

### Finding Explanations of Inconsistency in Multi-Context Systems

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Principles of Knowledge Representation and Reasoning

May 10, 2010





Wiener Wissenschafts-, Forschungs- und Technologiefonds

Vienna University of Technology Institute for Information Systems Knowledge-Based Systems Group

Supported by the Vienna Science and Technology Fund (WWTF) under grant ICT08-020



Interlinking and Integrating Knowledge

- Focus on decentralized systems
- Heterogeneous and nonmonotonic system parts, here called contexts (databases, ontologies, answer set programs,...)
- Fixed (small) amount of contexts
- Fixed topology
- Example: companies linking their business logics
- ⇒ unifying formalism: Multi-Context Systems



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- Focus on decentralized systems
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- Fixed (small) amount of contexts
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- Example: companies linking their business logics
- ⇒ unifying formalism: Multi-Context Systems
- Inconsistencies arise easily, even if all contexts are consistent:
  - Unforseen effects of information exchange
  - Complexity of application and data
- We seek to understand and give reasons for inconsistencies.



- MCSs introduced by [Giunchiglia & Serafini, 1994]:
  - represent inter-contextual information flow
  - express reasoning w.r.t. contextual information
  - allow decentralized, pointwise information exchange
- Framework extended for integrating heterogeneous non-monotonic logics [Brewka & Eiter, 2007].

## Syntax and Semantics of MCSs (1)

- What is a multi-context system?
  - a collection  $M = (C_1, \ldots, C_n)$  of contexts
- What is a context?
  - $\triangleright \quad C_i = (L_i, kb_i, br_i)$
  - ► *L<sub>i</sub>*: a logic
  - *kb<sub>i</sub>*: the context's knowledge base
  - *br<sub>i</sub>*: a set of bridge rules

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- What is a logic?
  - $\blacktriangleright L = (\mathbf{KB}_L, \mathbf{BS}_L, \mathbf{ACC}_L)$
  - ► **KB**<sub>L</sub>: set of well-formed knowledge bases
  - ► **BS**<sub>L</sub>: is the set of possible belief sets
  - ► ACC<sub>L</sub> : KB<sub>L</sub> → 2<sup>BS<sub>L</sub></sup>: acceptability function: Which belief sets are accepted by a knowledge base?

### Syntax and Semantics of MCSs (2)

$$M = (C_1, \ldots, C_n)$$
  $C_i = (L_i, kb_i, br_i)$   $L = (\mathbf{KB}_L, \mathbf{BS}_L, \mathbf{ACC}_L)$ 

► What is a belief state?  $S_i \in \mathbf{BS}_{L_i}$  is a belief set at  $C_i$  $\Rightarrow S = (S_1, ..., S_n)$  is a belief state of M

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- What is a bridge rule?

$$(k:s) \leftarrow (c_1:p_1), \dots, (c_j:p_j),$$
  
**not**  $(c_{j+1}:p_{j+1}), \dots,$  **not**  $(c_m:p_m).$ 

Given a bridge rule r, intuitively...

... (c:p) looks at presence of belief p at context  $C_c$  (belief set  $S_c$ ) ... r is applicable if positive  $p_i$  are present and negative  $p_i$  are absent ... applicable  $\Rightarrow$  s is added to knowledge base of context k

## Syntax and Semantics of MCSs (3)

- Equilibrium semantics:
  - A belief state  $S = (S_1, \ldots, S_n)$
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  - ... so we can add their heads to the  $kb_i$  of the contexts.



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  - $\dots$  so we can add their heads to the  $kb_i$  of the contexts.
  - S is an equilibrium iff each context plus these heads accepts  $S_i$ .
  - $\Rightarrow$  Equilibrium condition:  $S_i \in ACC(kb_i \cup H_i)$  for all  $C_i$



# Example - Contexts

Health care decision support system (wrt. medication and pneumonia):

- patient history database  $C_1$ ,
- blood and X-Ray analysis database  $C_2$ ,
- ▶ ontology of diseases C<sub>3</sub> (description logic),
- expert system  $C_4$  (disjunctive logic program).

$$C_{1} = \{allergy\_strong\_ab\}$$

$$C_{2} = \{\neg blood\_marker, xray\_pneumonia\}$$

$$C_{3} = \{Pneumonia \sqcap Marker \sqsubseteq AtypPneumonia\}$$

$$C_{4} = \{give\_strong \lor give\_weak \leftarrow need\_ab.$$

$$give\_strong \leftarrow need\_strong.$$

$$\bot \leftarrow give\_strong, not allow\_strong\_ab.$$

$$give\_nothing \leftarrow not need\_ab, not need\_strong.\}$$



 $S = (\{allergy\_strong\_ab\}, \{\neg blood\_marker, xray\_pneumonia\}, blood\_marker, xray\_pneumonia\}, blood\_marker, xray\_pneumonia\}, blood\_marker, xray\_pneumonia\}, blood\_marker, xray\_pneumonia}, blood\_marker, xray\_pneumonia},$ 



 $S = (\{allergy\_strong\_ab\}, \{\neg blood\_marker, xray\_pneumonia\}, \{Pneumonia(p)\}, \}$ 



$$\begin{split} S &= (\{allergy\_strong\_ab\}, \{\neg blood\_marker, xray\_pneumonia\}, \\ \{Pneumonia(p)\}, \{need\_ab, \end{split}$$



 $S = (\{allergy\_strong\_ab\}, \{\neg blood\_marker, xray\_pneumonia\}, \\ \{Pneumonia(p)\}, \{need\_ab, give\_weak\}) \text{ is an equilibrium.} \end{cases}$ 



Inconsistency is the lack of an equilibrium.

We seek to understand and give reasons for inconsistencies.

- We use ideas from model-based diagnosis [Reiter 1987]
- Assumptions:
  - Contexts without input are consistent
  - Bridge rules characterize reasons for inconsistency



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- We use ideas from model-based diagnosis [Reiter 1987]
- Assumptions:
  - Contexts without input are consistent
  - Bridge rules characterize reasons for inconsistency
- Rationale:
  - Context internals are abstracted away "not our business"
  - Information flow can have unforeseen effects.
  - Knowledge integration between companies: changing company knowledge bases (often) impossible

# Diagnoses and Explanations

#### Explaining inconsistency:

Consistency-based "Diagnosis":

#### Which bridge rules need to be changed to get an equilibrium?

- "changed" by removing the rule, or
- "changed" by adding the rule in its unconditional form
- ⇒ identifies some rules as "faulty" (causing inconsistency)
- $\Rightarrow$  provides possible repairs

# Diagnoses and Explanations

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- $\Rightarrow$  provides possible repairs
- Entailment-based "Inconsistency Explanation":

#### Which bridge rules are required for inconsistency?

- "required", assuming all other rules are removed from the MCS
- $\Rightarrow$  finds groups of rules which *together* cause inconsistency
- $\Rightarrow$  allows to separate inconsistencies (if there are several of them)



#### Diagnosis:

"remove rules, or add them unconditionally, to get consistency"

#### Definition

A diagnosis is a pair 
$$(D_1, D_2), D_1, D_2 \subseteq br_M$$
, such that  

$$\frac{M[br_M \setminus D_1 \cup heads(D_2)]}{D_1 \cup heads(D_2)} \not\models \bot$$

#### Notation:

$br_M$	bridge rules of MCS M
M[R]	MCS $M$ with bridge rules $R$ instead of $br_M$
$M \models \bot$	MCS M is inconsistent
heads(R)	rules in <i>R</i> in unconditional form ( $\alpha \leftarrow$ for $\alpha \leftarrow \beta$



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#### $D^{\pm}(M)$ : set of diagnoses of M $D_m^{\pm}(M) \subseteq D^{\pm}(M)$ : set of pointwise $\subseteq$ -minimal diagnoses of M



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Assume  $C_2 = \{blood\_marker, xray\_pneumonia\}$   $\Rightarrow$  No equilibrium Minimal diagnoses:  $(\{r_1\}, \emptyset)$ ,

#### ▶ remove $r_1 : (3 : Pneumonia(p)) \leftarrow (2 : xray_pneumonia).$ ⇒ $S_3 = \{Marker(p)\}, S_4 = \{give_nothing\}$

# Example - Diagnoses

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# Example - Diagnoses

Assume  $C_2 = \{blood\_marker, xray\_pneumonia\}$  $\Rightarrow$  No equilibrium Minimal diagnoses:  $(\{r_1\}, \emptyset), (\{r_2\}, \emptyset), (\{r_4\}, \emptyset),$ ▶ remove  $r_1$  : (3 : *Pneumonia*(*p*))  $\leftarrow$  (2 : *xray pneumonia*).  $\Rightarrow S_3 = \{Marker(p)\}, S_4 = \{give nothing\}$ • remove  $r_2: (3: Marker(p)) \leftarrow (2: blood marker).$  $\Rightarrow$   $S_3 = \{Pneumonia(p)\}, S_4 = \{need \ ab, give \ weak\}$ ▶ remove  $r_4$ : (4 : need strong)  $\leftarrow$  (3 : AtypPneumonia(p)).  $\Rightarrow S_3 = \{Pneumonia(p), Marker(p), AtypPneumonia(p)\} \\S_4 = \{need\_ab, give weak\}$ 

# Example - Diagnoses

Assume  $C_2 = \{blood\_marker, xray\_pneumonia\}$  $\Rightarrow$  No equilibrium Minimal diagnoses:  $(\{r_1\}, \emptyset), (\{r_2\}, \emptyset), (\{r_4\}, \emptyset), \text{ and } (\emptyset, \{r_5\}).$ ▶ remove  $r_1$  : (3 : *Pneumonia*(*p*))  $\leftarrow$  (2 : *xray pneumonia*).  $\Rightarrow S_3 = \{Marker(p)\}, S_4 = \{give nothing\}$ • remove  $r_2: (3: Marker(p)) \leftarrow (2: blood marker).$  $\Rightarrow$   $S_3 = \{Pneumonia(p)\}, S_4 = \{need \ ab, give \ weak\}$ ▶ remove  $r_4$ : (4 : need strong)  $\leftarrow$  (3 : AtypPneumonia(p)).  $\Rightarrow S_3 = \{Pneumonia(p), Marker(p), AtypPneumonia(p)\} \\ S_4 = \{need\_ab, give\_weak\}$ ▶ add  $r'_5$ : (4 : allow strong ab)  $\leftarrow not(1 : allergy strong ab)$ .  $\Rightarrow S_3 = \{Pneumonia(p), Marker(p), AtypPneumonia(p)\} \\S_4 = \{need\_ab, need\_strong, allow\_strong\_ab, give\_strong\}$ 



#### Inconsistency Explanation:

"rules (heads) that must be present (absent) for inconsistency"

#### Definition

An inconsistency explanation is a pair  $(E_1, E_2)$ ,  $E_1, E_2 \subseteq br_M$ , such that for each pair  $(R_1, R_2)$ ,  $E_1 \subseteq R_1 \subseteq br_M$ ,  $R_2 \subseteq br_M \setminus E_2$  $M[R_1 \cup heads(R_2)] \models \bot$ 

 $E^{\pm}(M)$  ( $E_m^{\pm}(M)$ ): sets of ( $\subseteq$ -minimal) inconsistency explanations in M



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Intuition:

- rules in  $E_1$  create inconsistency
- ▶ all supersets inconsistent  $\Rightarrow$  inconsistency is relevant in *M*
- adding rules from *E*<sub>2</sub> unconditionally is necessary to restore consistency
- $\Rightarrow$  related to minimal inconsistent sets

## Example - Inconsistency Explanations

Assume  $C_2 = \{blood\_marker, xray\_pneumonia\}$  (as before)

• Minimal inconsistency explanation:  $(\{r_1, r_2, r_4\}, \{r_5\})$ .

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Assume  $C_2 = \{blood\_marker, xray\_pneumonia\}$  (as before)

- Minimal inconsistency explanation:  $(\{r_1, r_2, r_4\}, \{r_5\})$ .
- Minimal diagnoses:  $(\{r_1\}, \emptyset)$ ,  $(\{r_2\}, \emptyset)$ ,  $(\{r_4\}, \emptyset)$ , and  $(\emptyset, \{r_5\})$ .



Assume  $C_2 = \{blood\_marker, xray\_pneumonia\}$  (as before)

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#### Theorem

For an inconsistent MCS, the unions of all minimal diagnoses  $D_m^{\pm}$  and all minimal inconsistency explanations  $E_m^{\pm}$  coincide:  $| D_m^{\pm}(M) = | E_m^{\pm}(M)$ 

Notation:  $\bigcup X = (\bigcup \{A \mid (A, B) \in X\}, \bigcup \{B \mid (A, B) \in X\})$  for X a set of (A, B)

 $\Rightarrow$  Diagnoses and explanations identify the same bridge rules



- ▶ recall: equilibrium condition  $S_i \in ACC(kb_i \cup H_i)$  for all  $C_i$
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- ▶ recall: equilibrium condition  $S_i \in ACC(kb_i \cup H_i)$  for all  $C_i$
- Output beliefs OUT<sub>i</sub>: beliefs in bridge rule body literals
- ▶ bridge rules depend on output projected belief sets  $S'_i = S_i \cap OUT_i$
- ⇒ Context complexity = equilibrium existence condition:

 $S'_i \in \mathbf{ACC}_i(kb_i \cup H_i)\Big|_{OUT_i}$ 



## Complexity: Inconsistency Analysis

- Problem: recognition of diagnosis/explanation
- ▶ Input: candidate  $(D_1, D_2)$  resp.  $(E_1, E_2)$  and M

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Complexity Results (Completeness):

context	$(D_1,D_2) \stackrel{?}{\in}$		$(E_1,E_2) \stackrel{?}{\in}$	
complexity	$D^{\pm}(M)$	$D_m^{\pm}(M)$	$E^{\pm}(M)$	$E_m^{\pm}(M)$
Р	NP	DP	coNP	DP
NP	NP	DP	coNP	DP
$\Sigma_2^{ m P}$	$\Sigma_2^{ m P}$	$D_2^P$	$\Pi_2^P$	$\mathbf{D}_2^{\mathbf{P}}$
PSPACE	PSPACE			
EXPTIME	EXPTIME			

 $\mathbf{D}^{P}:$  solve both an  $\mathbf{NP}$  and an independent  $\mathbf{coNP}$  problem

### $D^{\pm}$ Computation using HEX-programs

HEX = ASP + Higher order features + external atoms

- Guess diagnosis
- Guess output belief state  $\Rightarrow a_i$  atoms
- Evaluate bridge rules  $\Rightarrow b_i$  atoms
- Check if output belief state is an output projected equilibrium:

equilibrium condition:  $S'_i \in ACC_i(kb_i \cup H_i)|_{OUT_i}$ 

HEX constraint:  $\perp \leftarrow not \& con\_out_i[a_i, b_i]().$ 

Open source implementation is available:

http://www.kr.tuwien.ac.at/research/systems/dlvhex/mcsiesystem.html

## Special Cases and Properties

Special Cases:

s-Diagnoses:

"Which rules must be removed to restore consistency?"

- s-Inconsistency Explanations:
   "Which rules must be present to get inconsistency?"
  - $\Rightarrow$  duality holds
- "Splitting Sets" on MCS contexts
  - $\Rightarrow$  modularity properties
- Preference orders which are different from subset-minimality:
  - $\Rightarrow$  duality for certain Ceteris Paribus preference orderings

## Explaining Inconsistency — Conclusions

### We analyze inconsistencies to know "what's going on".

Our approach...

- uses inconsistency to gain information
- provides possible repairs via diagnoses
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We aim at configurable inconsistency management:

- automatic repair may be dangerous (see our example)
- automatic repair may be useful in other cases
- diagnoses and explanations form a basis for inconsistency management



Current and Future work aims at...

- query answers on inconsistent MCSs
  - e.g., defining partial equilibria
  - e.g., defining brave and cautious query answers
- a local point of view to evaluation
  - $\Rightarrow$  distributed algorithms
- approaches to compare diagnoses/explanations
  - $\Rightarrow$  quantitative approaches inconsistency measures
  - ⇒ qualitative approaches using world knowledge
- implementations and benchmarks
  - relevant application scenarios
  - distributed implementation