

Douglas-Rachford Splitting and ADMM for Pathological Convex Optimization

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Problem setup

Consider the primal problem

$$\text{minimize } f(x) + g(x) \quad (\text{P})$$

and its dual problem

$$\text{maximize } -f^*(\nu) - g^*(-\nu) \quad (\text{D})$$

Write p^* and d^* for the primal and dual optimal values.

Douglas-Rachford splitting

DRS applied to (P):

$$x^{k+1/2} = \text{Prox}_{\gamma f}(z^k)$$

$$x^{k+1} = \text{Prox}_{\gamma g}(2x^{k+1/2} - z^k)$$

$$z^{k+1} = z^k + x^{k+1} - x^{k+1/2}$$

DRS finds solutions to (P) and (D). Convergence depends on the status of both (P) and (D).

DRS convergence (classical)

The classic literature says DRS “converges” when

- ▶ (P) has a solution,
- ▶ (D) has a solution, and
- ▶ strong duality holds, i.e., $p^* = d^*$.

However, are these assumptions actually necessary?

DRS convergence (new)

DRS “works” when

- ▶ ~~(P) has a solution,~~
- ▶ ~~(D) has a solution, and~~
- ▶ strong duality holds, i.e., $p^* = d^* \in [-\infty, \infty]$.

Summary of this work: DRS essentially “works” when $p^* = d^*$.

Pathology: definition

Problem pair (P) and (D) is not pathological if

- ▶ (P) has a solution,
- ▶ (D) has a solution, and
- ▶ strong duality holds, i.e., $p^* = d^*$.

Otherwise, it's pathological.

For a precise discussion, we need to classify pathologies into several cases. Let's not do that here.

Pathology: examples

(P) is (weakly) infeasible

$$\underset{x \in \mathbb{R}}{\text{minimize}} \quad \underbrace{-\log x}_{=f(x)} + \underbrace{1/\sqrt{-x}}_{=g(x)} \quad (\text{P})$$

Note $\text{dom } f = (0, \infty)$ and $\text{dom } g = (-\infty, 0]$. Infeasible since $\text{dom } f \cap \text{dom } g = \emptyset$. Weakly infeasible since $\text{dist}(\text{dom } f, \text{dom } g) = 0$.

Pathology: examples

(P) is feasible but has no solution

$$\underset{(\nu_1, \nu_2) \in \mathbb{R}^2}{\text{minimize}} \quad \sqrt{\nu_1^2 + \nu_2^2} - \nu_1 + \delta_{\{\nu_2=1\}}(-\nu_2)$$

(D) is

$$\underset{(x_1, x_2) \in \mathbb{R}^2}{\text{maximize}} \quad -\delta_{\{(x_1, x_2) \mid x_1^2 + x_2^2 \leq 1\}} - x_2 - \delta_{\{(x_1, x_2) \mid x_1 = 1\}} \quad (\text{P})$$

Nevertheless, $d^* = p^* = 0$.

What do we want DRS to do?

We want DRS to find a point that is **approximately feasible** and (when applicable) **approximately optimal**.

E.g. if (P) is weakly infeasible, we want

$$x^{k+1} - x^{k+1/2} \rightarrow 0$$

E.g. if (P) is feasible but has no solution, we want

$$\begin{aligned}x^{k+1} - x^{k+1/2} &\rightarrow 0 \\ f(x^{k+1/2}) + g(x^{k+1}) &\rightarrow p^*\end{aligned}$$

DRS convergence (new): examples

Theorem

If (P) is weakly infeasible and $p^* = d^* = \infty$, then

$$x^{k+1} - x^{k+1/2} \rightarrow 0.$$

Theorem

If (P) is feasible but has no solution and $p^* = d^* > -\infty$.

$$x^{k+1} - x^{k+1/2} \rightarrow 0$$

and

$$\liminf_{k \rightarrow \infty} f(x^{k+1/2}) + g(x^{k+1}) = p^*.$$

We can say something for all the pathological cases if $d^* = p^*$.

Theoretical components

DRS has 2 goals: achieve feasibility and reduce function value.
We use 2 set of tools to show DRS achieves both goals.

Operator theory and “fixed-point iteration” without a fixed point.

With this machinery, we show things like $x^{k+1} - x^k \rightarrow 0$ or $x^{k+1} - x^k \rightarrow v$, where we characterize v .

Function-value analysis (i.e., subgradient inequalities). With this machinery, we show things like $f(x^{k+1/2}) + g(x^{k+1}) \rightarrow p^*$. This part needs the $d^* = p^*$ assumption.

Prior work

There has been surprisingly little work studying DRS and ADMM under pathologies. Our understanding is still incomplete.

Results in specific pathological setups:

- ▶ Bauschke, Combettes, and Luke, 2004.
- ▶ Bauschke and Moursi, 2016, 2017,
- ▶ Liu, Ryu, and Yin, 2018.

Results on general setups:

- ▶ Bauschke, Hare, and Moursi, 2014, 2016, 2017

ADMM under specific pathological setups for conic programs:

- ▶ Raghunathan and Cairano, 2014.
- ▶ Stellato, Banjac, Goulart, Bemporad, and Boyd, 2017.
- ▶ Banjac, Goulart, Stellato, and S. Boyd, 2017.

Outline

Nonexpansive iterations with a fixed point

Improving direction

Function value analysis

Pathological convergence for DRS and conjecture

Pathological convergence for ADMM

Conclusion

Fixed point iteration with a fixed point

DRS is a fixed point iteration with a firmly nonexpansive operator T :

$$z^{k+1} = T(z^k).$$

Under non-pathology, $T : \mathbb{R}^d \rightarrow \mathbb{R}^d$ has a fixed point and

$$z^k \rightarrow z^*$$

for some fixed point z^* .

Fixed point iteration without fixed points

The *infimal displacement vector* of T is

$$v = P_{\text{range}(I-T)}0.$$

Lemma (Pazy 1971, Baillon, Bruck, Reich 1978)

When T is firmly nonexpansive and has no fixed point, then

$$z^k = -kv + o(k), \quad z^k - T(z^k) \rightarrow v.$$

Fixed point iteration without fixed points

Under pathology, $T : \mathbb{R}^d \rightarrow \mathbb{R}^d$ has no fixed point, and

$$z^k - T(z^k) \rightarrow v.$$

When $v = 0$, $z^{k+1} - z^k \rightarrow 0$, and therefore $x^{k+1} - x^k \rightarrow 0$. (DRS achieves approximate feasibility.)

When $v \neq 0$, we can understand the asymptotic behavior of DRS with v . (This v turns out to be a certificate of infeasibility.)

Characterization of v

Theorem (Bauschke, Hare, Moursi 2016)

When T is the DRS operator,

$$\overline{\text{range}(I - T)} = \overline{\text{dom } f - \text{dom } g} \cap \overline{\text{dom } f^* + \text{dom } g^*}$$

Characterization of v : Infeasible case

When (P) is infeasible,

$$v = \Pi_{\text{dom } f - \text{dom } g}(0),$$

i.e., v represents the shortest distance from $\text{dom } g$ to $\text{dom } f$.

This implies $\|x^{k+1} - x^{k+1/2}\| \rightarrow \text{dist}(\text{dom } f, \text{dom } g)$,
i.e., $(x^{k+1/2}, x^{k+1})$ represents the best effort to achieve feasibility.

Characterization of v : Other cases

When (P) feasible but has no solution, and (D) feasible, we know $z^k - T(z^k) \rightarrow 0$. For more details, we need more work.

When (P) is feasible, and (D) is strongly infeasible, we know $z^k - T(z^k) \rightarrow v$. To further understand what v is, we need more work.

For other pathological cases, we also need more work to concretely understand the asymptotic behavior.

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Improving direction

$d \neq 0$ is an *improving direction* for (P) if we have $C > 0$ such that

$$f(x + d) + g(x + d) \leq f(x) + g(x) - C$$

for all x .

When d is an improving direction, we have

$$f(x + \alpha d) + g(x + \alpha d) = -C\alpha + o(\alpha)$$

as $\alpha \rightarrow \infty$ for all feasible x .

If (P) has an improving direction, then $p^* = -\infty$. (This generalizes the notion of improving directions in conic programs.)

Recession function

The recession function of f is defined as

$$\text{rec}f(d) = \lim_{\alpha \rightarrow \infty} f'(x + \alpha d; d).$$

for any $x \in \text{dom } f$.

$\text{rec}f$ characterizes the asymptotic change of f as we go in direction d .

Recession function and improving direction

Lemma

d is an improving direction for (P) if and only if

$$\text{rec}f(d) + \text{rec}g(d) < 0$$

and if and only if (D) is strongly infeasible.

I.e., improving directions are closely related to recession functions.

Characterization of v

Using duality relationships like $\text{rec} f = (\sigma_{f^*})^*$, we can characterize v with improving directions.

Lemma

If (P) is feasible and (D) is strongly infeasible

$$v = -d \neq 0$$

for some improving direction d .

Similar results hold for different pathologies.

DRS with strong dual infeasibility

Theorem

If (P) is feasible and (D) is strongly infeasible. Then

$$d(x^{k+1/2}, \text{dom } g) \rightarrow 0 \quad d(x^{k+1}, \text{dom } f) \rightarrow 0$$

and $x^{k+1/2} = x^{k-1/2} + d + o(1)$ for some improving direction d .

Similar results hold for different pathologies.

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Fixed-point analysis is not enough

Under certain pathologies, DRS iterates satisfy

$$z^k - T(z^k) \rightarrow 0.$$

However, this is not enough.

This is much alike the fact that

$$\nabla f(x^k) \rightarrow 0$$

does not necessarily imply

$$f(x^k) \rightarrow \inf_x f(x)$$

even if f is convex.

Counter-example

If

$$f(x, y) = x^2/y$$

then

$$f(x, x^2) = 1$$

but

$$\nabla f(x, x^2) = (2/x, -1/x^4) \rightarrow 0$$

as $x \rightarrow \infty$.

Consequence: We must separately show the DRS iterates achieve approximately optimal function values.

Key inequality and its consequence

Lemma

$$f(x^{k+1/2}) - f(x) + g(x^{k+1}) - g(x) \leq (1/\gamma)(x^{k+1} - x^{k+1/2})^T (x - z^{k+1})$$

For any x .

With some work, we can use this inequality to show

$$\liminf_{k \rightarrow \infty} f(x^{k+1/2}) + g(x^{k+1}) \leq p^*.$$

This is an inequality, and we need the other direction.

Primal subvalue

Define the *primal subvalue* as

$$p^- = \lim_{\varepsilon \rightarrow 0^+} \inf_{\|x-y\| \leq \varepsilon} \{f(x) + g(y)\}.$$

i.e., p^- is the optimal value of (P) achieved with infinitesimal infeasibilities.

Lemma

When convex,

$$d^* = p^- \leq p^*.$$

(This is where $d^* = p^*$ enters the analysis.)

With this, we can show

$$p^* \leq \liminf_{k \rightarrow \infty} f(x^{k+1/2}) + g(x^{k+1}).$$

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Convergence results

Putting these pieces together, we can show things like

Theorem

If (P) is feasible but has no solution, (D) is feasible, and $p^ = d^*$. Then*

$$x^{k+1/2} - x^k \rightarrow 0$$

and

$$\liminf_{k \rightarrow \infty} f(x^{k+1/2}) + g(x^{k+1}) = p^*.$$

We can say something for all pathological cases, so long as $p^* = d^*$.

Is strong duality necessary?

DRS iteration has 2 goals: achieve feasibility and reduce function value.

Because DRS never arrives at feasibility, it can reduce the function value below p^* when strong duality fails.

Conjecture

When strong duality fails, DRS necessarily fails in that

$$\liminf_{k \rightarrow \infty} f(x^{k+1/2}) + g(x^{k+1}) < p^*.$$

In other words, DRS finds the wrong objective value.

Evidence for conjecture

The pathological problem

$$\underset{x \in \mathbb{R}^2}{\text{minimize}} \quad \underbrace{\exp(-\sqrt{x_1 x_2})}_{f(x)} + \underbrace{\delta_{\{(x_1, x_2) \mid x_1=0\}}(x)}_{g(x)}$$

has $p^* = 1$ but $d^* = 0$. Experimentally, we observe

$$d^* < \lim_{k \rightarrow \infty} f(x^{k+1/2}) + g(x^{k+1}) < p^*$$

for all $\gamma > 0$.

Evidence for conjecture

The pathological problem

$$\underset{X \in \mathbf{S}^3}{\text{minimize}} \quad \underbrace{\delta_{\mathbf{S}^3_+}(X)}_{f(X)} + \underbrace{X_{22} + \delta_{\{X \in \mathbf{S}^3 \mid X_{33}=0, X_{22}+2X_{13}=1\}}(X)}_{g(X)},$$

has $p^* = 1$ but $d^* = 0$. Experimentally, we observe

$$d^* = \lim_{k \rightarrow \infty} f(x^{k+1/2}) + g(x^{k+1})$$

for $\gamma \geq 0.5$, and

$$d^* < \lim_{k \rightarrow \infty} f(x^{k+1/2}) + g(x^{k+1}) < p^*$$

for $0 < \gamma < 0.5$.

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Setup

For ADMM, consider the primal problem

$$\begin{array}{ll} \text{minimize} & f(x) + g(y) \\ \text{subject to} & Ax + By = c, \end{array} \quad (\text{P-ADMM})$$

and its dual problem

$$\text{maximize} \quad -f^*(-A^T \nu) - g^*(-B^T \nu) - c^T \nu. \quad (\text{D-ADMM})$$

Write p^* and d^* for the primal and dual optimal values.

Method

ADMM applied to this primal-dual problem pair is

$$x^{k+1} \in \arg \min_{x \in \mathbb{R}^p} L_\rho(x, y^k, \nu^k)$$

$$y^{k+1} \in \arg \min_{y \in \mathbb{R}^q} L_\rho(x^{k+1}, y, \nu^k)$$

$$\nu^{k+1} = \nu^k + \rho(Ax^{k+1} + By^{k+1} - c).$$

(We need to assume something to ensure the subproblems have a solution.)

Pathological convergence examples

If $d^* = p^* \in [-\infty, \infty)$, primal problem is feasible but has no solution, then $Ax^k + By^k - c \rightarrow 0$ and

$$\lim_{k \rightarrow \infty} \frac{1}{k} \sum_{i=1}^k f(x^i) + g(y^i) = p^*, \quad \liminf_{k \rightarrow \infty} f(x^k) + g(y^k) = p^*.$$

Pathological convergence examples

It $d^* = p^* = \infty$, problem is infeasible, then

$$\|Ax^k + By^k - c\| \rightarrow \inf_{\substack{x \in \text{dom } f \\ y \in \text{dom } g}} \|Ax + By - c\|.$$

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Conclusion and future work

Conclusion of this work:

- ▶ With some caveats, DRS and ADMM work when strong duality holds.
- ▶ We conjectured that DRS necessarily fails when strong duality fails, and provided supporting evidence.

Open questions:

- ▶ What happens to DRS and ADMM in the absence of strong duality?
- ▶ DRS can be generalized with a relaxation parameter in $(0, 2)$. Our analysis generalizes to this setup. ADMM can be generalized with a relaxation parameter in $(0, 1.618)$. Our analysis does not immediately generalize to this setup.