

J. T. ENGLISH

DEEP

DISCIPLESHIP

HOW THE CHURCH CAN MAKE

WHOLE DISCIPLES OF JESUS

“What J.T. proposes for the local church is not only possible, it is mission critical. And it works. I have witnessed first-hand how making space for deep discipleship moves spiritual infants to maturity. As the church heads into the winds of secularism, she needs disciples who are deeply rooted, and it is her calling to make them so. For those compelled to move their churches beyond bare-minimum discipleship strategies, this book offers a way forward, drawing everyday disciples into the deeper things of God.”

Jen Wilkin, author and Bible teacher

“The contents of this book are not theory or hopeful musings. They have worked. I had the privilege of serving with J.T. for five years as these convictions and concepts took root at The Village Church in Dallas, Texas. Hundreds and hundreds of laymen and women grew in a robust understanding of the God of the Bible, transforming their lives and the worship and fervency of our church.”

Matt Chandler, lead pastor, The Village Church,
Flower Mound, Texas; president, Acts 29

“J.T. English combines razor-sharp theology with deep pastoral intuition to give us a book we badly need. It is amazing how much we can be doing in our churches without actually engaging in the sort of deep discipleship which will keep us all growing, serving, witnessing, and worshipping for the rest of our lives. J.T. shows us how the local church can become ground zero for theological passion and training. I look forward to applying his wisdom and hope many churches will do the same!”

Sam Allberry, speaker, Ravi Zacharias International Ministries; associate pastor, Immanuel Church Nashville

“Pastor J.T. English is committed to helping us deepen our discipleship. There’s just not much to the shallow Christianity that typifies too many of our churches, and too many of our lives. If you want to be both challenged and instructed on how you can

change that, pick up this book. It might not take long to read, but its results may last a lifetime.”

Mark Dever, pastor, Capitol Hill Baptist Church,
Washington DC; president, 9Marks

“In *Deep Discipleship*, J.T. English smartly and accurately diagnoses what is perhaps the greatest challenge facing the American church: the tendency to call Christians to less engagement, not more. In a well written and easily readable book, J.T. lays out a biblical blueprint for how pastors, leaders, and laypeople can call the church to be everything it was meant to be.”

Matt Carter, senior pastor,
Sagemont Church, Houston, Texas

“When I reflect on *Deep Discipleship*, words that come to mind are these: biblical, needful, practical, readable. Grounded in the Word of God and fleshed out in the real life of the local church, my friend J.T. English provides a roadmap for developing and maintaining a faithful and healthy discipleship ministry in a local church of any size and location. My hope and prayer is that God will use this book to multiply disciples and disciple makers around the world.”

Daniel L. Akin, president, Southeastern
Baptist Theological Seminary

“This book is a rare combination of theology and practice on one of the most important aspects of the faith. Discipleship, according to J.T. English, is rooted in Scripture, situated in the local church, and aimed at mission to the glory of God. I hope *Deep Discipleship* is read widely, and I am confident that it will lead to the making and maturing of deep and holistic disciples.”

Jeremy Treat (PhD, Wheaton College), pastor
for Preaching and Vision at Reality LA; author
of *Seek First* and *The Crucified King*

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INTRODUCTION

Diagnosing the Discipleship Disease

On Memorial Day weekend 2018 my wife and I were driving to see an orthopedic surgeon in Dallas. For several weeks she had been experiencing increasing amounts of pain in her right thigh. She is an active person, so we chalked it up to overuse—maybe she pulled something, or perhaps it was a slight tear. After weeks of stretching, icing, and lots of other remedies, we could not get the pain under control. We had to go see a doctor.

After asking us a list of questions, the doctors decided to perform an MRI to see if they could detect exactly what was going on. After the MRI we both sat nervously in the waiting room. All kinds of crazy things go through your head in a waiting room. Questions like: *Is this worse than we think it is? Is this*

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not as bad as we think it is? Is everything going to be okay? Is this going to require surgery and rehabilitation?

After a long wait we were called back to a small room to wait some more. We sat there for another thirty minutes, thoughts racing through our minds. Nothing could have prepared us for what would happen next. The doctor walked in, and some of the first words out of his mouth were, “I have got to be honest with you; this does not look good.”

It was like someone knocked all of the wind out of me. What does it mean that this does not look good? What is wrong? How bad is it? I did not know what we were about to hear, but I did know that I was not expecting it. He proceeded to tell us that it looked like Macy had a high-grade malignant sarcoma—*cancer*. Sarcomas are a cancerous tumor; “high-grade” meant it was fast-growing and had a high likelihood of spreading to other parts of her body. In a single visit to the doctor, we went from thinking she had a pulled muscle to thinking about what her life expectancy might be.

Since it was Memorial Day weekend, he told us he wanted to see us first thing on Tuesday morning to do a biopsy to confirm the initial diagnosis. That was the longest weekend of our lives. We had countless people over to our house to pray and ask for healing. We shed countless tears, sang worship songs, read Scripture, and wondered how this would impact our two little babies who were three years and nine months at the time. We begged God to perform a miracle.

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We went to the pool on Memorial Day to try to forget all that was happening and because the weightlessness of the water helped relieve some of her pain. I will never forget that we took a picture of all four of us in the pool. We were all smiling; we looked like a young, vibrant family without a care in the world. But on the inside we were terrified.

On Tuesday morning we went to the hospital to have a biopsy performed on the tumor in order to confirm the diagnosis. The biopsy lasted several hours, and I sat in the waiting room with our family and several friends. Over the next few hours doctors kept coming out to deliver news to other families. It seemed like lots of them were getting good news right there in the waiting room. Then a nurse came out to me and asked me to meet the doctor in a private conference room. I began to panic. *A private conference room? Why could he not share the information with me in the waiting room? Is it worse than he thought? Is it not as bad he thought?* I made my way to the conference room where he met me a few minutes later. He told me that the pathology report appeared to confirm the initial diagnosis, though he was a bit more optimistic that the tumor might not be as high-grade as he originally thought. However, he also said there were some unusual readings in the report and that he would like to send it off for further analysis at Harvard.

He told me that the treatment plan was likely going to be several rounds of radiation, followed by surgery to remove the

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tumor, followed by a fairly aggressive form of chemotherapy. His office began setting up appointments for consultations with radiologists and chemotherapists, and he would serve as her surgeon. Before we left, he instructed us not to begin any of her radiation treatment until we heard back from the pathologist at Harvard, just in case he had anything to add or changes with the diagnosis.

I could not believe he wanted to wait that long. If my wife had an aggressive form of cancer in her leg, I wanted to start treating it immediately. If it had a chance of spreading to other parts of her body, how could we let it just stay in her leg while we were waiting for another consultation? He assured us that though he was relatively confident in his diagnosis, that it is always better to be 100-percent confident before beginning any treatment plan. He said that the risk of misdiagnosing her illness would lead to mistreating her illness, which could be catastrophic. In this case, misdiagnosis and mistreatment could be fatal. In other words, we needed to know exactly what we were dealing with before we came up with a specific game plan for treatment.

So, we just had to play the waiting game. Over the next ten days we began all of our consultations and setting up her radiation schedule. These were some of the longest and hardest days of our lives. Her pain was increasing, and no matter what form of pain medicine she took, we could not get it under control. I began thinking about the nightmare of what it would be like

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to raise our two kids by myself. We spent time driving all over the city doing more scans on her leg and full-body scans to see if the cancer had spread anywhere else. We were in the depths of despair.

Around 6:00 p.m. on June 13, we got a call from the doctor, but because Macy's phone was on silent, we missed it. We frantically listened to the voicemail, and he said to call him as soon as we could because he had an important update for us. We called back . . . busy signal.

We called again . . . busy signal.

Third time, and we finally got through.

He began to tell us that he just received a report from the Harvard pathologist that suggested Macy had been misdiagnosed—she did not have cancer. *What? Misdiagnosed? Everything we had been doing, all the sleepless nights, all the scans, prayers, everything we had lived for the past few weeks was for nothing?*

If it was not cancer, then what was it? Her pain was still overwhelming, and we knew for sure that she had a mass in her leg. “Well, if it is not cancer,” I asked the doctor, “do you know what it is now? And how confident are you?” He proceeded to tell us that he believed that Macy had a rare blood pool that formed as the result of some localized trauma, like tweaking a muscle, bumping her hip, or something like that. The small blood pool was beginning to form into a hard mass in her thigh, kind of like a bone. This condition is known as

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myositis ossificans, which is a benign tumor known to mimic more aggressive pathological tumors like a sarcoma. He said it was still going to be a long and painful recovery, but that it was not deadly or threatening in any way.

She had been misdiagnosed. She did not have cancer. This meant no radiation, no surgery, and no chemotherapy.

For the first few hours we just celebrated, cried, worshipped, called family and friends with the good news, and hugged each other. Eventually we began to process everything that had transpired over the previous few weeks. It was so hard to get our minds around the fact that she did not have cancer.

Those three weeks indelibly shaped the rest of our lives. We will never be able to un-live them. We cannot un-cry those tears. We will not get back those sleepless nights, begging God to act. Those three weeks, the misdiagnosis, the sleepless nights, the prayer meetings, the friends and family who pleaded with God on our behalf—I can remember all of it like it was yesterday.

The Danger of a Misdiagnosis

One of the many lessons we learned in that season was the importance of getting a diagnosis right. What if we had proceeded quickly with radiation before we heard back from the specialist? What if we had begun treatment too soon, a treatment that would have done more harm than good? What

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if we were so convinced she had cancer that we proceeded with confidence into a treatment plan for a disease she did not have? Even though our first doctor got the initial diagnosis wrong, I am thankful that he had the sense to get another opinion before moving forward with treatment, because in this case misdiagnosis and mistreatment could have been deadly. Getting the treatment right depends entirely on getting the diagnosis right.

I believe, similarly, that the local church has a discipleship disease. And without the proper diagnosis and treatment plan, we will do more harm than good.

Over the past several decades the Western church has noticed alarming symptoms of our discipleship disease. Some of these symptoms include people leaving the church; students dropping out of church after high school; attendance dropping; and perhaps most important, a lack of seriousness among our people about what it really means to be a follower of Christ. From an examination of these symptoms, we've come to think our disease is that the church has become increasingly irrelevant and requires too much from people who want to get involved. We see that we are losing market share in the world of ideas and in the rhythms of people's everyday lives.

The church seems to think our disease is that we've gotten too deep.

In order to treat this disease, we have sought to develop ministry strategies that require less of people, not more, strategies that focus on keeping disciples in the church rather than

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growing disciples in the church, and that view the pastor more as a marketer than a minister. We are on our heels, and we just want the bleeding to stop, so we have lowered the bar, and we have settled for a lowest-common-denominator discipleship.

Unfortunately, I believe many of us have misdiagnosed the disease and are mistreating the church.

Our ministry disease is not that the evangelical church is too deep, but that it is far too shallow. The symptoms of people and students leaving the church, or the lack of maturing disciples, or decreased attendance are symptoms that should tell us not that we are too deep but that we are too trivial.

People are leaving not because we have given them too much but because we have given them far too little. They are leaving the church because we have not given them any reason to stay. We are treating the symptoms of the wrong disease. Deep discipleship is about giving people more Bible, not less; more theology, not less; more spiritual disciplines, not less; more gospel, not less; more Christ, not less.

People are leaving the church not because we have asked too much of them but because we have not asked enough of them. We are giving people a shallow and generic spirituality when we need to give them distinctive Christianity. We have tried to treat our discipleship disease by appealing to the lowest common denominator, oversimplifying discipleship, and taking the edges off what it means to follow Christ.

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Put simply, we have settled for a shallow approach to discipleship, believing that breadth will lead to depth. We have adopted philosophies of ministry that focus on growing crowds instead of growing Christians. We have asked our pastors to be marketers, not ministers of the gospel. In the church we focus on keeping people, but if they want to grow, they have to go outside the church. We think about how to keep people rather than how to form people.

I believe it is time for the church to ask some serious questions about our shared disease and how we can begin to create depth that might lead to breadth. Perhaps the church should start thinking about what it means to go deeper with fewer instead of going wider with the many. What if our cultural moment is inviting the church to embody the depth and substance of the Christian faith, not a shallow spirituality that appeals to the masses?

Not only that, but what if we could think through a philosophy of ministry that helped people grow and mature into deep and holistic disciples? What if we could develop and implement a philosophy of ministry that helped us not only appeal to the lowest common denominator but created a dissatisfaction with people staying there? What if we asked better questions about our philosophy of ministry that eventually led to the growth and flourishing of mature and holistic disciples in the context of the local church?

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My hope in this book is to introduce a paradigm that will help local churches implement a philosophy of ministry that will grow and mature deep and holistic disciples. My hope is that local churches would grow in their confidence that if we focus on growing disciples we will build the church, but if we focus on growing the church, we may neglect building disciples. The primary way I intend to do this is to reframe the philosophy of ministry by asking better questions. By asking better questions, I think we will also come up with better answers.

The first question in chapter 1 is, “Why does deep discipleship matter?” Specifically, we will consider the nature and character of God and explore how his inexhaustible beauty, glory, and riches matter for developing deep disciples. In this chapter I will make the case that our philosophy of ministry should not just be informed by what God does but, more important, who God is.

The second question will be covered in chapters 2 and 3. Instead of asking the question, “Where *can* we form holistic disciples?,” I want us to ask the better question, “Where *should* we form holistic disciples?” This is ultimately the question of space: where should deep discipleship happen? In these chapters we will look at why the primary context for discipleship is in the local church. Discipleship outside the local church is exploding because discipleship inside the local church is neglected, but we will see that Jesus has commissioned the local

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church specifically to teach, form, and develop maturing followers of Christ.

Not only will we see that disciples are formed in the local church, but that local churches should think intentionally about what spaces they are using to form holistic disciples. Are disciples formed primarily in the gathering, in-home groups, or in educational environments? In this chapter I will make the case that the local church should consider how community-based approaches to ministry would benefit by the retrieval of a rich understanding and implementation of Christian education. The context of discipleship has massive implications for what kind of disciples they will be.

The third question we will reframe in chapter 4 is about scope. Instead of asking the question, “What do disciples *want?*,” we need to ask the better question, “What do disciples *need?*” Too many of our ministry philosophies follow a consumeristic mind-set that tries to give disciples what they want instead of giving them what they need. In order to make growing and maturing followers of Christ, how should the church intentionally be training their people so they may be equipped to equip others?

The fourth question, addressed in chapter 5, has to do with how we can make maturing disciples of Christ. Instead of asking the question, “How do we *maintain* disciples in the local church?,” I want to ask the better question, “How do we *grow* disciples in the local church?” The local church should not just

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focus on how we keep disciples but on how we grow them. Local churches need to think through how they can develop a philosophy of ministry that will do just that. Depth with God is the way of holistic discipleship.

The fifth question is about sending disciples. Instead of asking the question, “Where do *some* disciples go?,” I want to ask the better question, “Where do *all* disciples go?” As holistic disciples are being shaped and formed in the context of the local church, we need to be intentional about sending them into their spheres of influence to make more disciples. Discipleship never terminates with a disciple; all disciples are called to go make more disciples.

The final question is about scalability, sustainability, and strategy. Instead of asking the question, “*Can* my church do this?,” I want to ask the better question, “Why would my church *not* do this?” This final question gets to the heart of why deep discipleship in the local church is scalable, sustainable, and strategic.

But before we turn to the *what* of deep discipleship, we must be reminded about *why* deep discipleship matters.

Instead of asking: “Where *can* we make disciples?,” we will ask, “Where *should* we make disciples?”

Instead of asking: “What do disciples *want*?,” we will ask, “What do disciples *need*?”

Instead of asking: “How do we *maintain* disciples?,” we will ask, “How do we *grow* disciples?”

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Instead of asking: “Where do *some* disciples go?,” we will ask, “Where do *all* disciples go?”

Instead of asking: “*Can* my church do this?,” we will ask, “Why would we *not* do this?”

Main Ideas

1. The local church has a discipleship disease. Without the proper diagnosis and treatment plan, we will do more harm than good.

2. The church seems to think our disease is that we’ve gotten too deep. In order to treat this disease, we have sought to develop ministry strategies that require less of people, not more. We have lowered the bar and settled for a lowest-common-denominator discipleship.

3. People are leaving the church, not because we have asked too much of them but because we have not asked enough of them. We are giving people a shallow and generic spirituality when we need to give them distinctive Christianity.

Questions for Discussion

1. Do you agree that the church has a discipleship disease? Have you ever tried to articulate it?

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2. How have you tried—whether consciously or unconsciously—to treat this discipleship disease? Has your church lowered the bar or raised the bar of discipleship?
3. Are you convinced that lowering the bar is a mistreatment of our discipleship disease? If not, what would it take to convince you at this point?

To-Do List

1. Define in one or two sentences the church's discipleship disease.
2. Describe, at a high level, what an appropriate treatment plan might be.
3. Begin to discuss and write down ideas about how that treatment plan could be contextualized in your local church.

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JEN WILKIN

“There’s just not much to the shallow Christianity that typifies too many of our churches, and too many of our lives. If you want to be both challenged and instructed on how you can change that, pick up this book.”

MARK DEVER

EVERYONE IS BEING DISCIPLINED.

THE QUESTION IS: WHAT IS DISCIPLINING US?

The majority of Christians today are being disciplined by popular media, flashy events, and folk theology because churches have neglected their responsibility to make disciples. But the church is not a secondary platform in the mission of God; it is the primary platform God uses to grow people into the image of Jesus.

Deep Discipleship equips churches to reclaim the responsibility of discipling people at any point on their journey.

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