Creating Polluted Spaces and Bodies: Labor Control in a Call Center and the Stigma of Female Smoking*

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(In lieu of an abstract) Emotional labor has recently been the subject of much discussion in connection with various social issues; call centers occasionally take center stage in such debates (Yun et al. 2000; Jeong 2005; National Human Rights Commission of Korea 2008; Shin 2009). But this study aims to go beyond the discourse of emotional labor to trace methods of labor control and pathways to the social stigmatization that female call center workers experience as part of this control. To this end, I have concentrated on smoking by female call center workers. Smoking has already been established by several other studies as one of the defining features of call centers. Indeed, call centers are seen by workers themselves as "smokers' paradises" (Kim 2013). The reason I have chosen to analyze call centers by way of smoking is not because of the high proportion of female smokers among their workers. What I focus on is the fact that the situation in call centers goes directly against the conventional taboo attached to female smoking in Korean society. Moreover, the existence of smokers' paradises also runs counter to the current trend of gradually isolating smokers by increasing the number of no smoking areas (Thompson et al. 2007). This study is, therefore, an attempt to find out why "only" the working spaces of female call center agents undo the social taboo about female smoking.

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1. Introduction

Emotional labor has recently been the subject of much discussion in connection with various social issues; call centers occasionally take center stage in such debates (Yun et al. 2000; Jeong 2005; National Human Rights Commission of Korea 2008; Shin 2009). But this study aims to go beyond the discourse of emotional labor to trace methods of labor control and pathways to the social stigmatization that female call center workers experience as part of this control. To this end, I have concentrated on smoking by female call center workers. Smoking has already been established by several other studies as one of the defining features of call centers.[1] Indeed, call centers are seen by workers themselves as "smokers' paradises" (Kim 2013). The reason I have chosen to analyze call centers by way of smoking is not because of the high proportion of female smokers among their workers. What I focus on is the fact that the situation in call centers goes directly against the conventional taboo attached to female smoking in Korean society.[2] Moreover, the existence of smokers' paradises also runs counter to the current trend of gradually isolating smokers by increasing the number of no smoking areas (Thompson et al. 2007). This study is, therefore, an attempt to find out why "only" the working spaces of female call center agents undo the social taboo about female smoking.

In my view, most discussions of emotional labor appear to use Arlie Russell Hochschild's concept of emotional labor rather uncritically. Scholars have focused on criticizing the way emotional labor has been regarded as a subsidiary part of the service industry – as so-called "shadow labor" (Gu 2009; Kim 2012); so that they call attention to emotional labor

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[1]   Smoking rates among female call center agents have already been published via several channels. Figures such as 37 percent (by age: 20-29: 47.5 percent, 30-39: 43.8 percent, 40-49: 9.8 percent) (Seoul Metropolitan Government; Foundation for Industry Corporation, University of Ulsan 2012), 26 percent (10-19: 42.6 percent, 20-29: 36.7 percent, 30-39: 22.5 percent, 40-49: 9.0 percent) (Geumcheon-gu Office 2013), and 18.9 percent (Korea Labor & Society Institute 2014) are far higher than the average smoking rate among adult Korean women: 6.2 percent (20-29: 9.1 percent, 30-39: 6.9 percent, 40-49: 6.2 percent) (Korea Centers for Disease Control and Prevention 2014).

[2]   The common social taboo against female smoking in Korean society is indirectly confirmed by the way female smokers still avoid revealing that they smoke. Indeed, while the smoking rate based on voluntary reports by women is 5.9 percent, urine tests (for cotinine) confirm a rate of as much as 13.9 percent (as of 2008) (Jung-Choi et al. 2012).

as central to labor studies and demands for appropriately related human rights (National Human Rights Commission of Korea 2008). Hochschild defines emotional labor as requiring "one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others" in accordance with company regulations (2003: 7). But it is questionable whether Hochschild's use of the word "emotion" should be interpreted as synonymous with the term *gamjeong* in Korean society.[3] Even existing anthropological research indicates the need to consider that individual emotional experience may well be culturally "constituted" (Jeong 2013). In other words, the emotional expressions of flight attendants, which Hochschild cites as a prime example of her concept, may be "hypocognized" in Korean society as a standard demanded in everyday life. This study does not aim to address cultural constructivism in relation to emotions, or the fact that each society demands different emotional standards of service industry workers. Rather, I am concerned that the dominant theoretical framework regarding emotional labor could limit the totality of emotions researchers attribute to female call center workers to the boundaries of the relationships between them and their customers. In contrast, my framework considers the independent experiences of female call center workers as caused by a mixture of factors including employment instability, low wages, and performance-rated working systems (Song 2014), along with South Korea's invisible and multilayered rules of social exclusion of female workers as an underlying cause (Jeong 2010).

Unlike the conventional discourse of emotional labor, I am focusing on call centers as places where the social taboo about female smoking has dissolved. This approach is centered on anthropologist Mary Douglas's theory of pollution. Douglas emphasizes that social standards of pollution do not originate solely from external concepts of disgust or hygiene. Rather, she saw standards of pollution as symbolically chosen in order to control society and enhance social unity. Douglas even described imagining a society in which discourses of pollution were not politicized as woefully "naïve" (Douglas 2005: 18). Specifically, she defined pollution (or dirtiness) as "a residual category, rejected from our normal scheme of classifications," claiming that "Where there is dirt there is a system" (Douglas 2009:

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[3]   (Translator's note) *Gamjeong* is generally translated in English as "feeling" or "emotion" and is used to translate "emotional labor" (*gamjeong nodong*) into Korean.

44-45). Just as Douglas described "shoes on the dining-table"[4] as a symbol of pollution, the body of a smoking woman in Korean society is treated as a polluted entity that goes against the social definition of a woman's body as a "system" of purity. Paradoxically, however, the system of pollution does not apply to the bodies of smoking women at call centers. In other words, smoking women in the specific locus of the call center – like shoes in a shoe rack – are not stigmatized at all, but acquire the stigma of pollution – like a table with shoes on it – once they are outside the call center.

The reason I believe Douglas's pollution metaphor appropriate for analyzing smoking by women in Korea – especially in call centers – is because of the difference in the rate of smoking among women according to social class. Since 2001, women's smoking has begun to show differences according to social class, particularly reflecting educational level, occupation, and state of employment. While the rate of smoking among upper class women has fallen, that among women in the lower classes is steadily rising (Seo 2011; Khang et al. 2009; Kim et al. 2012). The high rate of smoking among female call center workers can be interpreted as a typical case of the social class-based differences in women's smoking in Korea (Kim 2013).[5] The problem is that this risks making smoking into a "class signifier" (Graham 2012). This means that smoking could become established as a sign of low social class, or a stigma, which could in turn develop into the logic that smoking is a natural habit of the lower classes. Put in Douglas's terms, it could be said that "pollution descends" with

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[4]   The symbolism of pollution that Douglas describes as "shoes on the dining table" is as follows: "It [dirt] is a relative idea. Shoes are not dirty in themselves, but it is dirty to place them on the dining-table; food is not dirty in itself, but it is dirty to leave cooking utensils in the bedroom, or food bespattered on clothing; ... In short, our pollution behaviour is the reaction which condemns any object or idea likely to confuse or contradict cherished classifications" (Douglas 2009: 45).

[5]   The smoking rate among female agents at Call Center Z, where I conducted my field study, was measured at a very high 35 percent. Notable here is the fact that 97 percent of smoking women at Call Center Z had already experienced smoking before joining the company. Thus, the high smoking rate among female agents at the call center must be seen more as the result of the general characteristics of the women that found work there after meeting its modest qualifications (high school graduation; previous work experience not relevant) than as a direct result of the working conditions. Indeed, most of the women employed by the call center were young, in their 20s and 30s, while the majority of them had only graduated high school. Such characteristics accord with the results of research indicating a relative increase in smoking in the young and in high school graduates among adult female Koreans.

regard to women's smoking.

By interpreting the human body as a kind of "symbol of society," Douglas is saying that pollution can become politicized. In other words, Douglas understood the body as a "figure" that can express a certain limited system, and believed that the boundaries of the body could symbolize all dangerous boundaries. An example of this is her analysis of India's caste system[6] by analogy with the structure and functions of the body, approaching a system of purity toward the top and one of pollution toward the bottom (Douglas 2009: 152-153). Douglas's interpretation held that two bodies existed in the world: the self and society (Douglas 2004: 91). This is based on the way the organs of the human body are organically linked and function as a whole. Douglas believed that such natural symbols displayed by the body as a unified system were used as a standard framework that emphasized the organic connections between individuals and society. She interpreted the tension between the two bodies – sometimes almost equal, sometimes very far removed from each other – as an elaboration of meanings; possibilities that can be painstaking and intentionally created. In this respect, the fact that women's smoking in Korean society descends from upper to lower social classes is an even more open example of "carefully creating" the politicization of pollution, thereby allowing one to imagine that it could bring about the maintenance and entrenchment of class culture.

In that case, what does it mean when we talk about the stigmatization of women's smoking in Korean society? And in what ways do we have to approach this with care? Firstly, stigma according to the definition of sociologist Goffman, can be understood as "an attribute that is deeply discrediting" (Goffman 1968: 13). Female smokers become stigmatized as polluted bodies merely because they smoke. But what I want to address in

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[6]   Douglas interprets India's caste system as one based on social symbolism of the body. She believed the entire system represented a body, in which the head at the very top was in charge of thinking and praying, corresponding to the highest social classes, while the task of the most despised parts of the body, corresponding to the lowest castes, was to carry away waste matter. Members of the lowest castes are seen as the most impure beings; by performing the most humble work, they free the highest classes from bodily impurities. Those in these lowest classes "wash clothes, clear human waste, cut hair, dress corpses and so on." Douglas thus believed that "the system of caste purity is structured upwards." She concluded with the view that pollution "symbolises descent in the caste structure by contact with faeces, blood and corpses" (Douglas 2009: 152-153).

this study goes beyond the personal level of stigmatization to ask whether society benefits in any way from it. The sociologists Link and Phelan (2001, 2006) claim five social "functions" for stigma: labelling, stereotyping, separation, status loss, and discrimination. The most important dimensions they identify in producing stigma are social, economic, and political power. What this means is that certain cultural, economic, and politically powerful groups can invent new stigmas for their own purposes (for example, medical knowledge-based power can invent an image of moral pollution for smokers with the aim of banning smoking). This interpretation is similar to Douglas's view that "Where there is dirt there is a system" (2009: 44-45). In other words, when a subject is stigmatized as polluted, one must consider that this indicates the possible existence of a system created by a particular power group.

Meanwhile, medical sociologists Parker and Aggleton (2003) take the view, based on a multi-year study of HIV-infected individuals and AIDS patients, that hegemony is needed for understanding stigma. In this case, hegemony is defined as "a compound of political, social, and cultural power that composes dominant meanings and values." In other words, dominant values formed by power create stigma. Here, the concept of hegemony goes further to include the process whereby the object of stigmatization "internalizes" the values created by the powerful as something "natural." If one wants to see how stigmatization works to maintain social order, it is essential to address the process of internalization by its objects, in accordance with Parker and Aggleton's claims. How, then, can we examine this process? In this respect, recent anthropological discussions of stigmatization are worthy of note. In studies addressing the social stigmatization of AIDS and mental illness patients in China (Yang et al. 2007; Yang and Kleinman 2008), analysis finds stigmatization to be a "moral experience" of the subject. In other words, stigmatization is seen not merely as a discourse or an interpretative process but as "a fully embodied, physical and affective process" (Yang et al. 2007). This approach allows us to grasp the kind of pain actually faced by objects of stigmatization in everyday life, and how they internalize and adapt to it. This can also be seen as an important point in my ethnographic research focused on female call center workers, who repeatedly engage in a socially-stigmatized activity – smoking – in a closed space.

The social use of stigmatization with regard to smoking goes beyond the realm of the medical when its object becomes the female body. In the

case of Korea alone, the roots of such views extend beyond the realm of medicine; analyses suggest that negative views of female smoking were already formed in the 1920s and 30s, influenced by various socio-cultural contexts (such as patriarchal Confucianism, Protestantism in Korea's "Enlightenment Period," and nationalism during Japan's occupation of Korea) (Go 2003). Firstly, when we examine existing discussions of physical regulations and the politics of the body in relation to female smoking, the anthropologist Laury Oaks (2001) points out that smoking on the part of pregnant women in the United States is powerfully suppressed by "the politics of fetus protection." Oaks explains that smoking while pregnant is controlled by "social, legal, and medical expectations of pregnant women" and she believes that this functions as symbolic power whereby the female public itself emphasizes motherhood (Oaks 2001: 13-14). On the other hand, the sociologist Lorraine Greaves (1996) believes that women use smoking for five reasons: forming social relation-ships, creating image (slim body, style), controlling feelings, dependence, and identity. She focuses on how the social and psychological benefits of smoking ultimately reinforce the unequal circumstances of women (Greaves 1996: 114). This relates to the criticism by feminist scholar Lesley Doyal (1995: 195) that tobacco not only symbolizes the "life contradictions" of all smoking women but "offers women the illusion of power over their emotions," like a tranquilizer. Greaves and Doyal's claims have important implications for understanding the high rate of smoking among female call center workers. Namely, although the act of smoking may bring each of them a certain level of benefit, it may also sustain or exacerbate their situation, rather than improving it.

Ultimately, my aim is to use the smoking experiences of female call center workers to consider the current meanings of the symbolism of pollution talked about by Douglas. She and other symbolic anthropologists do not receive a great deal of attention today; one of the main reasons for this may be the excessive generalization and simplicity of symbolic analogy. The criticism is that they reduce their interpretations of certain phenomena to simplistic binary opposites, such as spirit and flesh, main and subsidiary, top and bottom, and purity and pollution. But Douglas's theory of the politicization of pollution remains highly relevant, for there is still ample scope for the politicization of pollution to be abused as a tool for driving the socially vulnerable out of the system. This possibility is what I intend to demonstrate through the pathways to stigmatization of female smokers

at call centers.

2. Method

I chose Call Center Z as the focus of this study, having learned from local Health Center M that many of its female employees smoked. I began a preliminary investigation in February 2012 and conducted the main study from March to August of that year.[7] Call Center Z has some 500 employees in Seoul alone, around 90 percent of whom are female. Work takes place at the center 24 hours a day, 365 days a year, divided into three daily shifts, with some 400 call center agents (call answerers) working at any given time. Call Center Z consists of three subcontracting companies and a team from the head office that manages them. Each subcontracting company's management structure is divided into positions descending in order from center director to department head, section head, senior call center agent, and call center agent (call answerer). For the duration of the study, I served as a member of Health Center M's mobile women's anti-smoking clinic and as a counseling doctor. For 6 weeks, from March 28 to May 2, I visited the call center twice a week with a counselor from the health center. During this time, I generally focused on observing the call center and on relationship building through anti-smoking counseling. Then, for 8 weeks from May 9 to June 29, I visited the call center twice a week on my own to collect interview data about the work and smoking of the workers. Finally, for an 8-week period from July 2 to August 27, I conducted interviews during regular once-weekly visits and other occasionally scheduled interview visits. At these times, I generally interviewed managerial-level employees. I set a visiting and counseling time of 5-7 p.m. in order to coincide with the end of the day shift (6 p.m.), the beginning of the evening shift (7 p.m.), and the dinnertime (7-7:30 p.m.) of workers on the shift that started at 3 p.m. I planned my time so that as many women as possible could come in to see me, bearing in mind that it is hard for workers at Call Center Z to leave their places for anti-smoking counseling during work hours.

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[7]   On April 30, 2012, my application (No.1205/001-001) was approved by the Institutional Review Board of Seoul National University's Bioethics Deliberation Committee.

I conducted in-depth interviews with women who had stated that they smoked, or whom I had observed smoking. I also interviewed some individuals in positions from which they managed call center agents. Interviews were held one to two times with each subject (lasting one to two hours each time), in a place that was convenient for the subject – usually the break room of the call center. In addition to formal interviews, I collected information through informal interviews, everyday conversations, and anti-smoking counseling. Through participant observation, I watched the actual working processes of the women at the call center, recording their ways of conversing, facial expressions, and physical gestures. I stayed in the designated smoking area to watch women smoking, observing and recording how they talked with other female smokers, as well as their gestures and expressions. Ultimately, I conducted in-depth interviews with 35 women during the five-month research period. Twenty-five of these subjects were female call center agents (24 smokers and one non-smoker), 6 female managers (all smokers), three head office staff (one male smoker, one female smoker, and one female non-smoker), and one anti-smoking counselor from the health center. In addition, informal interviews were conducted with the director of Health Center M, local health and health promotion managers, anti-smoking clinic counselors, the head of general affairs at Call Center Z's head office, and the training manager of the customer protection team.

Early on in the research period, my identity as a physician-anthropologist functioned as a limitation. Because I was providing anti-smoking counseling while conducting the field investigation, my subjects sometimes branded themselves "patients" receiving counseling rather than female call center workers. Furthermore, because I had been absorbing my identity as a doctor for 10 years, I felt limited in relating to my subjects simply as a researcher, no matter how hard I tried. As a result, I might have inevitably received some self-censored statements from them. But my identity as a doctor sent by the health center did allow me to observe various parts of the call center, as well as conduct interviews easily with managerial-level subjects – I believe such benefits outweighed the drawbacks.

3. The Call Center: A Polluted Space

1) A Hidden Female Smoker's Paradise

> I've been working here at the home shopping company for three years and it's really a smoker's paradise. (Q: Why is it a smoker's paradise?) The conditions for smoking here are so good. For a start, if you work in the service industry, somewhere like a coffee shop, for example, there's no employee smoking room. You just go and smoke in an alleyway off the street, but at the call center they provide a perfect smoking area. When they provide a space for you to smoke above board, it's more natural for smokers to work here. It's become a job where smokers can smoke as much as they like. (Agent Y)

The call center is referred to as a "smoker's paradise" by its female advisors.[8] As Agent Y explained, the call center seemed like paradise to her as it had a smoking room where she could smoke "as much [she] liked" and "above board." This is the exact opposite when compared with the outside world, where women's smoking is regarded as taboo. Douglas believed that pollution, went beyond the state of contamination of a particular subject and was fundamentally based on a symbolic order. Seen from this perspective, a cigarette in Korean society is not something dirty per se, but something that becomes pollution when it is in the hand of a woman rather than a man; a female smoker being not in a closed space but outside and in the open is also regarded as pollution. The call center provides closed space and time, thereby temporarily liberating women from the symbolic order within which they find themselves.

The call center thus provides a "backstage" space where women who normally have to maintain the performance[9] of not smoking can smoke as

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[8]   Here, the term "female agents" generally refers to smoking women and, in view of the smoking rates by age group at Call Center Z (20-29: 47.5 percent, 30-39: 43.8 percent, 40-49: 9.8 percent), applies primarily to those in their 20s and 30s. In unofficial interviews, agents who did not smoke and were not included in this study sometimes expressed negative opinions about excessive smoking by other female agents and the creation of the smoking room within the center. It should therefore be stated that descriptions of the call center in this study as a "smokers' paradise" generally refer to the standards of smoking female agents in their 20s and 30s.

[9]   Here, the term "performance" is used to denote Goffman's concept (1974: 13), which he defined as "all the activity of an individual which occurs during a period marked by his continuous presence before a particular set of observers and which has some influence on the observers." Goffman added the term "front" with regard to a
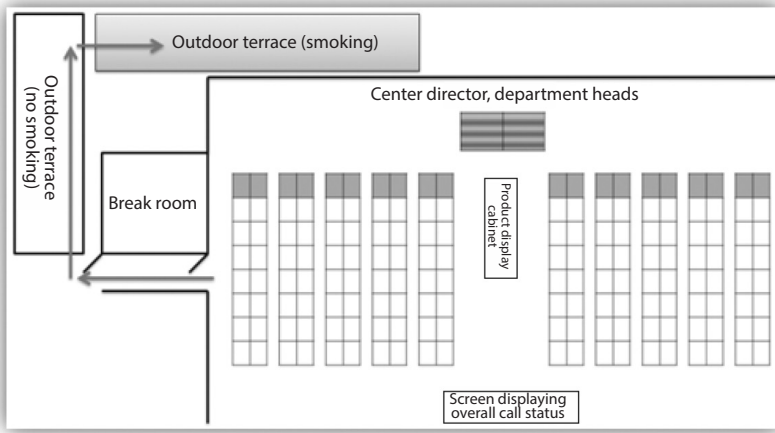
Figure 1. Diagram of the call center interior

much as they like. But here, an immediate question arises: Why did the call center provide such a "safety zone" within the workplace? Why is it going against the Western trend of "moralizing geographies" (Thompson et al. 2007), whereby spaces polluted by smoking are minimized by the expansion of no-smoking zones? What has replaced the physical risks caused by smoking, emphasized by doctors, with a paradise – despite the fact that cutting-edge medical knowledge is one of the major symbolic orders influencing contemporary society? Could it be that the two symbolic orders are not opposed to each other but that one of them has simply been captured by the higher-ranking other? I intend to answer these questions using clues found at the call center. Firstly, the center is a

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performance conveyed in a fixed form to observers. He believed that this front behavior was sustained, either intentionally or unwittingly. What is notable about Goffman's discussion of performance is that, as he writes in his work *Interaction Ritual* (1972), reciprocity with other participants (observers) present in the same situation is regarded as an important constituent element. What I noticed about the performance of the agents was precisely this reciprocity. I describe the behavior of the female agents here as performances because they made a variety of efforts while outside the call center to hide the fact they smoked. These included leaving smoking-related items at work, always carrying around strong-smelling cosmetics and deodorizers and avoiding smoking in public places whenever possible. They also performed as non-smokers in front of their parents, boyfriends, husbands, and children, thoroughly hiding their smoking habits from them. For the agents, the world outside the call center was a front stage upon which they had to perform endlessly as non-smokers.

space completely closed off from the outside. No outsider without an entry pass can get in, for reasons such as personal data protection and soundproofing. The essentially closed nature of the call center provides a framework that frees female smokers from the eyes of others.

I myself was only able to reach the smoking room, located deep in the heart of the call center, once I had acquired my superficial job title from the mobile anti-smoking clinic. The smoking room I discovered this way was an expansive, open-plan space. As illustrated in Figure 1, the smoking room was located on a terrace on the same floor as the working space. In it were three large ashtrays and a few chairs. By the ashtrays, bamboo quite tall enough to shield adult women from outside eyes was planted evenly. In fact, the purpose of the bamboo, which I only realized later on, was to block the view from the outside. The company didn't want to pollute its clean image because of smoking by its female workers. The bamboo was less a landscaping feature created for the benefit of the workers' view than an actively designed part of the stage set. From the call center's perspective, smoking female workers were an embarrassment that it wanted to hide. The composition of the smoking space therefore showed, indirectly, that the management of the call center was not completely resisting Korean society's symbolic order regarding female smoking. This judgment is reinforced by another element of the stage design: the way the general manager and male employee who first took me to the smoking area "proudly" showed me a "no smoking" sign stuck to the wall opposite the bamboo. The poster featured disgusting images of the various diseases that could occur as a result of smoking.[10] Such images showed that the call center had still not, despite providing a pleasant smoking space for its female workers, abandoned social norms regarding the practice. This can be confirmed in interviews with call center managers addressed below.

While at the call center, I was able to witness how its provision of a smoking area was not an act of resistance to the symbolic order of Korean society regarding female smoking. I observed three main characteristics of

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[10]   The content of the poster included a man and woman with their lungs on fire as they smoked; photos of a pair of healthy lungs and the black, shriveled up lungs of a smoker; an image of a tumor and hole that had formed under a jaw due to oral cancer, through which the inside of the mouth could be seen; a senior citizen confined to a hospital bed after years of smoking, appealing to others not to smoke; a picture of a smoker's face going up in flames as he/she smoked; and a picture of a tongue with a tumor on it as a result of oral cancer due to smoking.

the smoking area: Firstly, the unending stream of women entering it; secondly, the fact that it was more often frequented by groups of people than by individuals; and, thirdly, that smoking times were very short (within four minutes, on average). Among these, I focused on the short smoking times. I observed this repeatedly, largely regardless of the number of people entering the smoking room. The time was never more than four minutes, and since this refers to the moment the door opened and smokers entered the room to the time they went out again, their actual smoking time was about two minutes. It wasn't uncommon to see women coughing as they inhaled. Smoking is generally a time of relaxation for those who want a break; by contrast, the women here appeared to smoke urgently, as if in a race against the clock. They were given a place to smoke, colleagues to smoke with, and time, but their smoking paradise was not perfect. It was a paradise that lasted barely four minutes. This gives us a glimpse of the fact that smoking, even in the call center, was not a choice that the women could enjoy entirely "above board" or "as much as they liked."

Such limits allow me to infer that providing the smoking room was more an inevitability for the call center than a gesture made for the sake of its female workers. In what follows I address the reason for this inevitability in the realm of work – interpreted by many scholars within the framework of emotional labor – to which I now turn.

2) Labor Control Techniques at the Call Center

Here, I aim to answer the question of why the female call center workers' smoking time was temporally "controlled" or "learned" to last less than four minutes. In so doing, I want to get closer to the fundamental reason why the call center set up its own internal space of "pollution." Call Center Z has essentially built a system of physical and electronic surveillance. Call center agents are positioned in such a way as to receive a suitable amount of surveillance in accordance with their duties, while their call situations, breaks, and times away from their work positions are checked by computer programs that provide records accurate to the second. As the mimetic diagram of the call center interior shows, the center director and department heads are positioned right at the front and in the middle, from where they can see all other work positions. Their seats are placed on a dais some 20-30 centimeters high, providing a further advantage when it comes to seeing all the call center agents. Each row of eight facing seats – 16 in

total – consists entirely of call center agents; at the head of these sit the section head and his assistant, a senior call center agent. The seating arrangement is thus distributed in a line according to company hierarchy: from center director to department heads, section heads, senior agents, and agents. This way, the section heads and senior agents supervise the call answerers in their section, while the center director and department head manage the section heads and senior agents, observing the state of all call center agents (generally by checking which seats are empty). This seating arrangement calls to mind Bentham's panopticon, as introduced by Foucault (2003: 309-323). It provides managers with constant visibility, while making the workers feel as if they are under surveillance at all times, even when their managers are not actually observing them. This spatial layout is an effective surveillance system, assuring, to use Foucault's expression, "the automatic functioning of power" (Foucault 2003: 311). In addition, the call center agents' work positions feature another surveillance device: As they talk on the telephone, they can watch themselves in the mirrors fixed just in front of them. These mirrors were not put there for personal beautification. Call Center Z installs them in the same place at each work station so that all call center agents can observe themselves while on the telephone. Before they feel watched by others, agents become their own monitors. The mirrors, positioned so that agents can monitor themselves as they advise, place the latter in a situation of self-censorship. At Call Center Z, the system of physical surveillance is thus well established. Another system of surveillance of which the agents are aware is the electronic one on their computers. When they start work they must always log in to the program; from this moment, their work situation starts to be monitored from their manager's computer. Specific icons (phone receivers, coffee cups etc.) indicate each agent's work status, which is reported to the manager's computer monitor second by second. The following interview with a managing agent, K1, offers a detailed illustration of the set-up.[11]

> (Q: Is there a computer program for monitoring workers?) Yes. It's displayed on the section head's screen. With icons. If you're taking a call, a telephone icon comes up next to your name, and if you're taking a break it shows a

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[11] A managing agent was responsible for overseeing the work of regular agents and dealing with difficult customer situations.

coffee cup. If you're writing a reference for a moment, a special icon appears. All the people managed by the section head appear on his/her screen if they're logged in. If they're logged out, [the section head] immediately asks where they are and goes looking for them. They shout, "Where's XX?" and go to find them. (Q: What icon appears if you go for a smoke?) I think it's a coffee cup. You put it on for a second and go out. Then a coffee cup comes up on the section head's screen. Of course, the coffee cup comes up when you go to the toilet or to smoke. It also shows how many minutes and seconds you've been away from your desk. If you've been away for two or three minutes, they go looking for you straight away. To see what you're doing. If the coffee cup appears for more than about a minute, that clearly means the person isn't at her or his desk. They have to monitor and manage you from their monitors. If they don't, their superiors start nagging them. (Q: Who nags them?) A department head or even the center director. Since they're watching everything. For example, if a section head manages 15 people, a department head will manage two sections, which is 30 people, and the center director is watching everyone. The center director is also monitoring how many calls are waiting: if there are none waiting, [he/she] won't nag anyone. But if the waiting calls build up, [he/she] will point it out and block the door to the smoking room on floor X with a bar. When waiting calls are piling up, a tune starts playing. If there are more than about five calls waiting, a jingle plays from the center director's desk. As soon as we hear it, department heads and we go around and put agents away from their desks on hold. (Q: Does someone turn on the tune?) No. It comes on automatically after about five waiting calls accumulate. (May 31, K1 interview)

As this interview demonstrates, managers use the computer program to check that agents are at their desks and on the phone. If an agent goes without a call or is away from her or his desk for too long (as the interview above shows, "long" here is defined as two to three minutes), the managers immediately notice. This management is conducted thoroughly by the section heads, department heads, and center director. Meanwhile, as described by K1, a warning tone is emitted when more than about five calls are waiting. While the managers are directly and indirectly monitoring agents, the computer is counting the number of waiting calls that might otherwise not have been noticed. The collaboration between these physical and electronic surveillance systems is such that agents are absolutely unable to leave their desks for more than two to three minutes without a special reason to do so.

3) Background to the Opening of the Smoking Room 1: Concealing Polluted Bodies

Why would the call center monitor its workers so thoroughly? One manager gave a clear answer: "Calls are always waiting." She said that call centers always had calls waiting, and that there was no choice but to pay attention to whether agents were in their seats. But the reasons went beyond simple operational concerns. The manager deemed it "tantamount to saying they don't want to work" when agents left their desks for no particular reason when calls were waiting. This kind of unilateral interpretation[12] allows the inference that the reason a smoking room for female workers was installed in the call center, unlike at other types of workplace,[13] is that leaving one's seat in order to smoke was seen not as an expression of unwillingness to work but as an extension of work itself. Here, I want to address the question of how the bodies of smoking women are interpreted from the perspective of work, and how this contributed to the formation of the smoking room as a polluted space.

Around October 2009, Call Center Z moved its smoking room from a room in the building to a terrace.[14] S2, a head office manager in [her/his] eighth year at the company, recalls that the main reason for this relocation was so that people did not have to walk so far. Agent J1 says that this distance was shortened because of "work." In other words, the smoking space was moved because walking a long way for a smoke could adversely affect company work. J1 cited two grounds for this judgment at the time: Firstly, there will always be reasons to smoke at a call center; secondly,

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[12]   General agents interpreted this from a different perspective. In their view, there was not always a backlog of calls, and even when there was, they mostly took their breaks in shifts so that the calls could be handled without a problem. The agents also said that short breaks should be regarded as work because they counted as preparation for the next call.

[13]   This was confirmed by testimony from several study participants. In other women's service industry jobs, clerical jobs, and manufacturing jobs, they said, no company provided a smoking room especially for female employees. Many of participants recalled how they had smoked a lot less in other jobs because there was no smoking area like the one at the call center.

[14]   It was illegal, under the National Health Promotion Act, to install smoking rooms inside buildings, but talk of moving the smoking room was in fact said to have begun because of problems such as poor ventilation and smoke entering the telephone room. The conclusion of the discussion was to move the smoking room to an indoor terrace located just next to the telephone room, rather than a space outside the building.

smokers are sure to smoke even under the worst of conditions. Therefore, the center accepted having a smoking room near its workers as a professional inevitability. Several discussions of emotional labor have already addressed the fact that call centers are places with serious stress levels that can make people want to smoke. But the "certainty" that existing female smokers among the workers would keep smoking while at work regardless of the circumstances (including whether or not there was a smoking room) must be seen as based on a stereotype of smoking female agents themselves, unrelated to emotional labor. The view of smoking by female agents as inevitable was shared by agent J1 and department head K9. The latter said that they had considered getting rid of the current smoking terrace altogether with a view to minimizing time spent away from desks, but that they had kept the smoking room open in the "certainty" that agents would keep smoking even if there were no smoking room. The view was taken that agents' bodies polluted by smoking were already beyond any improvement through control. No matter how hard the call center work is, having a smoking room does nothing for efficiency if the workers do not smoke. But in the case of call centers, which are fundamentally characterized by their employment of relatively high numbers of female smokers,[15] intervention in smoking habits is inevitable. The call center's choice was to install a smoking room within a short walking distance of the work area. This decision was deeply linked to fundamental stereotypes about the education levels and backgrounds of call center agents. Department head A2 believed the reason there were high numbers of smokers was that lots of "young people" had recently joined the call center, and that "these days" most young people smoked because they had discovered smoking at middle or high school. She insisted that such women would not even work at call centers if they knew there was no smoking room. She viewed "young women these days" as a

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[15] This is intimately related to the requirements for getting a job at a call center, where just being a female high school graduate with no other work experience brings employment opportunities (usually part-time and as a contract worker). Call center job advertisements are easy to come by because of the high employee turnover rate, and the base pay is about 1.2 million won. Therefore, a relatively high number of young women in their 20s without much previous work experience, and homemakers returning to work in their 30s and 40s, find work at call centers. As a result, women working at call centers are comparatively young and have relatively low levels of education, placing them in a female demographic with a high smoking rate. This judgment was directly confirmed through interviews with several call center agents.

generation for which smoking was essential, unlike her own generation in the past. She therefore accepted a smoking room as an essential prerequisite for employing them.

But this view was more than just an inevitable choice in accordance with generational change. Department head K9 was more worried about the adverse effects of not providing a smoking room for "this kind" of women who were already working at the center. This was because of the higher probability that polluted bodies belonging to the company – smoking agents – would be exposed to outsiders. If agents started smoking outside the company building because of a lack of a smoking room, not only would the environment be polluted by smoke and cigarette butts; the company image would also be polluted by the sight of its female employees smoking. The solution to the problem of polluted bodies so far from purity was ultimately to block their contact with the outside environment completely. Taken together, the above points suggest that a main reason for installing a smoking room was to conceal smoking women for the sake of the company image, but fundamentally the installation of a room was because of deep prejudice regarding smoking women: namely, that they are bodies irredeemably polluted by tobacco.

4) Background to the Opening of the Smoking Room 2: The Use of "Drug Food"

The reason for installing the smoking room goes beyond the judgment that it is impossible to stop call center agents from smoking in the first place. As mentioned above, one must consider the basic premise that its installation is another part of work. As mentioned in this statement by another department head, A2, smoking was actively used as a tool for increasing work efficiency:

> (Q: Why do you think the rate of smoking at the call center is high?) Since it's a call center, you're constantly talking in your own voice. These days, to be honest, relieving stress is all about enjoying culture. There are various ways. But the employees here have hardly any free time. *So they end up drinking, and if you drink you have a headache the next day, your voice goes weak, and you get dizzy. The only immediate way to get rid of stress is by smoking.* Working at a call center is a sensitive job so you get hurt a lot. And you need to get over it fast. And with smoking, you can go in a group, but you can also do some thinking when you have a cigarette on your own. Some people meditate, but you need to take time as you think about this and then that. With smoking, you can have several thoughts quickly as you inhale and exhale. You can

concentrate in the space of a few seconds. So I don't criticize our workers for smoking. Because I find it comforting and it helps relieve my stress too. If you tell someone not to smoke at work, it won't make them work any more efficiently because smoking at work is what they do. So if they seem a bit stressed, I tell them, "Go [for a smoke]" and they work well again. ... If you smoke, your mind becomes stable. Everyone at the center would admit that. That's why I never stop our workers smoking. (Q: Do you allow it to the extent where it doesn't obstruct their work?) Because I give them freedom to smoke, they decide by themselves not to go when they have too much work or something. But in sections where they put pressure on the workers, they just go [to smoke] whether there are calls waiting or not. That happens. (A2 Interview, emphasis added)

Department head A2 emphasizes the importance of relieving stress quickly while at work, saying that smoking is useful in this regard. A2's judgment here was based on her own personal experience of the usefulness of smoking (she is a smoker too) and her fundamental understanding of the working environment. But the most important factor is her past experience of work efficiency rising when smoking was not regulated. Access to the smoking room used to be strictly regulated during work hours, but this proved counterproductive and access became uncontrolled even during busy times. From then on, A2 adopted the opposite policy, granting free access to the smoking room. As a result, agents voluntarily started using the room appropriately and in accordance with the state of their work. A2 thus experienced an actual improvement in performance. Department head K9 also mentioned the usefulness of smoking in call center work. She emphasized that smoking was a tool that could settle emotions even when done alone. As grounds to support this claim, K9 cited the fact that most employees on the customer service team, which dealt exclusively with complaints, were smokers. In her view, only agents who made proper use of smoking as a tool could put up with working on the customer service team, the hardest of all. From an employer's point of view, smoking was accepted as an important tool of call center labor, as testified by the two department heads above. Indeed, they based their installation of the smoking room on their tangible experience of this.

Anthropologists have branded substances that affect mental activity by stimulating the brain "drug foods" (Mintz 1985; Jankowiak and Bradburd 1996).[16] Jankowiak and Bradburd, in particular, analyzed historical and

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[16]   The anthropologist Sidney Mintz mentions the value of tobacco, coffee, black tea, and

cultural material from 94 local communities (including ethnographies) before describing how drug foods (particularly alcohol and tobacco) were used as international labor and trade inducers and, in China, as labor enhancers. They claim that before the industrial revolution began in earnest, alcohol was a highly popular labor enhancer on large farms, in mines, on trading vessels, and in the military, but that as industrialization progressed and technology became more complex alcohol was replaced by substances like tobacco and coffee. This is interesting because department head A2 also pointed out that agents preferred tobacco to alcohol (see italicized part of interview above). She emphasized the usefulness of tobacco in providing immediate stress relief because drinking gave a headache the next day and made the voice weaker. Times have changed, along with the character and even the gender of labor, but tobacco remains alive and well as a labor enhancer allowed by employers.

4. Call Center Workers: Polluted Bodies

1) Smoking Experiences among Female Call Center Agents: A "Working Drug"[17]

What, then, about the experiences of the employees rather than the employers? The main experiences I discovered at the call center fell into three broad categories: as a tool for emotional control, a tool for socializing and a tool for resting. In the first case, most of the agents mentioned the usefulness of smoking for controlling emotions. Even agent B, who hated the smell of cigarettes smoked both by others and herself, said that one or two cigarettes served as tranquilizers to soothe her nerves after dealing with a nasty customer. The fact that many agents, including B, say they

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chocolate (which he labeled "drug foods") as "substitute foods" in explaining why they came into popular use in the nineteenth century, when industrial capitalism and colonial policy were brewing. Mintz explains, "Like alcohol or tobacco, they provide respite from reality, and deaden hunger pangs. Like coffee or chocolate or tea, they provide stimulus to greater effort without providing nutrition" (Mintz 1985: 186).

[17]   It was American science journalist David Krogh (1991) who called tobacco a "working drug." He used the term in the belief that the two opposing effects of smoking on the body – waking it up and calming it down – had a substantial effect on work. In cognitive psychology, it is indeed accepted that smoking and nicotine gum improve detection of visual and auditory signals, and that nicotine reduces drops in competency during long and sustained vigilance tasks (Esgate and Groome 2008).

often do not smoke a single cigarette on weekends when they are not working clearly demonstrates how smoking is indeed being used as a tool for work. Secondly, it was also being used as a tool for socializing. Call centers have a high staff turnover rate, so one's colleagues frequently change. Since, moreover, having private conversations with colleagues while working is impossible, smoking areas functioned as important spaces for socializing. In many cases, agents bonded while going for a smoke, and were able to derive more enjoyment from working life as they talked about their accumulated work stories while smoking. Agent K1's confession that "Cigarettes even taste better when you smoke them with others than when you smoke alone" clearly shows that smoking in call centers does not function only as a tool for emotional control. Finally, tobacco also took on the character of a tool for resting. As mentioned previously, the call center allowed use of the smoking room during working hours for the sake of efficiency. Consequently, the agents, who had no official break time – particularly those who smoked – used smoking as a legitimate excuse to rest.[18]

Such experiences of smoking tell us that female smokers at call centers see cigarettes as a tool for effective labor. Most research subjects dismissed the smoking they had started in the past out of curiosity as "something I did out of ignorance when I was immature." Now, however, they said that smoking was effective for call center work in various respects. This was a completely different issue from that of not being able to quit smoking or look after one's health in other ways because of a hard job. The agents talked of the real effect – the tangible "working drug" effect – of cigarettes when it comes to work. Discussions of female smoking often take place on a very symbolic level. Cigarettes have been talked of in terms ranging from that of "torches of freedom" symbolizing the growth of women's rights – a highly controversial assessment[19] – to that of discursive tools for controlling

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[18]   There were other cases where smoking was used in just the same way as a pretext to take a break, but on slightly different grounds. The breaks mentioned above were taken by agents who used smoking for their own needs, but in other cases agents went to the smoking room to deal with nicotine withdrawal symptoms (restlessness, itchy hands, etc.) that recurred every one or two hours. These frequent smoking-room visits can be interpreted as side-effects of nicotine addiction due to excessive smoking, as it is generally called in medical terms. But the individual in this case said that without her withdrawal symptoms she would have had no opportunity to leave her desk. For her, the symptoms had thus become a guarantee of regular breaks from excessive work.

[19]   From the mid-1980s, the feminist movement in the West changed its aim from that of

women's bodies (Greaves 1996; Oaks 2001). In testimonies of agents, by contrast, smoking went beyond limited views of the body – the "body proper," to use Lock and Farquhar's expression (2007) – to see smoking merely as a symbol or appurtenance of the mind or, in the opposite sense, the agents went beyond seeing a smoking habit as solely a physical addiction. In other words, the usefulness of smoking experienced as a tool for emotional control, socialization, and rest, can be understood when the body is regarded as a physio-psycho-sociological assemblage. Smoking by female call center agents is not just a consequence of physical addiction or a symbol of improved women's rights. They use the symbolism of smoking to some extent as a tool for rest, to ease actual physical and psychological tension by visiting the smoking room, and to strengthen their bonds with their colleagues through these processes. The taboo regarding female smoking outside the call center is thus negated by its shared value to the agents as a working drug. Smoking in call centers is, to quote one agent, "Not just nothing."

The aforementioned working drug and three useful aspects of smoking cannot be understood simply in terms of increasing work efficiency. As pointed out by the anthropologist Merrill Singer (2008), smoking must also be interpreted as using a wonderful "drug of solace" for poor laborers. Most call center agents are in vulnerable economic circumstances that make it hard for them to quit their jobs despite the difficulty of their work. To agents who "really have no money so cannot quit," call centers are, to use their expression, the "last doorway" to making a living. To agents who

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securing women's right to smoke to that of defending their right to health from multinational tobacco companies (Jacobson 1982, 1988; Greaves 1996: 132). This was a movement of resistance against the cigarette firms, which had been artificially promoting a tobacco consumption culture among women through a strategy of commercialized feminism that associated smoking with freedom and improved women's rights (Greaves 1996: 19; Gilman and Zhou, eds. 2006). But in Korea the women's movement still makes women's right to smoke a focus of contention, as shown by titles for events such as Street March and Rally for Women's Smoking Rights (The Kyunghyang Shinmun, March 17, 1998), Smoking as part of the Women's Movement (The Women's News, June 4, 2004 (Issue 781)), She has Equal Freedom to Smoke or Not Smoke (The Women's News, June 4, 2004 (Issue 781)), and Smoking ... was like a Banner of Emotional Release, Liberating Our Souls (Seo 2004). When compared with its counterpart in the West, the Korean women's movement's view of smoking has failed to go beyond the commercialization strategies of tobacco companies. This limitation cannot be ignored, as it risks deflecting attention from the fact that female smoking rates in Korea already show discrepancies according to socioeconomic class, and could even exacerbate the problem.

have to choose endurance and adaptation over giving up, smoking provides, in their words, "big comfort." To them, such comfort sometimes negates conventional values regarding female smoking. Agent S1 started working as a call center agent in her late 20s when her low level of education as a high school graduate left her with no other suitable job. It was then, she says, that she started smoking. Though she had previously held smoking women in contempt and hated the smell of smoke, after putting up with two years in the smokers' paradise S1 had become a smoker who "knows a thing or two about the taste of cigarettes." The medical and social taboos regarding women's smoking thus dissolved in the face of a precarious livelihood. A further point to consider here is the fact that when a taboo is broken by everyone in a group, it loses its effect. At call centers, known as smokers' paradises, most of the workers are women, many of the women smoke, and the company officially provides a women's smoking room. The social view of women's smoking as taboo therefore falls apart here, at least temporarily. In this environment, it is not easy for the will to stop smoking to form naturally. Because the women that other women see at the call center are familiar work colleagues who "smoke and work hard." The atmosphere of the smokers' paradise thus further enhances the value of tobacco as a working drug.

2) Living as a Polluted Body

Though many call center agents smoked tobacco as a working drug, there was no way that their daily performances could all be the same. Each individual had different characteristics when it came to coping with views of pollution. Here, sociologist Erving Goffman's (1968) concept of "the discreditable" when discussing stigma is worth noting. Smoking is not a form of discredit that can be recognized through appearance: Its nature is such that smokers, through personal effort, can disguise themselves as non-smokers, thus remaining latent objects of discredit. As a result, in certain circumstances they may manage their identities as smokers – "spoiled identities," to use Goffman's term – by putting on the right performance. Agents who use the working drug without being overly conscious of stigmatizing opinions in the official space of pollution that is the smokers' paradise appear externally to have the same identities (smoking female call center agents), but when they were placed in circumstances that made them see themselves as polluted bodies (for example, talking in the same

space with a researcher), they each expressed a different identity. My status as a doctor was ideal for allowing me to experience these various identities. Through their performances, I noticed the microscopic effects of the stigmatization of women's smoking and each individual's way of operating.

Here, I want to examine the diverse spectrum of psychological conflict and desire experienced by smoking women through the representative cases of four agents (K1, Y, L5, and L4) (see Table 1). K1 and Y, firstly, were similar in that they were both highly negative about women's smoking and smoking itself. But when it came to interpreting the reasons for smoking at the call center and for their own smoking habits, they showed clear differences. K1 had a neat personality and paid much attention to her outer appearance. Her disgust at women who smoked in cafés was so strong that she called them "indecent." She believed women should be "proper women," and thought that she, too, would be an ideal woman if she only stopped smoking. Not really getting stressed by her telephone consulting work, K1 frequently visited the smoking area more in order to get closer to her colleagues than to control her emotions. Though she hated the smell of cigarettes and washed her hands, used mouthwash, and applied perfume after smoking, she kept doing so in order to get closer to her older colleagues. She hinted at personal confidence, telling me that she would definitely quit smoking at some point, and tried to avoid being placed in the same category as other female smokers. Among the research subjects, K1 was the most confident about her smoking in front of me. This was not because she was not ashamed of being a smoker. On the contrary, she believed that she would soon, unlike other smokers, live the life of a "proper woman" by giving up smoking. But rather than actually trying to quit, she thoroughly hid the fact that she smoked from those around her, avoiding smoking in public spaces and using bars and coffee shops instead.

Y, by contrast, really hated the smell of cigarettes. This was because of a combination of finding the smell of cigarette smoke itself unpleasant and harboring negative memories of her father, who had smoked at home when she was young. Nonetheless, Y, who, unlike K1, experienced severe stress from her call center work, was highly dependent on smoking. She had been thoroughly concealing the fact that she smoked from those who did not know. Because she was very disappointed in herself for smoking, she wanted to appear to others like "the kind of girl who wouldn't smoke" wherever possible, and she worked to create this appearance. But she

Table 1. Case study of the individual smoking experiences of four female agents

	K1	Y	L5	L4
Individual character-istics	21 years old Managing agent 3 years in current job 10 cigarettes/day Smoker for 7 years	29 years old Regular agent 3 years in current job 10 cigarettes/day Smoker for 8 years	28 years old Regular agent 6 months in current job 10 cigarettes/day Smoker for 13 years	40 years old Regular agent 1 year in current job 10 cigarettes/day Smoker for 20 years
Nature of smoking	Socializing tool-turned-habit	Source of comfort and guilty feelings	Tool for expressing defiance	Tool for getting through work; impossible to give up
External performance as a female smoker	Looking like a proper woman	Looking like a woman who would never smoke	Rebelling against critics	Constantly seeking confirmation of state of health from doctor
Actual smoking behavior	Smoking in dark places (cars, cafés, bars)	Avoiding anti-smoking counselors, smoking even when ill	Attempting to quit for a feminine image	Smoking with colleagues in smoking room upon arrival at work

smoked her housemate's cigarettes when she took sick leave for a serious bout of flu, and took two packs to work with her on days when she was due to take lots of calls. Y was apologetic to me about the way she had failed several times to quit smoking and was sometimes consumed by an inferiority complex that included feelings of guilt. Sometimes she even secretly made her way to the smoking area to avoid me when I visited the call center to give anti-smoking counseling. Y's view of smoking and her personal ways of coping with it thus differed greatly from those of K1. But what they had in common, despite their different aims, was that they had kept smoking while working at the call center, and that they had both been keeping up a performance to avoid being exposed as smokers – to remain, in other words, latent objects of discredit.

Next, I present the cases of L5 and L4. These two agents were less negative about female smoking than K1 and Y. Indeed, L5 resisted the conventional social view that women should avoid smoking for the sake of

pregnancy. She even disagreed with the medical knowledge that smoking could be harmful during pregnancy and childbirth. L5 confidently let her mother and boyfriend know that she smoked, and strongly resisted when they urged her to quit. When talking to me, too, she expressed doubt that smoking could negatively affect pregnancy, stating frankly that she had no intention whatsoever of quitting, citing the fact that a friend of hers had smoked while pregnant. With her own strong views of smoking, L5 at first refused to tell me when she had started. She changed her answer about when she had taken up cigarettes, from middle school to after high school. She had also, unbeknownst to me, tried quitting smoking on her own for six months because it gave her bad breath and made her clothes smell of cigarettes. She had abandoned her hard six-month struggle without smoking because of putting on too much weight. L5, who generally showed a lot of interest in her appearance, was paying plenty of attention to factors, such as bad breath, clothes smelling of cigarettes, and being overweight, that went against the so-called social image of the ideal woman (generally held among members of the same generation).

L4 was not as defensive about smoking as L5, but she had long used it as a tool for socializing and did not think about it very much. She was not particularly healthy, suffering from asthma, albeit lightly, and having lost five kilograms in body weight in the course of just one year working at the call center. Like her colleague, however, she did not want to give up the pleasure of smoking. She had two sons at high school, whom she looked after during the day before earning their keep by working evenings (7 p.m. - midnight) at the call center. Smoking was a great source of comfort to her in her hard daily and nightly routines. But this did not mean that she was positive about it. She still hid her smoking from her sons for fear of disappointing them, and frequently came to see me to measure her CO_2 level while continuously seeking confirmation about her health, saying, "To be honest, smoking just one cigarette a day shouldn't give me health problems, should it?" L4 thus sought acknowledgment that she was always aware of the harmfulness of smoking, which can be interpreted as an attempt to escape the multiple social stigmas of being "a smoking female call center worker with asthma." Of course, the result of this was long-term smoking accompanied by on ongoing cycle of self-consolation and guilt.

3) "Flawed Women": The Symbolism of Pollution and Reproduction of Stigmas

The four above cases confirm that each agent was living as a "polluted body" – a smoking woman – through her own daily performance. These processes were repeated cycles of self-consolation and guilt. When they thought about quitting smoking within these lives, the main reason that emerged was not their health but that of their future children. In other words, symbols of pollution regarding women's bodies in relation to smoking had formed principally around pregnancy.[20] The agents shared several useful aspects of smoking among themselves, but when seen from the perspective of future mothers it took on a completely different meaning. (Of course, L5 did not want to admit the link between pregnancy and smoking but this was not a denial in itself of the responsibility of a mother to her children.) This was confirmed via three broad routes: the agents, the managers, and the health center.

Firstly, the interviews with agents showed that they accepted that women's bodies should be kept "clean" for the sake of their children. Tobacco, by contrast, was seen as a pollutant that would contaminate a mother's body. Some of them said that they would quit smoking at least two or three years before conceiving a child, in the belief that all nicotine from tobacco had to "come out" of the body before pregnancy. This absolute sense of responsibility towards a fetus must be seen more as the result of conditioning by the old social consensus that the normal life trajectory of an adult woman was to get married and have children than as the product of instinct. As one agent said, habitual smoking, to a woman, was accepted as something that left "flaws" in a body that should bear children. The reason smoking, which can be a highly personal choice, was seen as a "flaw" in women, unlike men, was that giving birth and raising children is regarded as a type of social duty for women.

Even in the call center, there were factors that made this duty of child raising tangible. Of course, this, too, was because of the high rate of smoking among agents. The company ran a fund-type anti-smoking program, ostensibly for the sake of its employees' health. Agents wishing to

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[20]   As mentioned in footnote 9, references to smoking women in this study generally signify those in their 20s and 30s – those of childbearing age, in other words. Smoking rates by age at Call Center Z are 47.5 percent for those in their 20s, 43.8 percent for tricenarians and 9.8 percent for quadragenarians. Among all the women I interviewed, only one was in her 40s and all the others were in their 20s and 30s.

Figure 2. Anti-smoking pamphlet for female smokers

quit smoking would pay a participation fee (100,000 won), after which the company would offer a certain sum of prize money and distribute it equally among participants who had succeeded in not smoking for six months. This company campaign clashes with the image of a smokers' paradise where time and space for smoking are guaranteed for the sake of efficient work. But according to the managers who planned it, it is not purely contradictory. One male manager from the head office did not speak directly to agents but called female department head-level employees and openly criticized them, saying, "Aren't you going to have kids? Why do you smoke?" He treated female smokers as immoral women who did not care about their children, saying that smoking was for rank-and-file agents, and not something those at department head level should do. But from the male manager's point of view tobacco was a drug food that simply had to be permitted in order to boost the working capacity of female agents, while the anti-smoking project was a necessary gesture for letting the company off the moral hook, even if it was just for show. This campaign can be seen as aimed at creating an image as a moral company that cares about the health of its employees, even running an anti-smoking campaign with prize money, rather than as one that exploits its female employees to the extent that it pollutes their bodies.[21] Whether or not the campaign succeeded – it failed, of course – responsibility for the agents' smoking is now put down to their personal

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21   I was able to describe this as image creation because I operated within a mobile anti-smoking advice center while the campaign was in progress. Some participants really had resolved to quit smoking and wanted regular advice from me – although others, of course, were motivated by the ancillary benefit of the prize money – but the company was reluctant to let them go for even five minutes of consultation, claiming it would interfere with their work. Ultimately, most of the participants simply had to quit by their own strength alone, with the prize money as an incentive.

choices and the company is blameless.

Another route by which we are awakened to the fact that women's bodies belong to society – are, in other words, "bodies for bearing children" – can be found in anti-smoking pamphlets provided to the call center by the health center. As Figure 2 shows, the message contemporary society tries to send smoking women is not that smoking harms their bodies. It is one of an ideal "mother image." The picture of a mother with a healthy baby demands that smoking women feel they have neglected their duties as future mothers. In the realm of smoking, a woman's body transforms from a personal body to a "body to bear children." The text inside the pamphlet makes this even clearer. "A woman's body is a sacred body that will carry and bear children," it says. "By keeping yourself healthy, you must raise healthy children and keep a healthy family." This text does not contain the word "smoking." It has achieved its aim merely by instilling in women the notion of their duty and destiny as "bodies for bearing children."

In Korean society, women's bodies still symbolize wombs. Because of their wombs, their bodies are confined to the status of society's property. That smoking is classified as a form of pollution in women can be seen as an effect of this symbolism, but such symbolism entails no physical confinement. Women are still free to break away from the symbolic yoke of social stigma if they so wish. But in some respects, this freedom of choice paradoxically limits personal choice and makes it harder to escape the yoke. For freedom of choice ultimately shifts responsibility for smoking from society to the level of personal morality. Here, the call center, for which the pursuit of profit is the main objective, and the economic circumstances of the female agents who are forced to work there to make a living, come together so that the moral symbol of the "body for bearing children" yields priority to the profit-seeking "body for working." Amid this clash of symbols, female agents lived with the comfort of their salaries and cigarettes while exposed to stigma associated with smoking and to latent guilt vis-à-vis their future fetuses. That the smoking female call center agents remain indifferent to this contradictory reality – when it comes to the will to quit smoking, at least – is probably because they are surrounded by subjects just like them in their daily lives. In the smokers' paradise that is the call center, their contradictory thinking and behavior are seen as highly normal. In this way, the call center functioned as an excellent medium for reproducing the social stigma regarding female smoking, all the while mitigating it to some extent by acknowledging the importance of

smoking for the workers.

5. Conclusion

In this study, I have attempted to trace pathways of stigmatization – that of "flawed women" – by way of the labor and related smoking experiences of female workers in the extremely isolated space of a call center. Specifically, I have tried to determine why the social taboo regarding female smoking was negated within the space of the center. Awareness of this issue stemmed from a critical opinion regarding existing discussions of emotional labor that addressed call centers. These discussions centered on the impersonal circumstances that female workers experienced on calls with customers, focusing on preventing and overcoming them. Consequently, the lifestyle habits – drinking, smoking and so on – brought on by the work-related stress – such as emotional exhaustion – of call center agents were regarded as predictable and natural, and did not become the focus of discussion. As a result, the high rate of smoking among female call center agents was seen merely as a by-product of the extreme stress levels that come with emotional labor. The limitations of such discussions of emotional labor excluded, from the start, the question of why a call center would provide a dedicated smoking room for smoking women. But I believed that exploring the process by which the deep-rooted social stigma attached to smoking women in Korean society evaporated "only" in call centers would provide meaningful help in understanding the overall experience of female agents.

The reality confirmed by my field research at a call center was that of a place controlled by a thorough system of surveillance, from which the smoking room was not exempt. This control was not an inevitable measure for managing female agents, many of whom smoked, but the result of recognizing tobacco as a labor enhancer – a food drug or labor drug, in other words. What I noted in this setting was that the sight of female agents smoking was completely screened from the outside. The fundamental reason that the smoking room had been placed as close to the telephone room as possible was to stop scenes of smoking agents being viewed by outsiders, while even the smoking room itself was screened thoroughly from the outside by a further means: bamboo. What the company feared most was its image being "polluted" by the exposure of the

outside world to its smoking female agents. It feared, in other words, that the social stigma attached to smoking women might infect the company itself.

In this environment, smoking women enjoyed the benefits of a "smokers' paradise" where they paid little attention to the eyes of others, but they were still not completely free from society's negative view of female smoking. On the contrary: They were exposed to the daily tension of maintaining the "performance" of being non-smokers outside the call center, ending up with the moral experience of an ongoing cycle of alternating self-consolation and guilt. This guilt was maximized when the agents took their identities to be not female agents but "bodies for bearing children." But the high smoking rate – 37 percent – among female agents and the existence of a smoking room so pleasant as to be called a smokers' paradise took the edge off this mental tension for them. What I noticed at this point was the unclear cause-and-effect relationship regarding polluted bodies created by this routinization of smoking. In other words, I glimpsed traces of the perception that female agents in the closed space of the call center smoked because they were polluted, rather than that they were polluted because they smoked. Smoking by agents was seen as something routine, as if it were no more than a stigma confirming their status as polluted bodies. To put it in the style of Douglas, the smoking women at the call center were just "shoes on a shoe rack." The moments when they were perceived as polluted were those when their smokers' bodies became exposed to the views of people outside the center – when "the shoes were on the dining table." Because the moments the smoking women were regarded as clean were only those when they stayed in the call center, as invisible beings.

How free, in the space of the call center, are female workers from Douglas's interpretation that "pollution descends?" As we have seen so far, metaphors of pollution regarding women's bodies were descending into call centers where women worked, carried by smoking. What I worried most about while conducting this research was the fact that studying taboos attached to female smoking could have a negative effect – even a small one – on reproducing the same taboo. The very presence of a researcher could have served as a trigger to make the smoking female agents at the call center face the taboo that they had not seen themselves, or that they had tried to ignore. Nonetheless, this study is significant in that I have tried to offer an unfiltered view of the circumstances of female agents in the closed

space of the call center. It is particularly meaningful that I have shown how, in the specific working environment of the center, the social taboo attached to female smoking actually helps to entrench the smoking habit of female workers rather than suppress it, and that this same taboo is being reproduced as a result. It remains to be seen, however, how much this research will contribute to uprooting the persistent taboo attached to female smoking in Korean society, let alone whether research like this can direct attention to the conventional social notions about women's bodies that lie at the base of this taboo.

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