from temptation. Aspects of the earlier purity framework interacted with hygienic instruction, especially through an emphasis on clean living within military sex education. "Cleanliness" encompassed physical health and moral purity and was tied to the message of keeping oneself clean of venereal disease by avoiding activity with prostitutes. While general enough to work within secular spaces, this framework gained power from its connections to common religious meanings, since coming home "dirty" or "impure" implied the taint of sin.

As the sex education movement transitioned from proposals to implementation, moral instruction answered the concern that information about the physical side of sexuality—no matter how medically accurate—was *not enough* to shape the attitudes and behaviors of youth. Sex educators, in other words, were not as confident in their scientific tactics as scholars have portrayed them.²⁸ Indeed, science was central to their approach and legitimated their work, but many within the movement clearly recognized its limits. The specific strengths of scientific sex education were its abilities to convey accurate physical information, especially concerning anatomy and disease, and to make rational appeals for behavioral change. However, while detailed, rational, and neutral methods promoted by physicians had legitimated sexuality as a serious topic for professionals, additional tools were needed for instructing children and young adults. Sex educators supplemented their teaching of medical facts with religiously inspired strategies for changing attitudes and behaviors.

ASHA leaders proposed moral education as the missing piece of the puzzle for its ability to foster change by bridging scientific truths and religious worldviews. Although religion did not have a monopoly on morals, many sex educators acknowledged ministers and religious educators as seasoned professionals in moral education, offering resources that fell outside of scientists' expertise. Religious tools included emotions, powerful ideals, a system of consequences for good and bad actions, an all-encompassing moral worldview that integrated sexuality within other dimensions of life, and a conception of a divine authority who cared about the fate of individuals and society. Religious leaders were also experts in shaping moral character, discouraging sinful sexual behaviors, inspiring family-centered lifestyles, and communicating to large populations. Because of its dominance within American society, Christianity offered the extra advantage of shaping cultural norms about sexuality. Christian interpretations and symbols regarding love, marriage, monogamy, chastity, family, creation, motherhood, fatherhood, and sin influenced many Americans, including scientists. These broader influences and the specific leadership of religious sex educators helped to gradually shift the movement away from venereal disease

²⁸ Moran, *Teaching Sex*, 47-48; Robin E. Jensen, "Using Science to Argue for Sexual Education in U.S. Public Schools: Dr. Ella Flagg Young and the 1913 'Chicago Experiment,'" *Science Communication* 29, no. 2 (December 1, 2007): 217-41; Jensen, *Dirty Words*, 2.

prevention toward teaching sexuality as part of “family life education.”²⁹ The framework of family life became so dominant by the mid-twentieth century that it still defines some sex education programs today.

Because of ASHA’s desire to cast such a wide net, the power relationships between its religious and medical representatives were complex and changed based on specific contexts. For example, although physicians were usually invited for guest talks on venereal disease, one series of radio talks by ministers and physicians allotted the former twice the amount of speaking time as the latter. The radio host described this as “a very agreeable arrangement, because ministers are accustomed to speaking at length while doctors are not.” The host “found both professions keenly interested in social hygiene, and with hardly any exceptions the ministers gave a scientific as well as interesting discussion.”³⁰ This example suggests that some speakers could bridge religion and science in their talks on venereal disease. Other factors that influenced the authority of physicians or ministers within sex education campaigns included the skill of the particular speaker or author, the type of venue, and the audience’s prior knowledge, expectations, and needs.

The ways that medical men and educational experts framed sex education generally held more sway over the movement compared to the approaches of religious leaders. The physicians and educators belonged to professions that were seen as gaining authority through their continued professionalization, whereas religious leaders were part of an institution that some believed was losing cultural authority. The physicians continued to think that their own expertise was most useful for advancing the movement, even as they embraced religious people as strategic allies. They acknowledged that incorporating religious supporters and some of their religious messages helped the movement to quell some of the intense religious opposition to sex education. It also helped sex education gain wider support among Christians in America, reassuring them that the movement was wholesome and not a purveyor of “smut.”

Scholarly narratives that focus on scientific dominance within early sex education have often cast religiously inspired morals as nuisances that crept in and tainted scientific agendas or concessions made by scientists to religious people. However, moral education often paralleled and overlapped the use of science to legitimate sex education, making it more acceptable to those wary of the graphic details and impersonal nature of scientifically framed sex. While scientific and moral approaches were sometimes in tension, they more often supplemented and complemented one another. The ability to shift between these frameworks allowed sex educators to package their lessons for multiple audiences, including professionals in various fields, churches, parents, and children. Another result of reliance upon varied strategies was that, in the early sex education movement, as historian James Gardner observed, “normative standards of morality were frequently fused with the ‘scientific’ facts of human sexuality.”³¹ The trend paralleled a larger culture in which science was used to justify Christian moral norms and vice versa. For Americans influenced by a liberal religious belief in the complementary nature of religion and science, these truths became mutually reinforcing. The merger relied upon the progressive belief that there was “no fundamental conflict between the highest moral and social concepts of what sex conduct ought to be and the most scientific medical and sanitary plans for

²⁹ Kristy L. Slominski, “Reverend Anna Garlin Spencer and the Rise of ‘Family Life’ in Early Sex Education.” *Notches: (Re)marks on the History of Sexuality* (July 12th, 2016).

³⁰ Social Hygiene Committee of Grand Rapids, “A Radio Program in Grand Rapids,” *Journal of Social Hygiene* 20, no. 9 (Dec. 1934): 453.

³¹ Gardner, 122.

eradicating the venereal diseases.”³² Faith that the most enlightened social forces of the day would lead to similar end points made participants willing to overlook some disagreements and to tolerate the fact that they were often speaking past one another. The separate departments within ASHA legitimated both perspectives and limited interactions between physicians and religious reformers to some extent.

As religious figures made a place for themselves alongside physicians within the movement, they generally accepted the scientific goals for sex education, even as they insisted that adding religious guidance to the agenda could help reach those secular goals faster and yield longer term results. They agreed on the ideas that both religious and scientific information about sexuality were needed to discourage illicit sexual behaviors and that public schools and, later, military training schools, had the responsibility to shape sexual character to supplement the work of parents and clergy. Christian sex educators saw their religious values as complementary to those of public sex education and adopted many views of sexuality articulated by doctors. In turn, they had some of their religious beliefs incorporated into the movement, supported by the authority of science and the American education system and legitimated as part of a national campaign to uplift American society. As the perceived sexual threats changed over time in American culture—from venereal disease and prostitutes to companionate marriage, divorce, teen pregnancy, and eventually AIDS—these groups continued to find ways to cooperate and to mutually influence each other in order to evolve conceptions of sex educators as protectors of physical and spiritual health.

The sex education movement provided religious people with incentives and public arenas to articulate their religious values regarding sexuality, gender roles, and the family in relation to the rising secular authorities of medical science, public education, and the military. Morrow’s vision of the medical men and the moralists, which took form within ASHA and its partnerships, helped religious reformers gain scientific credibility for their beliefs about sexuality and offered them medical terminology for articulating these beliefs. For physicians, cooperating with religious reformers provided value-laden language for discussing sexuality and helped silence some of the opposition to their controversial work. As a result of these partnerships, the sex education movement translated select religious values—often broad conceptions of morality shared by both religious opponents and supporters of sex education—into the secular discourses of public school curricula and military character training. Examining how religious values have shaped, and have been shaped by, scientific sexuality provides insight into ways that the religious and the secular have been co-constituted and helps explain the strong moral tone of many forms of American sex education.

³² Charles Walter Clarke, *Taboo: The Story of the Pioneers of Social Hygiene* (Washington, DC.: Public Affairs Press, 1961), 75-6.