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Modelling of autogenous healing in Ultra High Performance Concrete

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Highlights

- A hydro-chemo-mechanical model of autogenous healing of concrete is developed.
- Mechanical properties of the healed crack are assessed.
- Quantification of the healing product mechanical properties is proposed.

Abstract

The restoration of ultra high performance concrete (UHPC) specimens due to the self-healing phenomenon was investigated in this paper. A hydro-chemo-mechanical model based on micro-mechanical observations was established. The aim was to evaluate the mechanical properties of the new healing products in order to describe the partial recovery of the mechanical properties of healed concrete. An analysis of the influence of some physical parameters provided first explanations about the self-healing phenomenon. It was shown that the mechanical properties of CSH in the healed crack are lower than the ones of the virgin material.

Keywords: Self-healing (C), Modelling (E), Mechanical properties (C), Calcium-Silicate-Hydrate (C-S-H) (B), Characterization (B)

1. Introduction

Although occurrence of cracks in concrete structures is taken into consideration during design, cracks generate important inspection and repairing costs. Some of them can seriously affect the durability and the stability of the structures. Thus, self-healing concrete could be a mean to make important savings decreasing direct and indirect costs caused by repairing works [1, 2]. It has been observed by many researchers that cracks in concrete can heal naturally, without any particular additive, under favourable conditions [3-11]. This phenomenon called ‘autogenous’ healing is the consequence of two main reactions [12]: further hydration of unhydrated particles upon water ingress into the crack, especially for concrete with an important amount of unhydrated cement particles [13, 14] and precipitation of calcium carbonate due to the reaction between calcium contained in the cementitious matrix with carbon dioxide dissolved in the water filling the crack [15]. Some studies have reported the predominance of the precipitation phenomenon in common concrete with a water-to-cement (w/c) ratio around 0.5 leading to the filling of cracks with an initial width up to around 200 μm [10]. Autogenous healing by further hydration has been studied by several researchers because of expected mechanical regains due to the creation of new calcium silicate hydrates (C-S-H). A global recovery of stiffness can be achieved by further hydration [16, 18]. But, regains in compressive or flexural strengths have been found to be limited [8, 10, 14] because of relatively poor mechanical properties of the healing product.

Only few models were developed to describe self-healing of concrete. Some models were proposed to determine the amount of unhydrated cement particles in concrete specimens considering w/c ratio and cement fineness which underlies the self-healing potential [17, 19, 20], or to calculate the amount of healing product due to further hydration considering two crack modes [21, 22]. Recently, Huang and Ye [23, 24] developed a model simulating

further hydration by water release by a capsule in a crack using water transport theory, ion diffusion theory and thermodynamics theory. However, these models do not provide any information about the mechanical effects of self-healing.

In this study, a hydro-chemo-mechanical model was developed to simulate autogenous healing by further hydration with the aim to explain the mechanical regains after healing and provide information about the self-healing product. Experimentally, Granger et al. [14] used ultra high performance cementitious material (UHPC) with a w/c ratio close to 0.2 to study the self-healing of small cracks with initial widths of 10, 20 and 30 μm . Mechanical properties of healed and uncracked specimens were compared at different stages (1 week, 3 weeks, 10 weeks, 20 weeks and 40 weeks). The hydro-chemo-mechanical model has been implemented in the finite element code Cast3M [25] to calculate the self-healing potential of a damaged concrete beam after cracking using three-point-bending test. Damage has been calculated by a modified microplane model [26, 27]. Ingress of water has been simulated by the Fick's law and water interaction with the unhydrated cement particles led to their hydration considering a hydration model [28, 29]. The recovery of mechanical properties of the cracked concrete beam was obtained by decreasing the local damage value due to the filling of empty spaces by new hydrates. In the first part of this article, the relationships underlying the model will be explained into details and the model algorithm will be presented. Furthermore, the numerical results will be compared with experimental measurements and an analysis of the self-healing phenomenon will be suggested.

2. Description of the self-healing model

2.1. Problem formulation

The resolution of the global problem consists on the resolution of a first mechanical problem (P1) corresponding to the initial creation of a single crack, followed by a coupled hydro-chemical problem corresponding to the healing process (P2), and is concluded by a second resolution of a mechanical problem (P3) due to the mechanical changes implicated by the healing process.

We consider a volume V representing the specimen. The specimen is submitted to successive loads of different types: displacements $\bar{U}_i$ are applied on the boundaries Γ_i^u , the force $\bar{F}$ is applied on the boundary Γ^σ , the velocity (or pressure, or concentration) is applied on the boundary Γ^c . The problems P1 and P3 are similar and lead to the calculation of the local displacement fields ($\bar{u}(\bar{y})$), strain fields ($\bar{\varepsilon}(\bar{y})$) and stress fields ($\bar{\sigma}(\bar{y})$) as follow (where volume forces are negligible):

$$\bar{\text{div}} \bar{\sigma} = \bar{0} \quad \bar{y} \in V \quad (1)$$

$$\bar{\sigma}(\bar{y}) = (1 - d(\bar{y})) \tilde{C}^t(\bar{y}) : (\bar{\varepsilon}(\bar{y}) - \bar{\varepsilon}^p(\bar{y})) \quad \bar{y} \in V \quad (2)$$

$$\bar{\varepsilon}(\bar{y}) = \frac{1}{2} \left(\nabla \bar{u}(\bar{y}) + {}^t \nabla \bar{u}(\bar{y}) \right) \quad \bar{y} \in V \quad (3)$$

$$\bar{u}(\bar{y}) = \bar{U}_i \quad \bar{y} \in \Gamma_i^u \quad (4)$$

$$\bar{F} = \bar{\sigma}(\bar{y}) \cdot \bar{n} \quad \bar{y} \in \Gamma^\sigma \quad (5)$$

where $\tilde{C}^t(\bar{y})$ represents the local stiffness tensor of 4th order depending on the time ($t = 0$ corresponds to the problem P1, and $t > 0$ corresponds to the problem P3) and $\bar{\varepsilon}^p$ the

plastic strain (computed using a loading function by the normality rule). The evolution of the damage is given by [27]:

$$d = 1 - \frac{\varepsilon_{d0}}{\varepsilon_{eq}} \exp[B_t (\varepsilon_{d0} - \varepsilon_{eq})] \quad (6)$$

where $B_t = \frac{f_t}{\frac{G_f}{h} - \frac{f_t \cdot \varepsilon_{d0}}{2}}$ represents a damage parameter to control the slope of the

strain softening constitutive relation in function of the width h of the finite element and

the fracture energy [36], $\varepsilon_{d0} = \frac{f_t}{E}$ the strain threshold and ε_{eq} the equivalent strain

($\varepsilon_{eq} = \sqrt{\varepsilon^e : \varepsilon^e}$ where ε^e is the elastic strain).

To model the autogenous self-healing (problem P2), external humidity conditions are considered by the contact with water on the boundary of the beam (initial concentration of water of 1 outside the beam, 0.2 inside the beam). The ingress of water, with a speed U , through the damaged material was simulated by using the Fick's law:

$$\frac{\partial U}{\partial T} = D(d) \frac{\partial^2 U}{\partial X^2} \quad (7)$$

where $D(d)$ represents the diffusion coefficient depending on damage [30, 31]. The evolution of the diffusivity coefficient is calibrated to follow the evolution of the permeability coefficient with damage (eq 8) [31, 32]. For small damage values, it corresponds to an exponential law and for damage values close to 1, it fits the Poiseuille's law. The evolution of the diffusivity coefficient $D(d)$ is presented in Figure 1.

$$\log(k) = (1-d) \log(k_p) + d \log(k_d) \quad (8)$$

Where $k_p = u^2/12$ is the permeability for damage close to 1 (u is the crack opening) and

$k_d = k_0 \exp((\alpha D)^\beta)$ is the permeability for small damage values between 0 and 0.15 (k_0

is the initial permeability, α and β two constants ranging respectively from 9.4 to 12.3 and 1.4 to 1.6) [30].

The local quantity of water inside the beam is then used to activate the hydration process which determines the volume of each component in the microstructure according to Arrhenius' equation [28, 29]:

$$\tau_i \frac{d\xi_i}{dt} = \tilde{A} \quad (9)$$

where $\tilde{A}$ and τ represent the normalized affinity and the characteristic time, respectively, ξ_i the hydration coefficient of the clinker i .

The hydration process leads to the dissolution of clinkers and to the formation of hydrates with a volume defined by:

$$V_k^p(t) = \sum_l^n \left(V_i^0 \frac{n_k^p M_k}{n_l^r M_l} \frac{\rho_c}{\rho_k} \right) \xi_l(t) \quad k=1, m \quad (10)$$

where V_i^0 represents the residual clinkers in concrete, V_k^p the new formed hydrates, M the molar mass, ρ the mass density and n the mole. The index k represents the products (clinkers), l the reactants and c the cement.

According to the definition of damage as a void volume in the material, we suppose that when the hydration products are created in the damage area, they fill the empty space and decrease the local damage value:

$$d_{final} = d_{initial} - k \frac{V_{hydrates}}{V_{total}} \quad (11)$$

Where k is a coefficient to eventually adjust the final damage value after healing due to the healing potential, a value of 1 is considered in this study. Up to now, the contribution

of a given healing product from autogenous healing to the observed regain in mechanical properties is not evident. In the experimental results reported here, almost no calcite was formed, so the coefficient k should be higher than for other concrete where the healing product is a mix of CSH, portlandite and calcite. One should adjust the coefficient k to the effective amount of CSH product created by further hydration.

The decrease of the local damage value leads to a decrease of the quantity of water absorbed into the crack during the following time step due to the decrease of the diffusion coefficient.

A condensed flowchart of the model is presented in Figure 2.

2.2. Modelling system

Finite element analysis were performed on a UHPC notched beam (50 cm x 10 cm x 5 cm) with a notch depth of 2 cm as used by Granger et al. [14]. The centre part of the beam was discretized with elements of 0.75 mm x 1 mm size. Three-point-bending tests were simulated on a concrete beam before and after healing to simulate, respectively, the creation of a single crack, and the restoration of the mechanical properties.

The numerical simulations have been performed under displacement control with constant displacement step of 5×10^{-7} m at the top of the beam, considering a vertical displacement of the notch where the load was applied and rolling supports under the beam as illustrated in Figure 3. The crack mouth opening displacement (CMOD) was calculated considering the evolution of the relative displacement of two nodes placed under the beam, at the same position as in the experimental instrument (1 cm of initial opening).

For the healing procedure, an initial moisture diffusion coefficient of 10^{-9} m²/s was considered for undamaged zones [33].

In order to describe the hydration process at a mesoscopic scale, an initial uniform volume fraction of clinker of 0.12 was applied. This initial volume fraction corresponds to a volume fraction of anhydrous clinkers of around 50% in the cement paste. The local volume fraction of clinker was decreased at each time step after the diffusion of water according the pre-set hydration speed. The first hydration speed considered in this study was comparable to a speed of a new concrete mix. The hydration speed was then decreased to investigate its role on the healing kinetics. Different numerical time steps were investigated from 1 second to 6 hours after several days of healing.

3. Results and discussion

3.1. Pre-cracking stage and mechanical parameters of the virgin specimen

Some constitutive damage parameters (Young's modulus (E), Poisson's ratio (ν), tensile and compressive strengths (f_t and f_c)) were measured experimentally and fracture energy (G_f) was adjusted to perform the three-point-bending simulations on a notched beam, in order to fit the experimental loading curves during the stage of the creation of the crack. The selected parameters for the mechanical model are presented in Table 1. These parameters gave correct initial stiffness and maximal bearing load and also led to a correct agreement concerning the unloading slope and the final CMOD (around 10 μm) as illustrated in Figure 4. The latter are important in scope to fairly compare numerical and experimental reloading results.

3.2. Healing

3.2.1. Influence of the healing parameters on the extend of the healed zone

Healing is located all along the crack if the evolution of the diffusion coefficient with damage is the one previously presented. Indeed, diffusion through the crack only takes tens of seconds while the hydration process duration is of around some hours. If the speed of hydration is increased (which seems to be a relevant hypothesis because the high water content in the crack [24] and the direct exposure of clinker on the crack surface), damage can decreased faster locally. Then, the healed zone is located at the bottom part of the crack (Figure 5) because the local reduction of the damage slows down the diffusion process. Thus, the healed zone grows slowly to the top of the beam.

Experimentally, healing products (mainly C-S-H) are generally observed all along the crack [14, 34]. The model can reproduce this trend even though it existed risk of the partial filling of the crack due to its small width. However, this first model considering the water diffusion and the hydration of anhydrous clinker is rather sensitive to the input parameters (speed of rehydration and speed of diffusion as illustrated in Figure 5). Due to the dependence of the model on the speed of rehydration, the choice has been made to develop an external procedure to localise the healing product to focus on the mechanical part of the model in order to identify material parameters of the healing product.

3.2.2. External localisation procedure and two-phase healing model

In order to limit the dependence of the results on the speed on hydration of clinkers, an external procedure (independent of the hydro-chemical procedure) was developed to localise the healed zone considering the initial crack width and study its influence without taking into consideration the diffusion process described earlier. This procedure was developed to easily study the influence of the size of healed zone on the mechanical regains. Considering that it was not possible to input variably distributed mechanical properties in this external procedure (to represent the evolution of the filling fraction for example), mechanical parameters corresponding to the healing product were input in the

bottom part of the beam, where the water can react directly with the clinker and fill the crack very quickly. For larger cracks, it is possible that the majority of the healing products could be located where the local crack width would be reasonable ($< 100 - 200$ microns [10]).

Numerical calculation of the initial crack width was performed according to OUVFISS procedure implemented in Cast3M [35]. Figure 6 a) represents the initial numerical crack width. The initial crack width calculated with this procedure is $8.6 \mu\text{m}$. It consists well with the measured CMOD around $10 \mu\text{m}$.

A two-phase healing model, illustrated in Figure 6 b), was then developed to study the influence of the mechanical parameters of the healing product on the global mechanical behaviour. The bottom part of the crack, corresponding to the zone where the crack width was larger than the width input in the localisation procedure, was modelled with mechanical parameters independent of the parameters of the virgin specimen. This zone (Z1) situated in the bottom part of the crack is supposed to model the C-S-H healing product. Other mechanical parameters were attributed to the upper part of the crack. This zone (Z2) is supposed to model the mechanical properties of all the others entities present in the crack except the C-S-H healing product. Although the model does not take into account the experimental localisation of the healing product all along the crack, it allows representing the gradient of properties existing in the crack.

3.3. Reloading

3.3.1. Influence of the extend of the healed zone

Because the main interest of the hydro-chemical procedure is the localisation of the healed zone, the influence of this localisation on the mechanical properties of the healed specimen was firstly studied. Several reloading with different healed zone sizes and

localisations were simulated assuming the same mechanical properties for the healing product than for the virgin specimen (damage locally reduced to 0).

When the bottom part of the crack was not healed, the initial slope of the reloading curve in the load vs CMOD graph was smaller than all the experimental results with healing. This could indicate that healing products were formed at the bottom part of the crack even if it was the wider part of the crack. It could be explained by the small maximum aperture of the crack which is comparable to the size of the unhydrated clinker and therefore more likely to be closed by hydration products. The healing localisation may be different for wider cracks with maximum crack width of around 100-300 μm because hydration products (C-S-H) cannot fill this gap completely as reported by many experimental studies [10, 15, 17].

On the other hand, healing in the bottom part of the crack is not sufficient to restore the mechanical properties (stiffness and maximum bearing load) even if the healing product has the same mechanical properties as the virgin specimen. Extend of the healed zone needs to be sufficient. In our model, a height of the healed zone of around one fourth of the crack length (zone where the initial crack width is larger than 7 μm) seems sufficient to restore the initial slope of the load vs. CMOD curve and also the maximum bearing load as illustrated in Figure 7. If the healed zone is too small (zone where the initial crack width is larger than 8-8.5 μm which leads to a length of the healed zone of around one eighth to one tenth of the initial crack length) the maximum bearing load and the stiffness cannot consist well with experimental results. In this case, the maximum bearing load increases with the size of the healed zone.

Thus, according to the experimental results showing a rather quick regain in stiffness (different than the hysteresis phenomenon) and the numerical calculations, we can assume

that healing product was, at least, created at the bottom part of the crack and likely recover an extended part of the crack.

3.3.2. Influence of the mechanical parameters of the healing product

As exemplified by Figure 7, the experimental bi-linear shape of the reloading curve cannot be reproduced assuming that the healing product has the same mechanical properties than the virgin specimen. Consequently, new mechanical parameters were input to describe the healing product with the two-phase healing model. Thus, it is possible to simulate a healing product with heterogeneous mechanical properties.

According to the two-phase healing model, the bi-linear shape of the experimental reloading curves can mainly be attributed to the difference of the Young's modulus in the two different phases. This difference between the two numerical Young's modulus highlights the heterogeneity of the healed crack: some zones are healed with healing products with very good mechanical properties whereas other zones have very poor mechanical properties because they remain fractured.

The maximum bearing load obtained with the simulation is mainly influenced by the fracture energies assigned to both zones. Thus, the small experimental regain in bearing load could be explained by a lower fracture energy in the crack than in the undamaged zone. It leads to an easier recreation and propagation of a crack through the healed zone which has been reported in the experimental observation.

3.3.3. Comparison between numerical and experimental curves and evolution of the healing product properties

Numerical simulations were performed adjusting the height of the Zone 1 and the mechanical parameters of both zones in order to fit the experimental curves and obtain

information about the evolution of the healing product over time. The best fitting curves were selected in order to reproduce the original stiffness and the maximum bearing load. These numerical curves were obtained with the parameters detailed in Table 2 and are presented in Figure 8. On all the numerical curves, we can notice an overestimation of the load corresponding to the end of the first initial slope followed by a small drop in load. This is due to the two-phase model where the mechanical properties are not continuous between the two phases. Regarding the material stiffness for the ‘No healing’ case, numerical and experimental results cannot be compared. Although the mechanical model implemented here reproduce realistic decrease of stiffness and CMOD, it does not reproduce the hysteretic behaviour creating the small recover in stiffness for the cracked specimens due to friction between cracks lips.

The size of Z1 was increased with the healing time. This could indicate that, even if the hydration of the first clinker is very quick (first healing products are created within some hours), healing product is still created after some weeks in water. Thus, self-healing by further hydration could follow a ‘surface controlled - diffusion controlled process’ as described for the precipitation of calcite [15].

The mechanical properties inputted the two zones are different than the ones of the virgin specimen. Young’s modulus and fracture energy in Z1 are higher than the ones in the virgin specimen. This could be explained by the better mechanical properties of pure C-S-H compared to the concrete. Also, we can notice that the fracture energy of Z1 increases with time [36] which indicates that the healing product has a higher resistance to crack propagation as the healing phenomenon progress. The mechanical properties affected to Z2 are very low and consist well with the ones of an almost completely damaged zone (Young’s modulus close to 0).

4. Conclusions

In this study, a hydro-chemo-mechanical model for self-healing concrete was developed. The localisation of the healed zone was investigated based on a diffusion-hydration model. Regains in mechanical properties due to healing were assessed with a continuum damage model. Based on the experiments and simulations, conclusions can be drawn as follows:

- The mechanical properties of the healed crack are lower than the ones of the virgin material at a mesoscopic scale. This is explained by the partial healing along the crack which leads to a relatively small regain in bearing capacity after healing.
- The evolution of the mechanical properties of the healing product (Young's modulus, fracture energy) with time and the increase of its quantity over time explain the evolution of the mechanical properties of the concrete structure.
- Partial healing of cracks located around the zone in contact with water can be explained by the decrease of water flow with time due to the formation of healing products. The speed of formation of new hydrates in small cracks could be higher than the speed of the original hydration (with possibly no induction period).
- A relatively small healed zone with mechanical properties close to the virgin mechanical properties can lead to substantial regain in the structure mechanical properties (in autonomous healing solutions for example).

Modelling the autogenous healing in concrete is still a great challenge because it relies on the development of coupled models. Further investigations are needed to understand the recovery of mechanical and transport properties. In the future, numerical models may help to assist experimental observations and participate to predict the evolution of concrete structures properties during their service life.

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Authors' version

Table 1. Input mechanical parameters for the virgin specimen

$E^{(*)}$	$\nu^{(*)}$	f_t	$f_c^{(*)}$	G_f
45 GPa	0.2	7 MPa	90 MPa	50 N/m

(*) From experimental measurements

Table 2. Mechanical parameters input in the two-phase healing model

Simulation	Sim 1 week	Sim 10 weeks	Sim 20 weeks
Crack width separation			
Zone1/Zone2 (μm)	8	7.5	7
E_1 (GPa)	60	60	60
F_{t1} (MPa)	7.2	7.2	7.2
G_{f1} (N/m)	50	60	80
E_2 (GPa)	15	15	20
F_{t2} (MPa)	7.2	7.2	7.2
G_{f2} (N/m)	20	20	25

Figure 1. Evolution of the diffusivity coefficient with local damage

Figure 2. Flowchart of the model to study the impact of self-healing on mechanical properties

Figure 3. Notched beam: geometry, mesh, position of numerical CMOD and loading

Figure 4. Numerical loading curve of the virgin specimen compared to mean experimental data from [14, 34].

a)

b)

Figure 5. Residual damage after 20 days of healing a) with normal diffusion and hydration parameters (residual damage close to 0 all along the crack), b) with increased hydration (crack completely healed at its bottom part)

a) b)

Figure 6. Initial numerical crack width (in meter) (a) and two-phase healing model (b)

Figure 7. Influence of the extend of the healed zone during reloading on numerical curves compared to experimental curves (h is the height of the healed zone, h_c the height of the crack)

Figure 8. Experimental and numerical reloading curves for different healing periods