

SELF HEALING IN POLYMERS AND POLYMER COMPOSITES: A REVIEW

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ABSTRACT|

The development and characterization of self-healing synthetic polymeric materials have been inspired by biological systems in which damage triggers an autonomic healing response. This is an emerging and fascinating area of research that could significantly extend the working life and safety of the polymeric components for a broad range of applications. Formation of microcracks is a critical problem in polymers and polymer composites during their service in structural applications. Development and coalescence of microcracks would bring about catastrophic failure of the materials and then reduce their lifetimes. Therefore, early sensing, diagnosis and repair of microcracks become necessary for removing the latent perils. In this context, the materials possessing self-healing function are ideal for long-term operation. Self-repairing polymers and polymer composites have attracted increasing research interests. Attempts have been made to develop solutions in this field. The present article reviews state-of-art of the achievements on the topic. It is a challenging job to either invent new polymers with inherent crack repair capability or integrate existing materials with novel healing system.

Keywords: Smart Polymers, Polymer Composites, Self-Healing, Cracks

I. INTRODUCTION

Self-healing materials are polymers, metals, ceramics and their composites that when damaged through thermal, mechanical, ballistic or other means have the ability to heal and restore the material to its original set of properties. Few materials intrinsically possess this ability, and the main topic of this review is the design for self-repair. This is a very valuable characteristic to design into a material since it effectively expands the lifetime use of the product and has desirable economic and human safety attributes.

Polymers and polymer composites have been widely used in tremendous engineering fields because of their advantages including light weight, good processibility, chemical stability in any atmospheric conditions, etc. However, long-term durability and reliability of polymeric materials are still problematic when they serve for structural application [1]. Exposure to harsh environment would easily lead to degradations of polymeric components. Comparatively, microcracking is one of the fatal deteriorations generated in service, which would bring about catastrophic failure of the materials and hence significantly shorten lifetimes of the structures.

Since the damages deep inside materials are difficult to be perceived and to repair in particular, the materials had better to have the ability of self-healing. In fact, many naturally occurring portions in animals and plants are provided

with such function[2–6]. In the case of healing of a skin wound, for example, the defect is temporarily plugged with a fibrin clot, which is infiltrated by inflammatory cells, fibroblasts, and a dense capillary plexus of new granulation tissue. Subsequently, proliferation of fibroblasts with new collagen synthesis and tissue remodeling of the scar become the key steps. For healing of a broken bone, similar processes are conducted, including internal bleeding forming a fibrin clot, development of unorganized fiber mesh, calcification of fibrous cartilage, conversion of calcification into fibrous bone and lamellar bone.

Clearly, the natural healing in living bodies depends on rapid transportation of repair substances to the injured part and reconstruction of the tissues. Having been inspired by these findings, continuous efforts are now being made to mimic natural materials and to integrate self-healing capability into polymers and polymer composites. The progress has opened an era of new intelligent materials. On the whole, researches in this field are still in the infancy. More and more scientists and companies are interested in different aspects of the topic. Innovative measures and new knowledge of the related mechanisms are constantly emerging. Therefore, it might be the right time to review the attempts carried out so far in different laboratories in the world. According to the ways of healing, self-healing polymers and polymer composites can be classified into two categories: (i) intrinsic ones that are able to heal cracks by the polymers themselves, and (ii) extrinsic in which healing agent has to be pre-embedded.

II. INTRINSIC SELF-HEALING

The so-called intrinsic self-healing polymers and polymer composites are based on specific performance of the polymers and polymeric matrices that enables crack healing under certain stimulation (mostly heating). Autonomic healing without external intervention is not available in these materials for the time being. As viewed from the predominant molecular mechanisms involved in the healing processes, the reported achievements consist of two modes: (i) physical interactions, and (ii) chemical interactions.

2.1. Self-Healing Based on Physical Interactions

Compared to the case of thermosetting polymers, crack healing in thermoplastic polymers received more attention at an earlier time. Wool and coworkers systematically studied the theory involved [7, 8]. They pointed out that the healing process goes through five phases: (i) surface rearrangement, which affects initial diffusion function and topological feature; (ii) surface approach, related to healing patterns; (iii) wetting, (iv) diffusion, the main factor that controls recovery of mechanical properties, and (v) randomization, ensuring disappearance of cracking interface. In addition, Kim and Wool [9] proposed a microscopic model for the last two phases on basis of reptation model that describes longitudinal chain diffusion responsible for crack healing.

Unlike thermoplastics, heating induced healing of thermosetting polymers depends on crosslinking of unreacted groups. Healing of epoxy, for instance, has to proceed above the glass transition temperature [19]. Then, the molecules at the cracking surfaces would interdiffuse and the residual functional groups react with each other. A 50% recovery of impact strength can thus be obtained [20]. During the repair study of vinyl ester resin, Raghavan and Wool reported critical strain energy release rate, G_{IC} , for the interfaces after crack healing (i.e. annealing above the glass transition temperature) is 1.7% of the virgin value. Lower crosslink density favors the repair effect [21].

Thermoplastic/thermosetting semi-interpenetrating network is factually a material associated with repeatable self-healing ability. The group of Jones introduced a soluble linear polymer to a thermosetting epoxy resin [22–24]. The selected thermoplastic is poly(bisphenol-A-co-epichlorohydrin), which is highly compatible with the matrix diglycidylether of bisphenol-A based resin. Upon heating a fractured resin system, the thermoplastic material would mobilize and diffuse through the thermosetting matrix, with some chains bridging closed cracks and thereby facilitating healing. When this healable resin was compounded with cross ply glass fiber, effective healing of composites transverse cracks and delamination has been demonstrated.

The requirements for such thermal diffusion of a healing agent were summarized as follows [23]. (i) The healing agent should be reversibly bonded (e.g. through hydrogen bonding) to the cross linked network of the cured resin below the minimum healing temperature to limit its effect on thermo mechanical properties. (ii) The healing agent should become mobile above this minimum healing temperature so that it can diffuse across a hairline crack, such as a transverse crack, to provide a recovery in strength. (iii) The addition of the linear chain molecules should not significantly reduce the thermo mechanical properties of the resin matrix.

III. EXTRINSIC SELF-HEALING

In the case of extrinsic self-healing, the matrix resin itself is not a healable one. Healing agent has to be encapsulated and embedded into the materials in advance. As soon as the cracks destroy the fragile capsules, the healing agent would be released into the crack planes due to capillary effect and heal the cracks. In accordance with types of the containers, there are two modes of the repair activity: (i) self-healing in terms of healant loaded pipelines, and (ii) self-healing in terms of healant loaded microcapsules. Taking the advantages of crack triggered delivery of healing agent, manual intervention (e.g. heating that used to be applied for intrinsic self-healing) might be no longer necessary.

3.1. Self-Healing In Terms of Heal Ant Loaded Microcapsules

The principle of this approach resembles the aforesaid pipelines but the containers for storing healing agent are replaced by fragile microcapsules. Because the technique of microencapsulation has been rapidly developed since its emergency in 1950s and mass production of microcapsules can be easily industrialized, self-healing composites might be thus used in practice accordingly. Jung *et al.* prepared self-healing polyester composite with pre-embedded polyoxymethylene urea (PMU) microspheres. The crack repair agent is mostly composed of styrene monomers and high molecular weight polystyrene. The latter helps to lower the rate of diffusion of styrene or diethenylbenzene into polyester matrix. The system of 23% polystyrene ($M_n = 2.5 \cdot 10^5$), 76.99% styrene and a trace amount of inhibitor proved to offer the optimum healing efficiency. Jung *et al.* also tried to utilize epoxy monomer loaded PMU microcapsules for rebinding the cracked faces in polyester matrix. Solidification of the epoxy resin (i.e. the repair action) was triggered by the naturally occurring functional sites or embedded amine in the composites. In a latter work by White *et al.*, it was considered that the method was not feasible as the amine groups did not retain sufficient activity. Zako *et al.* proposed an intelligent material system using 40% volume fraction unmodified epoxy particles to repair microcracks and delamination damage in a glass/epoxy composite laminate. By heating to 120°C, the embedded epoxy particles (~50 μm) would melt, flow to the crack faces and repair the damage with the help of

the excessive amine in the composite. In addition to the poor activity of the amine as mentioned above, manual intervention (i.e. heating) was necessary in this case.

We reported a two-component healant consisting of epoxy-loaded microcapsules as the polymerizable part and 2-methylimidazole/CuBr₂ complex (CuBr₂(2-MeIm)₄) as the latent hardener, which was pre-dispersed in the composite's matrix to fabricate self-healing composites. As soon as cracks destroyed the capsules, the epoxy oligomer would be released into the crack planes due to capillary effect and cured under initiation of the latent hardener at a temperature ranging from 130 to 180°C.

The features of this healing system lie in the following: (i) When the healing agent is applied to epoxy based composites, the miscibility between the crack adhesive and matrix is guaranteed because of the identity of their species. (ii) The latent hardener possesses long-term stability and is hardly affected by the surrounding environment. Moreover, it can be well pre-dissolved in uncured composites' matrix, leading to a homogeneous distribution of the reagent on the molecular scale. Thus the epoxy released from the ruptured microcapsules might meet the latent hardener everywhere (Figure 1). The two-component healant is able to take effect in the woven glass fabric/epoxy composite laminates.

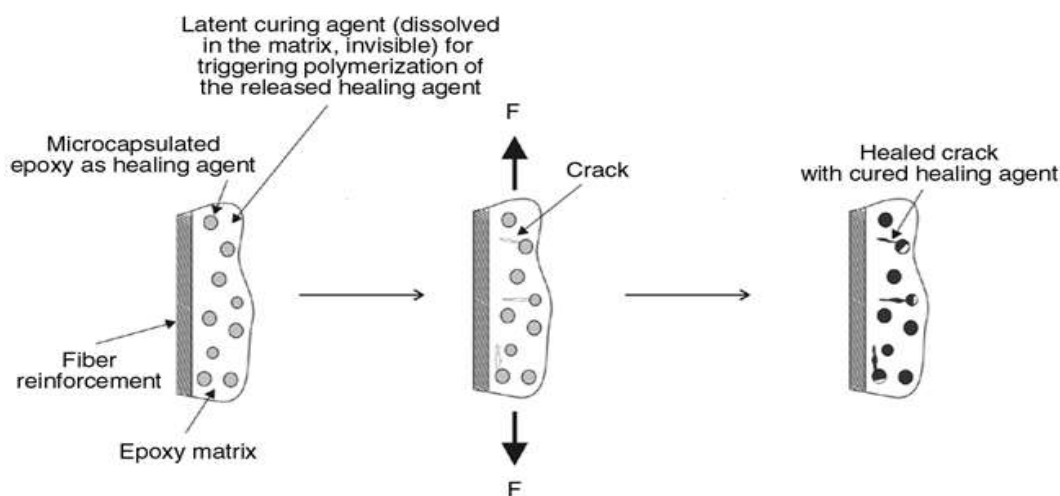


Figure 1. Schematic Drawing of The Principle of Self-Healing Epoxy Based Laminates with Epoxy Loaded Microcapsules and Latent Hardener (Reprinted from Composites Science & Technology, Vol 67, Yin T., Rong M. Z., Zhang M. Q., Yang G. C.: Self-healing epoxy composites – Preparation and effect of the healant consisting of microencapsulated epoxy and latent curing agent, 201–212, Copyright (2007))

The group of White *et al.*, the pioneer in developing self-healing polymeric materials, systematically investigated a self-healing strategy based on ring-opening metathesis polymerization (ROMP) of microencapsulated dicyclopentadiene (DCPD) and reported a series of important findings. Healing is triggered when damage in the form of a crack ruptures the microcapsules, causing DCPD to be released into the crack plane where it comes in contact and mixes with the pre-embedded Grubbs' catalyst (Figure 1). For increasing catalysis efficiency, the catalyst was encapsulated by wax and recrystallized, respectively. Delamination damage in woven glass/epoxy composites was found to be repaired by the healing agent. In addition, fatigue crack growth in epoxy can also be retarded by the

released fluid. Effect of DCPD loaded microcapsule size on the performance of self-healing polymers was studied. Rule *et al.* indicated that the amount of liquid that microcapsules deliver to a crack face changed linearly with microcapsule diameter for a given weight fraction of capsules.

Self-healing performance reached maximum levels only when sufficient healing agent was available to entirely fill the crack. Based on these relationships, the size and weight fraction of microcapsules can be rationally chosen to give optimal healing of a predetermined crack size. By using this strategy, self-healing was demonstrated with smaller microcapsules and with lower weight fractions of microcapsules. Blaiszik *et al.* further produced smaller capsules (down to 220 nm) using sonication techniques and an ultra hydrophobic to stabilize the DCPD droplets. It is believed that the Nano capsules will make self-heal in materials responsive to damage initiated at a scale that is not currently possible and compatible with composites where the reinforcement spacing requires smaller capsules for applications such as self-healing thin films, coatings, and adhesives.

3.2. Self-Healing in Terms of Healant Loaded Pipelines Hollow glass Tubes and Glass Fibers

The core issue of this technique lies in filling the brittle-walled vessels with polymerizable medium, which should be fluid at least at the healing temperature. Subsequent polymerization of the chemicals flowing to the damage area plays the role of crack elimination. Dry first identified the potential applicability of hollow glass tubes [32–35]. Similar approach was adopted by Motuku *et al.* [36] and Zhao *et al.* [37]. Because the hollow glass capillaries have diameters (on millimeter scale) much larger than those of the reinforcing fibers in composites, they have to act as initiation for composites failure [38]. Instead, Bleay *et al.* employed hollow glass fiber (with an external diameter of 15 μm and an internal diameter of 5 μm) to minimize the detrimental effect associated with large diameter fibers [38]. Complete filling of healing agent into the tiny tubes was achieved by vacuum assisted capillary action filling technique.

Accordingly, three types of healing system were developed (Figure 2) [32]. (i) Single-part adhesive all hollow pipettes contained only one kind of resin like epoxy particles (that can be flowable upon heating and then cured by the residual hardener) or cyanoacrylate (that can be consolidated under the induction of air). (ii) Two-part adhesive. In general, epoxy and its curing agent were used in this case. They were filled into neighboring hollow tubes, respectively. (iii) Two-part adhesive. One component was incorporated into hollow tubes and the other in microcapsules. With the aid of the pre-embedded healing system in hollow pipettes, Motuku and co-workers studied the healing ability of glass fiber/unsaturated polyester composites subjected to low velocity impact [36]. The species of healing agent, characteristic parameters of the hollow pipes (amount, type of tubing materials and spatial distribution), composites panel thickness, and impact energy level were found to be critical to the healing efficiency. Meanwhile, Bleay *et al.* proved that the epoxy based composites reinforced by hollow glass fibers containing solvent diluted two-part epoxy became repairable as assessed by compression after impact test [38].

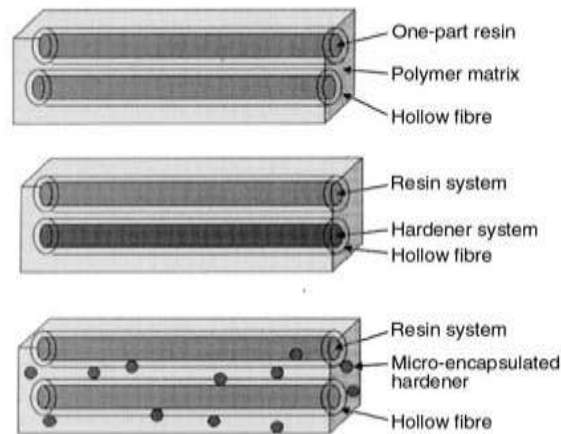


Figure 2. Schematic Diagram Of Repair Concept For Polymermatrix Composites Using Pre-Embedded Hollow Tubes [38] (Reprinted from Composites PartA: Applied Science and Manufacturing, Vol 32,Bleay S. M., Loader C. B., Hawyes V. J., Humber stoneL., Curtis P. T.: A Smart Repair Systemfor Polymer Matrix Composites, 1767–1776.

Recently, Trask *et al.* considered the placement of self-healing hollow glass fibers layers within both glass fibre/epoxy and carbon fibre/epoxy composite laminates to mitigate damage and restore mechanical strength. The hollow fibers were bespoke with diameters between 30 and 100 μm and a hollowness of approximately 50%. The study revealed that after the laminates were subjected to quasi-static impact damage, a significant fraction of flexural strength can be restored by the self-repairing effect of a healing resin stored within hollow fibers. For example, Pang *et al.* added UV fluorescent dye to the healing resin within the hollow fibers so that bleeding of the repair substance in the composites can be visualized.

IV. CONCLUSIONS

Achievements in the field of self-healing polymers and polymer composites are far from satisfactory, but the new opportunities that were found during research and development have demonstrated it is a challenging job to either invent new polymers with inherent crack repair capability or integrate existing materials with novel healing systems. Interdisciplinary studies based on tight collaboration among scientists are prerequisites for overcoming the difficulties.

Comparatively, extrinsic self-healing techniques might be easier for large-scale usage for the moment. The works and outcomes in this aspect have broadened the application possibility of polymeric materials. Also, the extended service life of components made from these intelligent materials would contribute to reduce waste disposal. It is undoubtedly important for building up a sustainable society. Besides the approaches described in the above text (Table 1), ongoing attempts are continuously presenting new concepts.

For example, Lee *et al.* considered solid-state devices that integrate ductile polymeric layers and brittle semiconductor or metal films. Using computer simulations, they showed that adding nanoparticles to the polymers yielded materials in which the particles became localized at nanoscale cracks and effectively form 'patches' to repair the damaged regions. Trau *et al.* proposed healing under electric field in terms of electrohydrodynamic

aggregation of colloidal dielectric particles. By creating a semi-interpenetrating network composed of a crosslinked thermoset and a thermoplastic, Karger-Kocsis considered that both shape memory and self-healing functions can be combined. In such an intelligent material, the thermoplastic polymer (amorphous or semicrystalline) offers 'switching' and 'healing' effects, whereas the crosslinked thermoset acts as the fixing phase.

From a long-term point of view, synthesis of brand new polymers accompanied by intrinsic self-healing function through molecular design would be a reasonable solution. Recent exploration has shown the prospects of this trend, but the automatic trigger mechanism remains open. Working out the solutions would certainly push polymer sciences and engineering forward.

Table 1. Self-healing in Polymers and Polymer Composites

Category of materials to be repaired	Materials to be repaired	Healing system	Trigger mechanism	Healing mechanism	Assessment of healing effect
Thermoplastic	Poly(methyl methacrylate), etc.	Bulk	Heating or solvent induced	Chain interdiffusion and entanglements	Compact tension (CT) test or photography
Thermoplastic	Poly(ethylene-comethacrylic acid)	Bulk	Thermo mechanically induced melting	Chain interdiffusion and entanglements	Visual inspection after sawing, cutting and puncture
Thermoplastic	Polycarbonate	Bulk (weak alkali/hydrolyzed chains)	Steam	Weak alkali catalyzed polymerization	Molecular weight and mechanical strength
Thermoplastic	Poly(phenylene ether)	Bulk (copper ion/oxygen/scission chains)	Heating	Copper ion catalyzed polymerization	Molecular weight
Thermoset	Epoxy	Bulk	Heating	Post-curing of residual functional groups	Impact strength
Thermoset	Epoxy, fiber/unsaturated polyester, and fiber/epoxy	Cyanoacrylate, epoxy, unsaturated polyester, etc.	Crack induced breakage of hollow tubes containing	Curing of healant	Tensile, flexural and impact tests; photography;

			healant		ultrasonic C-scan
Thermoset	Glass fiber/epoxy	Epoxy granules	Heating	Curing of healant	Three-point bending and tensile fatigue

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