LLM as a function approximator for $f(x; \theta)$

where θ is in natural language ?!

Verbalized Machine Learning: **Revisiting Machine Learning with Language Models**

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Idea Summary

- LLM as a function approximator
- Parameter Space: Natural Language
- Verbalized Inference $f_{model}(\cdot; \theta)$

Algorithm 1 Training in VML

Initialize model parameters θ_0 , iteration number T, batch size M and optimizer parameters ψ ; for $i = 1, \cdots, T$ do Sample *M* training examples x_1, \dots, x_M ; for $m = 1, 2, \dots, M$ do $\hat{y}_m = f_{\text{model}}(\boldsymbol{x}_m; \boldsymbol{\theta}_{i-1});$

Exp: Polynomial Regression





• Verbalized Optimization – $f_{opt}(\cdot; \psi)$

Text prompt template for the learner



Text prompt template for the optimizer

(c) Model parameters and optimizer output at Step 1, Step 2 and Step 3

The new pattern description is: output = 2.2 * input^2 + 1.8 *

input + 0.4.

Figure 2 : Demo for polynomial regression and auto model class selection.

Exp:	Medical	Image	Clas	sifica	ation
				•••••	

input + 0.6.

Step 50-> Step 50->	Normal	 Model parameters θ49 at Step 50 (with Prior) The input is an X-ray image. To classify: Output 1 (Pneumonia) if there are lobar consolidations, asymmetric or bilateral ground-glass opacities, air bronchograms, moderate to significant alveolar fluid, asymmetric infiltrates, patchy inflammations, moderate to severe pleural effusion, central or peripheral acute opacities, air-fluid levels, increasing opacities, pneumatocele formations, rapidly changing patterns in chronic lesions indicative of acute infection, or persistent cough-based findings. Output 0 (No Pneumonia) if lung fields are clear, minimal localized fluid, no distinct acute opacities, stable fibrotic scarring, solitary calcifications, old healed lesions, stable localized non-infectious anomalies, chronic interstitial fibrosis, chronic reticulonodular patterns without recent changes, stable chronic lesions without acute signs, or purely non-persistent anomalies. 	 Model parameters θ49 at Step 50 (No Prior) If the image shows clear anatomical structures, uniform texture, symmetry, and normal lung fields without visible opacities, well-defined masses, streaks, irregular granular patterns, or any deviations, output class label 0. If the image shows any distinct opacities or masses, interstitial patterns, visible fluid accumulations, asymmetry, irregular heart shapes, or multiple small opacities, output class label 1. For granular or streaky opacities over any lung region, indistinct or uneven lung fields, subtle masses, minor deviations in symmetry, or any lung irregularities, output class label 1. For minimal irregularities or slight deviations, output class label 0.
GPT-40 w/o prior GPT-40 w prior	1 3 1/8	Optimizer output at Step 50 (with Prior) Reasoning:	Reasoning: Optimizer output at Step 50 (No Prior)
0 1 2 3 4 5 Epoch (a) Convergence	Pneumonia (b) Examples	The model missed some true cases of pneumonia and incorrectly identified some non-pneumonia cases. To improve the accuracy, refine the criteria to better identify pneumonia even in less obvious cases and differentiate between chronic stable conditions and acute infections.	The model misclassified several images where minor opacities or very light irregular patterns were present. We need to be more precise in detecting these subtle features while examining the overall lung fields more thoroughly to reduce false negatives for label 1. Specifically, minor irregularities or granular patterns that seem inconsequential should still be marked as potential

You are the model. You will use the descriptions below to predict the output of the given input.	You are the optimizer for a model, your goal is to learn the best descriptions for the model. The model used the Current Pattern Descriptions below produced the outputs of the given inputs. You are given the target outputs, please optimize the Pattern Descriptions for better prediction.				
** Pattern Descriptions: **					
You are designed to do regression, i.e., to predict the	** Inputs (a batch of i.i.d. data): **				
output of any given input. Both input and output	[[0.59] [1.55] [0.64] [1.43] [0.28] [0.02] [0.84] [0.39] [0.02] [1.28]]				
are real numbers. Model parameters θ	** Current Pattern Descriptions: **				
** Input: **	You are designed to do regression, i.e., to predict the output of any given input. Both input and				
[0.59]	output are real numbers.				
Please give your output strictly in the following format:	** The model outputs: **				
Thease give your output strictly in the following format.	[[0.59] [3.88] [1.28] [1.43] [0.53] [0.02] [1.] [0.39] [1.] [0.]]				
Explanations: [Vour step_by_step_analyses and results]	** The target outputs: **				
Explanations. [Tour step-by-step analyses and results]	[[5 84] [8 51] [5 92] [8 09] [4 98] [3 91] [6 46] [5 23] [3 88] [7 88]]				
Output:	$[[5.04] [0.51] [5.72] [0.07] [4.70] [5.71] [0.40] [5.25] [5.00] [7.00]]$ Ground Truth { $y_1,, y_n$ }				
[Your output MUST be in REAL NUMBER ROUNDED TO TWO DECIMAL POINTS; make necessary assumptions if needed; it MUST be in the same format as the Input]	If the model is doing well, you can keep using the current descriptions. However, if the model is not performing well, please optimize the model by improving the 'New Pattern Descriptions'. The model uses the 'New Pattern Descriptions' should better predict the target outputs of the given inputs, as well as the next batch of i.i.d. input data from the same distribution. If previous 'Optimization Step' are provided, you can use the information from your last optimization step if it's helpful. Please think step by step and give your outputs strictly in the following format:				
me any other words.	Optimizer parameter w				
	Verbalized loss function				
update model peremeters	Keasoning: The explicit and verbose improve the Current Pattern Descriptions by yourself:				
Learner LLM <i>f</i> _{model}	[be explicit and verbose, improve the current ratern Descriptions by yoursen,]				
	New Pattern Descriptions:				
Iterative optimization	[put your new descriptions here; MUST be specific and concrete;]				
inference results Optimizer LLM f_{opt}	Please ONLY reply according to this format, don't give me any other words.				

Figure 1 : An example of iterative optimization and text prompt templates of the learner $f_{\text{model}}(\cdot; \theta)$ and the optimizer $f_{\text{opt}}(\cdot; \psi)$ in regression.

Advantages

1. Easy encoding of inductive bias: prior knowledge about the problem and hypothesis class can be encoded in natural language and fed into the LLM-parameterized learner;

2. Automatic model class selection: the optimizer can automatically select and update a

concrete model class based on data and verbalized prior knowledge during training;

3. *Interpretable learner updates:* the optimizer provides explanations for each update.

bnormalities if they occur in specific regions, such as the periphery Model parameters θ_{50} Model parameters θ_{θ} at Step 1 (with Prior) The input is an X-ray image. To classify: Model parameters θ_{50} New Model Descriptions: Output 1 (Pneumonia) if there are lobar consolidations, asymmetric or Model parameter initializa 1. If the image shows clear anatomical structures, uniform texture, symmetry, bilateral ground-glass opacities, air bronchograms, moderate to significant **Prior:** The input is X-ray image for identifying pneumonia. and normal lung fields without any visible opacities, well-defined masses, alveolar fluid, asymmetric infiltrates, patchy inflammations, moderate to streaks, or granular patterns, output class label 0. severe pleural effusion, central or peripheral acute opacities, air-fluid levels, You are designed to do binary classification. The input is an image; you 2. If the image shows any distinct opacities or masses, interstitial patterns, increasing opacities, pneumatocele formations, rapidly changing patterns in need to output the class label, i.e., an integer in the set {0, 1}. visible fluid accumulations, asymmetry, irregular heart shapes, or multiple chronic lesions indicative of acute infection, persistent cough-related findings, small opacities across the lung fields, output class label 1 or recent onset of ground-glass opacities. 3. For granular or streaky opacities over any lung region, indistinct or uneven Model parameters θ_0 at Step 1 (No Prior) Output 0 (No Pneumonia) if lung fields are clear, minimal localized fluid, no lung fields, subtle masses, minor deviations in symmetry, or any lung distinct acute opacities, stable fibrotic scarring, solitary calcifications, old irregularities or granular patterns, including faint ones, in the periphery, output healed lesions, stable localized non-infectious anomalies, chronic interstitial class label 1. For very minimal irregularities or slight deviations in central You are designed to do binary classification. The input is an image; you fibrosis, chronic reticulonodular patterns without recent changes, stable regions only, output class label 0. need to output the class label, i.e., an integer in the set {0, 1}. chronic lesions without acute signs, or absence of any acute infection markers. (c) Model parameters at initialization (d) Model parameters after training

Figure 3 : PneumoniaMNIST image classification with and without prior.



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0.75

 $>^{0.70}$

0.65 V

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