

FAST FORWARD

Women are now starting their antiaging regimens younger and younger—well before they even have a wrinkle to speak of. The irony, finds Janelle Brown, is that they often end up looking older. Photographed by Steven Klein.

It's half past one at the Ivy on Robertson, where shoppers and starlets alike pause to nibble \$30 salads (dressing on the side) in between stops at Christian Louboutin and Chanel. Scattered among the tables on the patio, there are versions of *that* face. You know the one: the frightened-deer forehead, the trouty pout, the helium cheeks filled to bursting. We've all seen them: women noticeable for the glaring work they've had done. The difference today is the number of them who are not yet middle-aged—the classic time when women run to the dermatologist. Over here, a pneumatic brunette in a leopard-print shift is incapable of laughing at her lunch mate's jokes because her distended lips can't shape themselves into a smile; over there, the face of a fragile young blonde in gray leather seems to have been attacked with a bicycle pump.

This new face of indeterminate age is sculpted with heavy-handed injectables and surgical nips. It's angular but puffy, tight but with exaggerated, baby-like features. Industry professionals secretly call these women Simian Barbie Dolls, Lollipop Heads, and Mannequins. Forty-year-olds look 20; 20-year-olds look 40. It's not ageless; it's Space Age.

The American Society for Aesthetic Plastic Surgery reports that pre-midlife crisis patients, aged nineteen to 34, account for 18 percent of those lining up for nonsurgical treatments (filler, Botox, lasers) performed in the United States. You might wonder what business anyone under 25 could possibly have in a dermatologist's office other than fighting acne. These women are coming in seeking "preventative" procedures, "chasing the dream of never getting



VALLEY OF THE DOLLS

A cosmetic-dermatology overload rarely looks natural. Dolce & Gabbana lace dress. Details, see In This Issue. Sitings Editor: Phyllis Posnick.

old,” sighs Beverly Hills plastic surgeon Norman Leaf, M.D. While they’re at it, they’re asking for fuller, sexier lips, cheekbones that can cut glass, and more photogenic (the better to Facebook with) jawlines, too. “It’s a world gone mad,” says Leaf.

Manhattan dermatologist David Colbert, M.D., likens the new rise of “unusual-looking anthropomorphic features” to something out of *Village of the Damned*. “These girls running around, they all look alike, so you can’t tell them apart,” he says.

There’s no question that a drop of this or that miracle injectable, administered by a light hand and on the appropriate candidate, can tastefully take off a few years, gently nudging things back into place. But for a certain subset of users, it’s a surprisingly easy slide downhill from “Let’s erase that frown line” to cheeks that look like marshmallows.

It’s a metamorphosis that doesn’t happen overnight. Today’s nonsurgical tools make it easy to fiddle with your features, slowly working past subtle antiaging and on toward the dream of a sculpted-but-plush, Angelina Jolie-like ideal. Along the way, it can be easy to lose sight of what’s staring back from the mirror. Sarah K. Murnen, Ph.D., a body-image expert and professor of psychology at Kenyon College, considers the Space Age Face a reflection of widespread body dysmorphic disorder combined with a cultural trend toward supersizing features like breasts and lips. “Women develop a distorted view of what they look like,” she says. “They feel the need for more and more exaggeration.” After you’ve successfully eradicated the sagging jowl that’s always bothered you, why not move on to another problem area that seems that much more obvious now, and another after that? Next thing you know: trout pout.

Ironically, it’s the very nature of the new minimally invasive treatments that can contribute to this compulsive behavior. Many of the no-downtime services—injectables, which are temporary for the most part and necessitate reinjection every few months; multicourse skin-tightening and texturizing treatments—require you to return continually to your doctor, notes David B. Sarwer, Ph.D., associate professor of psychology at the Center for Human Appearance at the University of

Pennsylvania’s Perelman School of Medicine. “It’s socially reinforcing: If you have a procedure done and afterward people say you look good, that positive reinforcement will encourage you to do it again, and to do more.”

Teresa (not her real name), a beauty-industry CEO in her 50s, has watched friends lose perspective. She counts getting so much Botox around her lips that she couldn’t drink without dribbling as one of her own cosmetic mistakes—and lessons. “It’s such a slippery slope,” she says. “My friends all say to each other, ‘You’ll tell me if I go too far, right?’ No one does.”

When in doubt, suggests Manhattan dermatologist Elizabeth Hale, M.D., just look in the mirror, but not the way you usually do. “Don’t look in the mirror dead-on without expression—look at it the way other people see you, talking and smiling,” she says.

The ultimate key to cosmetic success is to find the right doctor. Pick one who has clear familiarity with anatomy and the muscles of facial expression, Hale advises, not to mention one who has a face that looks natural. (She is shocked by how many of her own colleagues have also ended up with *that* face: “That’s a warning sign, like you wouldn’t go to a dentist with bad teeth.”) Most important, find a doctor who won’t grant your every request, she says. If your doctor is willing to give you Botox every month, leave—a responsible doctor is not a yes-man and injects it only every four to six months, to prevent patients from developing antibodies and losing responsiveness. “It’s healthier to *not* go back the minute something wears off,” she explains.

One day this spring, looking decidedly (and deservedly) haggard a few weeks after the birth of my second child, I find myself in the art-filled Beverly Hills office of Harold Lancer, M.D.—a dermatologist whose celebrity clientele is known best by nickname (Oprah, Posh, J.Lo). Plump rococo cherubs frolic on the wall, and a classical bust looks askance as Lancer holds a mirror up to my face and delineates the ways I might potentially be “improved.”

At 38, I am a cosmetic virgin. I’ve done nothing to my face beyond the occasional facial and diligent application of an ever-rotating collection of antiaging creams. My resistance to tinkering under the hood has always been one part feminist (if men’s wrinkles are an acceptable sign of a life well lived, why aren’t mine?) and one part fear of becoming one of those Space Age women myself.

But it’s easy to take a firm stance when crow’s-feet are still something you see on birds, not your own face. As you round the corner toward 40, when things really begin to crease and crumple, the story changes. “I don’t know anyone over 35 who hasn’t started doing *something* to her face,” one bicoastal friend recently told me.

Lancer prods my face with a stick and proceeds to rattle off the exhaustive “menu of items” that could contribute to my looking “better” or “younger”: Botox along my jawline, forehead, and around my eyes to reduce those lines and “lift” the face. Filler in the troughs and arches around my nose, at the base of my cheek, and under my eyebrow to enhance my (nonexistent) cheekbones. But at least my lips—plump and, so far, lineless—are fine, aren’t they? Wrong. “To define your lip, you can bring this up just a touch”—he presses the center

NEEDLE NEWS

The wrinkle-erasing, volume-boosting-injectables industry shows no sign of slowing down. While the gold standards remain tried and true, new options are coming to the derm’s office with increasing velocity.

- Belotero, a hyaluronic-acid filler shown in clinical trials to last up to six months—a long time in the filler world—has made the biggest splash. Dermatologists like it for its smooth injection (read: less risk of lumps), which makes it ideal for delicate, thinner-skinned areas like the fine lines around aging eyes and lips.
- Xeomin, a Botox competitor, launched briefly last year but hit a snag in the form of a lawsuit from Allergan, the makers of Botox, which has postponed its availability for almost a year.
- Another neurotoxin awaiting FDA approval, currently known as PurTox, has been lauded in early clinical trials for its quick onset of action.



of my lower lip, where filler might go—“and bring up these two peaks,” he says, gesturing toward my cupid’s bow.

And it goes on from there: Thermage, a radio-frequency treatment, for tightening; Fraxel, a nonablative laser, to improve pore structure. Through his eyes, I suddenly see fatal flaws I didn’t even know existed. By the time he’s done, I’ve undergone \$20,000 worth of hypothetical procedures. “That’s how it starts,” Lancer explains. “And then you get used to looking at things inflated, so when your face relaxes in three months’ time, you are mentally hooked into continuing. And instead of ten drops of Botox, you come back asking for twelve or fourteen or sixteen. Instead of two or three syringes of Restylane or Perlane, you want to do 50 percent more. You are on a roller-coaster ride to hell.”

The good news is that even work that is overdone isn’t undoable. Lancer says that a good 20 percent of his appointments now consists of fixing others’ bad jobs: dissolving filler lumps left behind by liquid facelifts that wore off unevenly; removing silicone (a permanent filler) from lips; retightening skin that has a “Ruffles” effect, like a stretched-out balloon, from being overfilled. He shows me a photo of one new client, a woman who is 28 but looks 40 thanks to the unnatural bulges under her eyes. She came to Lancer to get this filler-gone-bad removed; fortunately, he can do it.

OFF THE DEEP END

Above, from left: Été Swim bathing suit. Michael Kors turtleneck. Marc by Marc Jacobs shorts. Yves Saint Laurent pumps. In this story: hair, Paul Hanlon; makeup, Linda Cantello for Giorgio Armani Beauty. Produced by Libi Molnar for North Six. Set design, Mary Howard. Details, see In This Issue.

While a misshapen face can be fixed with a syringe and laser, the anxiety that sends women over the edge in the first place is much harder to excise. As Leaf puts it, the real challenge of his profession is to enhance his patients’ self-confidence as they confront the ravages of time, rather than halting the process altogether. “It’s normal for people to age,” he says. “And you want to age gracefully, not artificially.”

Despite having long sworn that I’d embrace my lines as they arrived, after a glimpse of the imaginary “younger, prettier” me in Lancer’s office, I find myself half-tempted to pick up a syringe. Surely I would know when enough was enough. But Lancer prescribes me some microdermabrasion, a vigorous regimen of his skin-care products, and sternly instructs me to hydrate more. That’s it.

But what about those frown lines? The crow’s-feet? The troublesome troughs? Don’t I need something done?

He looks at me and shakes his head. “What do you *need*? Nothing.” □