

THE AGE ISSUE

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HOW DOES SHE DO IT?

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EDITOR: SARAH BROWN



EARS

BY DODIE KAZANJIAN

“Nobody notices earlobes. Of all the things I care about, one way or the other, earlobes are not on the list.” My friend the writer Janet Malcolm is trying to make me feel better about the latest body part that’s giving me grief. My earlobes have always been too long, and like every other part of me, they’re not improving with age. What made this an urgent matter was seeing Kirk Douglas on TV at the Academy Awards last February. His star turn convulsed the audience, but all I could see were his monumental, trembling, 94-year-old earlobes. I wasn’t alone in this. Rob Corddry, the ex-*Daily Show* comic, tweeted that Douglas “needs a cane for those earlobes.” *beauty* >131

AFTER THE FALL

EYELIDS, JAWLINE,
EARLOBES? THREE WOMEN
ON THE FEATURES THEY
TOOK FOR GRANTED—
UNTIL THEY DROPPED.

SHE’S GOT PULL
MODEL JAC JAGACIAK IN AN ENDER LEGARD CORSET.
HAIR, SAM MCKNIGHT FOR PREMIER LONDON.
MAKEUP, VAL GARLAND AT STREETERS. DETAILS, SEE
IN THIS ISSUE. PHOTOGRAPHED BY NICK KNIGHT.
SITTINGS EDITOR: PHYLLIS POSNICK.

In many cultures around the world, Kirk Douglas and I would fit right in. The Rapa Nui of Easter Island practiced earlobe stretching from childhood onward, and the Masai in Kenya, who still do, consider huge lobes a mark of wealth and beauty. The Spanish word *orejones*, meaning “big ears,” was applied to the Inca nobility, who often had them. (Through the years, several people have told me that my long, unattached lobes imply royal birth; attributing bodily defects to royalty is a great way to turn them into assets.) Gautama Buddha is usually depicted with pendulous earlobes—to remind followers that he gave up wearing heavy gold ear bangles in order to pursue wisdom.

In my culture, however, droopy earlobes usually mean that you’re getting older or that you’ve worn too many extra-heavy earrings. But I haven’t worn earrings since I got married 23 years ago (my husband doesn’t like them), and I’m not *that* old. My grandmother’s earlobes were spectacular, so I guess you could say I got mine the old-fashioned way—through inheritance. It’s not fair. The damn things are useless, anyway. They just hang there, making a nuisance of themselves.

“What can I do about these awful earlobes?” I ask Kosia, my all-knowing Ghanaian hairdresser. “It happens,” she says, sighing. “It happens.” She recommends that I wear my hair longer, which I’m doing.

The artist John Baldessari, whose recent work has included paintings of noses and ears and a sculpture of an ear-shaped sofa, asks me if my mother had ever pulled me by the earlobe when I misbehaved. That clinches it. I feel that immediate action is needed, so I call Joel Kassimir, M.D., the master dermatologist whose painless injections magicked away my nasolabial folds a year ago.

“A lot of people hate their earlobes,” he tells me. “Some—like you—hate them because they’re large, and others hate them because they’re kind of atrophied and worn out or sun-damaged. A lady came in just an hour ago, complaining that hers were old-looking, and so I injected them with Juvéderm, and now she’s got smooth, plump, young earlobes. But what you’re talking about is gravity. Over time, earlobes do get bigger.”

“But I was born with these,” I say.

“The moral of the story is, yes, you can

do something about them,” says Kassimir, though he intimates that for me, taking action would involve seeing a plastic surgeon rather than a dermatologist. “I don’t think yours are bad,” he says gently, “but if they were a little smaller, a quarter of an inch or so, and more rounded, they’d be cuter and perkier.”

“The Spanish word *orejones*, meaning ‘big ears,’ was applied to Inca nobility, who often had them”

When I tell my husband I’m going to see a plastic surgeon about my earlobes, he freaks out. “Does that mean a lobectomy?” he wails. “What next?” The doctor I’m seeing is Jon Turk, M.D., who I’m told is something of an earlobe specialist. Being Armenian, I might have qualms about somebody with that name, but I quash them. “I’m an expert from the neck up,” he tells me, “but I do have a lot of experience with ears and earlobes. Let’s take a look.”

Choosing his words carefully, he says, “To have a hanging lobule like yours is a little disproportionate to the rest of you.” How would he rank my lobules on a scale of one to ten, with ten being the worst? “I’d say an eight, which is fairly significant. But there’s still a relatively nice shape to your earlobe.” We discuss my options. The problem with Ulthera (the new skin-tightening ultrasound device) and Exilis (the latest evolution of radio frequency), says Turk, is that “these machines tend to concentrate energy, so you have to keep them moving, and technically it’s almost impossible to do that safely in a very small area like the earlobe.” The only safe option for me, he says, is to surgically reduce them. “There’s a bit of an art to it. You remove some of the earlobe but maintain the shape, the roundness.” (In the wrong hands, you can end up with what’s called “pixie ears,” like Spock in *Star Trek*.)

Turk’s in-office procedure takes 30 minutes per lobe and costs between \$2,000 and \$2,500. About 20 percent of his face-lift patients ask about earlobe tucks, he says. “Then there are people like

yourself, who come in for earlobe reduction alone, but that’s a very small percentage of the practice. I don’t think most people are that aware of their earlobes.”

It’s my misfortune that I am and always will be. I’m an *orejón*. But my husband is so worked up about lobe-otomy that an ear tuck is out. In exchange, he’s relented a bit on big, clip-on earrings. I’ve been dreaming of a pair of large painted leaves—each a different green—by JAR, which will probably cost him more than the ear tuck. In the meantime, I’m wearing my hair even longer and dabbing my earlobes nightly with Kosia’s moringa oil, which is supposed to rejuvenate and replenish. It comes straight from the moringa trees that grow on her property in Accra, West Africa. “Just tap it on with your middle finger, which is the softest,” she says. “Moringa oil brings life back in.” Once again, hope trumps experience. □

JAWLINE

BY MARINA RUST

Most things don’t bother me. (Yet.) Sagging knees, I’d choose a longer skirt. Elbows, a three-quarter-length sleeve. Most bodily betrayals can be covered or camouflaged. But the jaw? It’s out there.

“We associate a sharp jawline with youth and with health,” explains aesthetician Mary Schook, gliding a metal wand from my chin to my ear, nano-currents lifting and sculpting my skin. I began seeing Schook four years ago after noticing a gully where my cheek had been, said gully heading rapidly southward. With regular visits, the situation is much improved. This is Schook’s “Platinum Lift,” which incorporates electrical and manual massage of the jawline, moving and draining the toxins, water, and general sludge that accumulate in the area. I can literally feel the weeks of sloth and indolence slide down the back of my throat.

To me, a jowl is a judgment. “Alcohol can be a culprit,” says Schook.

“With excessive alcohol,” explains Manhattan plastic surgeon David Rosenberg, M.D., “there’s no question your face becomes puffy. It enlarges the parotid glands.” Cardio helps flush the lymphatics; proper nutrition doesn’t hurt. I avoid alcohol and *beauty* >134

now drink at least one freshly squeezed organic vegetable juice each day. It makes a huge difference.

It takes vigilance. Twice a month I see Tom Woodhouse at Face Place New York for a galvanic facial. “Physical therapy for your face,” Woodhouse says of the galvanic current, which stimulates and tones the underlying muscle via electrodes attached to a leather mask. “You have two facialists?” exclaimed a friend, thinking herself too busy for one. I send her the link to the five-minute do-it-yourself-drainage tutorial (“Non Surgical Face Lift”) Schook has uploaded to YouTube. My friend calls that evening, impressed. “I did the jaw massage in the shower. It works, but how long will it last?” (Did I mention vigilance?)

Dermatologists are offering longer-lasting nonsurgical procedures that target the jaw. Recently, the FDA has approved Ulthera, the highly touted ultrasound device. It employs focused thermal energy (about 60° Celsius) to heat the skin’s underlying connective tissue, causing it to contract, tighten, and ultimately lift.

Manhattan plastic surgeon Sharon Giese, M.D., has a technique she calls the “Natural Lift,” a 45-minute jowl-centric procedure during which she uses an internal ultrasound probe to tighten the skin and melt excess fat, which she then removes via liposuction. “As you age, your face gets square; the face shape becomes more masculine,” says Giese, explaining how, by removing fat along the jawline, she restores an oval shape. I study the dramatic before-and-after photos sent from her office, wondering whether lymphatic drainage would have helped. My husband walks by my desk and glances down, barking, “Don’t change your face.” A sweet thought, but it’s changing anyway.

Wary as I am of surgery, down the road I’m not ruling out Dr. Rosenberg, known for his light touch and natural aesthetic. He thinks my current program of lymphatic-drainage massage along the jawline is fine—“It removes water from that area”—but adds that as we age, “the platysma muscle over the lower cheek along the jawbone loses definition and sags.” His targeted jaw-rejuvenation surgery (which leaves incisions inside and behind each ear) lifts and redrapes the muscle.

“So it’s a facelift?”

“It’s a jawlift. It will tighten the jawline for a decade.” He suggests I read Nancy Etcoff’s book, *Survival of the Prettiest*. Etcoff, a psychologist and professor at Harvard Medical School, finds that the perception of beauty is not societal but biological. “Reactions of children from different lands and cultures were studied,” paraphrases Rosenberg, “and humans, as a species, find a defined jawline, contoured neck, and robust cheek very attractive.”

Gravity we can fight. Biology we can’t. □

EYELIDS

BY JANCEE DUNN

For years, I have willingly divulged my age to anyone who asked, eager for the inevitable payoff: disbelief, followed by declarations that I look at least a decade younger. Then, one recent evening at a book party, a literary agent asked me how old I was. “I’m 45,” I said with a conspiratorial smile.

She nodded politely. “Ah.”

Ah.

I knew the culprit. All of my dutiful, youth-fortifying habits—shunning alcohol and the sun, haunting the gym, eating a clean diet—were undermined

“I was recently sweeping on eye shadow, and the skin moved along with the brush”

by my drooping upper eyelids. A hereditary gift from my father, they had begun their floppy descent two years ago. At the time, I consulted a few dermatologists and plastic surgeons. One administered Botox to lift my brows, but the droop continued to the point where the skin was resting, maddeningly, on my lids. Two more recommended surgery, which I couldn’t bring myself to do. I resolved to live with it.

Until, that is, I was recently sweeping on some eye shadow and the skin moved along with the brush. I plunged into more research, finally unearthing a promising new treatment: the fractional

CO₂ eyelift. A laser alternative to eyelid surgery, it uses the fractional CO₂ technology traditionally used for resurfacing on the face. Only recently available as a stand-alone treatment, it is not yet offered by many doctors. I chose Deborah Sarnoff, M.D., a clinical professor of dermatology at New York University and director of dermatologic surgery at Cosmetique in New York, who is both close to home and featured in many “best doctors” lists.

On the morning of our consultation, Sarnoff greeted me warmly, trim and chic in a DVF animal-print wrap dress and black Louboutin heels. “Let me guess,” she said, examining my eyes. “You usually sleep on your right side.” I nodded. “The skin on that eyelid is often lower.” Sarnoff recommended periorbital resurfacing, a treatment in which a beam creates columns of tiny holes in the upper eyelid (and lower, if that’s an issue). In essence, the laser injures your skin in a controlled way, which sends the body’s natural healing system into overdrive and encourages collagen to grow. As the new skin heals, it grows tighter and the brow lifts (“a bit like shrink-wrapping,” as she put it). Results can last up to six years. I had two options: a single intense treatment with about five days’ recovery time, or a series of three or four gentler ones, spaced two weeks apart, with a day or two of recovery each. The fee starts at \$3,500 for one shot, \$1,200 per lighter session. “It totally depends on your lifestyle,” she said. “But because you’re active and have a young child, I’d suggest the latter.” The risks were somewhat daunting—burned lashes, infection—but rare. I decided to do it.

Correcting baggy eyes with lasers is not new, says Tina S. Alster, M.D., founding director of the Washington Institute of Dermatologic Laser Surgery. A clinical professor at Georgetown, she has been researching lasers for 22 years. “The lasers we used in the nineties could mimic the effects of a surgical eyelift,” she says. “But recovery time was longer because there was more heat directed into the skin. What is new is that more and more people are using fractionated technology. It’s safer to use, quicker to heal, complications are far fewer, and you still get wonderful clinical results.”

And so, the next week, I was fidgeting in a chair (continued on page 224)

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in Sarnoff's treatment room, waiting for the numbing cream on my eyelids to kick in. A few minutes later she put numbing drops in my eyes so that I wouldn't feel the eyeball-protecting custom metal contact lenses that followed. Sarnoff, clearly aware that in my case, lack of vision plus control issues equals panic, soothingly explained everything she was doing. "You're going to hear the clicking of the machine. OK?"

As the machine made a zapping noise and my heart began to race, I wished I had popped the Valium she had on offer. *Zzzzt. Zzzzt.* The acrid smell of burning eyelid filled my nostrils. The pain felt similar to being pricked by a needle—unpleasant but doable. She did around eight zaps on each eyelid, and within ten minutes the contacts were being plucked out of my eyes and my lids were being glazed with Aquaphor.

Sarnoff's patient coordinator produced a mirror. "Do you want to see? I swear to you, it's not so bad." She was right: The area was pink, swollen, and shiny but easily covered with the huge pair of Tom Ford sunglasses I had bought just for the occasion.

"I was expecting to look worse," I said.

She nodded. "You will tomorrow," she said briskly.

The burning sensation was quelled with a few Tylenol as they bundled me into a car with instructions: Swab off the old ointment every three hours with a cotton ball soaked in cool water, then reapply. Sleep on two pillows. No plucking the brows if the skin is still pink (and waxing was a no-no throughout the entire process). The gym was off limits for two days, as perspiration and germ-y equipment might cause infection. When I went outdoors, I was to use SPF 60 sunscreen and a wide-brimmed hat.

The next day I examined my face. The stippled pattern was in rows, giving the area around my eyes a kind of corduroy effect. My lids were more swollen but not enough to impair my vision, so I darted out of my apartment to get a quick coffee. Of course, I ran into everyone I knew.

"You look a little like a white rabbit," said one kindly friend. Another wit said that it was as if I had opened a hot toaster oven and peered in. But by the second day, the swelling was

gone and the pink color was noticeable only at close range. And by the time of my next appointment, two weeks later, the slack skin above my lid had already retracted just a bit, as if a shade had been pulled up.

"You look more awake!" said Sarnoff triumphantly. For the second treatment, she pulsed a little deeper, so the stinging was more intense—but anything is bearable for a few minutes. Sarnoff also zapped my temples to "bring up the skin a little bit." In the weeks that followed, I found that a benefit of being the midlife age that requires this sort of treatment is that I'm not as self-conscious as I would have been at 22. By the fourth and final appointment, I went out to dinner afterward with my husband and carried myself as if I were wearing a particularly edgy shade of brick eye shadow.

Because I was elated. The droop (or as Sarnoff calls it, "redundant skin") is completely, utterly gone. The area above my eyelids is not scarily taut, just smooth and toned ("and you'll still be tightening for at least another month," Sarnoff reminded me). I look fresh, alert, awake. Rather than waiting for "You look so young," I now prefer the comment that a friend made to me the other day: "Well!" she said. "You look happy." □